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1.1 EXPERIENCE OF CARE

1.1.1 Qualitative studies

Study reference	Alvidrez <i>et al.,</i> 2004	
Bibliographic reference:		
Abridger I Kaiser D & Harrow R E (2004)	Covoralu montallu ill cor	aumous' normantimos
Alvidrez, J., Kaiser, D. & Havassy, B. E. (2004) on drug use. <i>Journal of Psychoactive Drugs</i> , 36,	5 5	isumers perspectives
Guideline topic: Psychosis with coexisting	Key research question/	aim: experience of
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		

Section 2: study design			
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:	
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?			
Section 3: data collection			
3.1 How well was the data collection carried out?	Appropriate	Comments:	
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?			

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
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	

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Not sure/not reported	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics			
6.1 How clear and coherent is the reporting of ethical considerations?	Not sure/not reported	Comments:	
<i>For example:</i>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?			

Study reference	Bradizza & Stasiewicz, 2	2003	
Bibliographic reference:			
Bradizza, C. M. & Stasiewicz, P. R. (2003) Qualitative analysis of high-risk drug and alcohol use situations among severely mentally ill substance abusers. <i>Addictive Behaviours</i> , 28, 157–169.			
Guideline topic: Psychosis with coexisting	Key research question/	aim: experience of	
substance misuse	care		
Checklist completed by: Laura Shields			
Section 1: theoretical approach			
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:	
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?			
1.2 Is the study clear in what it seeks to do?	Clear	Comments:	
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?			

Section 2: study design			
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments: Sampling strategy was not	
For example:		mentioned	
• 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?			
Section 3: data collection			
3.1 How well was the data collection carried out?	Appropriate	Comments:	
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?			

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
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?		

Section 5: analysis			
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:	
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?			
5.2 Are the data 'rich'?	Rich	Comments:	
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?			
5.3 Is the analysis reliable?	Not sure/not reported	Comments:	
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Clear	Comments:
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?		

Study reference	Carey <i>et al.,</i> 1999		
Bibliographic reference:			
Carey, K. B., Purnine, D. M., Maisto, S. A., <i>et al.</i> (1999) Decisional balance regarding substance use among persons with schizophrenia. <i>Community Mental Health Journal</i> , 35, 289–299.			
Guideline topic: Psychosis with coexisting	Key research question/aim: experience of		
substance misuse	care		
Checklist completed by: Laura Shields			
Section 1: theoretical approach	1		
1.1 Is a qualitative approach appropriate?	Not sure	Comments:	
 <i>For example:</i> 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? 		Believe that this could have also been explored using a quantitative approach except for the exploration of relationships	
 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)? 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?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out? For example:	Not sure/ inadequately reported	Comments: Not reported thoroughly enough
• 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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
For example:		No triangulation
• 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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Not sure/not reported	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of	Not sure/not	Comments:
ethical considerations?	reported	Could have been
		reported more
For example:		thoroughly
• 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?		

Study reference	Charles & Weaver, 2010

Bibliographic reference:

Charles, V. & Weaver, T. (2010) A qualitative study of illicit and non-prescribed drug use among people with psychotic disorders. *Journal of Mental Health*, *19*, 99–106.

Guideline topic: Psychosis with coexisting	Key research question/aim: experience of	
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach	1	
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described? <i>For example:</i> • 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 – does not mention how participants were presented information about the interview/focus group
 4.2 Is the context clearly described? <i>For example:</i> 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? <i>For example:</i> 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?	Rigorous	Comments:	
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?			
5.2 Are the data 'rich'?	Rich	Comments:	
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?			
5.3 Is the analysis reliable?	Reliable	Comments:	
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
 6.1 How clear and coherent is the reporting of ethical considerations? For example: Have ethical issues been taken into consideration? 	Not sure/not reported	Comments: Informed consent mentioned, but not other ethical considerations
 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?		

Study reference	Costain, 2008		
Bibliographic reference:			
Costain, W. (2008) The effects of cannabis abuse on the symptoms of schizophrenia: patient perspectives. <i>International Journal of Mental Health Nursing</i> , 17, 227–235.			
Guideline topic: Psychosis with coexisting	Key research questio	n/aim: experience of	
substance misuse	care	-	
Checklist completed by: Laura Shields			
Section 1: theoretical approach			
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:	
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?			
1.2 Is the study clear in what it seeks to do?	Clear	Comments:	
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?			

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?	Clear	Comments:	
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?			
4.2 Is the context clearly described?		Comments:	
For example:	Clear		
• Are the characteristics of the participants and settings clearly defined?			
• Were observations made in a sufficient variety of circumstances?			
• Was context bias considered?			
4.3 Were the methods reliable?		Comments:	
For example:			
• Were data collected by more than one method?			
• Is there justification for triangulation, or for not triangulating?	Not sure		
• Do the methods investigate what they claim to?			

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable? <i>For example:</i>	Not sure/not reported	Comments:
• 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?		

5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of	Clear	Comments:
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?		

Study reference	Dinos <i>et al.</i> , 2004	
Study reference		
Bibliographic reference:		
Dinos, S., Stevens, S., Serfaty, M., et al. (2004) Sti	gma: the feelings and exp	periences of 46
people with mental illness. The British Journal of		
Guideline topic: Psychosis with coexisting	Key research question/	aim: experience of
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
For example:		
• Does the research question seek to		
understand processes or structures, or		
illuminate subjective experiences or meanings?		
• Could a guartitating against hattag have		
• Could a quantitative approach better have		
addressed the research question?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
For example:		Methods investigate what
• Were data collected by more than one method?		they claim to, but no triangulation/ multiple methods
• Is there justification for triangulation, or for not triangulating?		
• Do the methods investigate what they claim to?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Clear	Comments:
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?		

Study reference	Hawkins & Abrams, 2007	
Bibliographic reference:		
Hawkins, R. L. & Abrams, C. (2007) Disappear homeless individuals with co-occurring disord	0	-
Guideline topic: Psychosis with coexisting	Key research question	/aim: experience of
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
For example:		Methods aim what they were meant to
• Were data collected by more than one method?		investigate but no multiple methods or triangulation
• Is there justification for triangulation, or for not triangulating?		0
• Do the methods investigate what they claim to?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Clear	Comments:
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?		

Study reference	Healey <i>et al.,</i> 2009		
Bibliographic reference:			
Healey, C., Peters, S., Kinderman, P., <i>et al.</i> (2009) Reasons for substance use in dual diagnosis bipolar disorder and substance use disorders: a qualitative study. <i>Journal of Affective Disorders</i> , 113, 118–126.			
Guideline topic: Psychosis with coexisting substance misuse	Key research question/aim: experience of care		
Checklist completed by: Laura Shields			
Section 1: theoretical approach			
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:	
 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? 			
1.2 Is the study clear in what it seeks to do?	Clear	Comments:	
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?			

Saction 2: study design			
Section 2: study design			
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:	
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?			
Section 3: data collection			
3.1 How well was the data collection carried out?	Appropriate	Comments:	
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?			

Section 4: validity			
4.1 Is the role of the researcher clearly described?	Clear	Comments:	
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?			
4.2 Is the context clearly described?		Comments:	
For example:	Clear		
• Are the characteristics of the participants and settings clearly defined?			
• Were observations made in a sufficient variety of circumstances?			
• Was context bias considered?			
4.3 Were the methods reliable?	Not sure	Comments:	
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?			

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting	Clear	Comments:
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?		

Study reference	Johnson, 2000	
Bibliographic reference:		
Johnson, E. D. (2000) Differences among familiqualitative analysis. <i>American Journal of Orthop</i>	1 0	nental illness: a
Guideline topic: Psychosis with coexisting	Key research question/aim: experience of	
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Not sure	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	NA	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Not described	Comments:
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?		
4.2 Is the context clearly described?	Not sure	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Not rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Not sure/not reported	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	Not sure	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Not sure/not reported	Comments:
<i>For example:</i> • 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?		

Study reference	Lobban <i>et al.,</i> 2010	
Bibliographic reference:		
Lobban, F., Barrowclough, C., Jeffery, S., <i>et al.</i> (20 substance use in people with recent onset psych- <i>Medicine</i> , <i>70</i> , 1141–1147.	, 0	0
Guideline topic: Psychosis with coexisting	Key research questio	n/aim: experience of
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach	1	
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Unclear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Clear	Comments:
<i>For example:</i>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?		

Study reference	Loneck & Way, 1997	
Bibliographic reference:	•	
Loneck, B. & Way, B. (1997) Using a focus group on therapeutic process with clients with dual dia	1	1)
Guideline topic: Psychosis with coexisting	Key research question/	
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Not defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Inappropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Not sure/not reported	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of	Not sure/not reported	Comments:
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?		

Study reference	Padgett et al., 2008a		
Bibliographic reference:			
Padgett, D. K., Henwood, B., Abrams, C., <i>et al.</i> (2008a) Social relationships among persons who have experienced serious mental illness, substance abuse, and homelessness: implications for recovery. <i>American Journal of Orthopsychiatry</i> , <i>78</i> , 333–339.			
Guideline topic: Psychosis with coexisting	Key research question/a		
substance misuse	care		
Checklist completed by: Laura Shields			
Section 1: theoretical approach	Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:	
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?			
1.2 Is the study clear in what it seeks to do?	Clear	Comments:	
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?			

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Reliable	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Clear	Comments:
	Clear

Study reference	Padgett et al., 2008b

Bibliographic reference:

Padgett, D. K., Henwood, B., Abrams, C., *et al.* (2008b) Engagement and retention in services among formerly homeless adults with co-occurring mental illness and substance abuse: voices from the margins. *Psychiatric Rehabilitation Journal*, 31, 226–233

voices from the margins. <i>Psychiatric Rehabilitation</i>		
Guideline topic: Psychosis with coexisting	Key research question	aim: experience of
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
For example:		
• Is the number of the study discussed		
• 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?		
		1

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Clear	Comments:
cultur constactations.		
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?		

Bibliographic reference: Penn, P. E., Brooks, A. J. & Worsham, B. D. (2002) Treatment concerns of women with co- occurring serious mental illness and substance abuse disorders. Journal of Psychoactive Dru, 34, 355-362. Guideline topic: Psychosis with coexisting substance misuse Key research question/aim: experience of care Checklist completed by: Laura Shields Section 1: theoretical approach 1.1 Is a qualitative approach appropriate? Appropriate For example: Obes the research question seek to understand processes or structures, or illuminate subjective experiences or meanings?	ugs,
Penn, P. E., Brooks, A. J. & Worsham, B. D. (2002) Treatment concerns of women with co- occurring serious mental illness and substance abuse disorders. Journal of Psychoactive Dru, 34, 355-362. Guideline topic: Psychosis with coexisting substance misuse Key research question/aim: experience of care Checklist completed by: Laura Shields Section 1: theoretical approach 1.1 Is a qualitative approach appropriate? Appropriate Comments: For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? Comments:	ugs,
occurring serious mental illness and substance abuse disorders. Journal of Psychoactive Drug 34, 355-362. Guideline topic: Psychosis with coexisting substance misuse Key research question/aim: experience of care Checklist completed by: Laura Shields Section 1: theoretical approach 1.1 Is a qualitative approach appropriate? Appropriate For example: Ones the research question seek to understand processes or structures, or illuminate subjective experiences or meanings?	ugs,
substance misuse care Checklist completed by: Laura Shields Section 1: theoretical approach 1.1 Is a qualitative approach appropriate? Appropriate Comments: For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings?	e of
Checklist completed by: Laura Shields Section 1: theoretical approach 1.1 Is a qualitative approach appropriate? Appropriate For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings?	
Section 1: theoretical approach 1.1 Is a qualitative approach appropriate? Appropriate Comments: For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • In the subjective experiences or meanings?	
1.1 Is a qualitative approach appropriate? Appropriate Comments: For example: • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Image: Comment in the subjective experience or meanings? • Image: Comment in the subjective experience or meanings?	
 For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? 	
• Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings?	
understand processes or structures, or illuminate subjective experiences or meanings?	
illuminate subjective experiences or meanings?	
• Could a quantitative approach better have addressed the research question?	
1.2 Is the study clear in what it seeks to do? Clear Comments:	
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?	

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Not described	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

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, because the study was part of a larger 5-year trial on psychological interventions, one could make the judgment that the study authors did receive ethical approval

Study identification	Pollack <i>et al.,</i> 1998	
Bibliographic reference:		
Pollack, L. E., Stuebben, G., Kouzekanani, K., <i>et</i> of people with dual diagnoses. <i>Substance Abuse</i> ,		pliance: perceptions
Guideline topic: Psychosis with coexisting	Key research questio	n/aim: experience of
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach	1	
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
	<u></u>	
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		
-		

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Reliable	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	Not sure	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 		No limitations mentioned and discussion is not really substantial in comparison with the rest of the study
• Is there adequate discussion of any limitations encountered?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Not sure/not reported	Comments:
cultur constactations.		
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?		

Study reference	Strickler <i>et al.,</i> 2009	
Bibliographic reference:		
Strickler, D. C., Whitley, R., Becker, D. R., <i>et al.</i> (2009) First person accounts of long-term employment activity among people with dual diagnosis. <i>Psychiatric Rehabilitation Journal</i> , 32, 261–268.		
Guideline topic: Psychosis with coexisting	Key research question	h/aim: experience of
substance misuse	care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
 <i>For example:</i> 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? 		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
 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? 		

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Not described	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Not sure	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Clear	Comments:
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?		

Study reference	Todd <i>et al.,</i> 2002			
Bibliographical reference:				
	Todd, F. C., Sellman, D. & Robertson, P. (2002) Barriers to optimal care for patients with coexisting substance use and mental health disorders. <i>Australian and New Zealand Journal of Psychiatry</i> , 36, 792, 799			
Guideline topic: Psychosis with coexisting	Key research question/aim: experience of			
substance misuse	care			
Checklist completed by: Laura Shields				
Section 1: theoretical approach		J		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:		
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?				
1.2 Is the study clear in what it seeks to do?	Clear	Comments:		
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?				

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Not sure	Comments: Design is appropriate, rational
For example:		given for qualitative
• Is the design appropriate to the research question?		approach; however, sampling and data analysis techniques
• Is a rationale given for using a qualitative approach?		were not highlighted
• 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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Not sure/ inadequately reported	Comments:
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?		

Section 4: validity			
4.1 Is the role of the researcher clearly described?	Clear	Comments:	
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?			
4.2 Is the context clearly described?	Clear	Comments:	
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?			
4.3 Were the methods reliable?	Not sure	Comments:	
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?			

Section 5: analysis		
	Γ	
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Not sure/not reported	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Not sure/not reported	Comments:
<i>For example:</i>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?		

Study reference	Turton <i>et al.</i> , 2009		
Bibliographic reference:			
Turton, P., Demetriou, A., Boland, W., <i>et al.</i> (2009) One size fits all: or horses for courses? Recovery based care in specialist mental health services. <i>Social Psychiatry and Psychiatric</i>			
<i>Epidemiology, 46,</i> 127–136. Guideline topic: Psychosis with coexisting	Key research question/aim: experience of		
substance misuse	care	,	
Checklist completed by: Laura Shields			
Section 1: theoretical approach	1		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:	
 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? 	61		
 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)? 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?	Defensible	Comments:	
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?			
Section 3: data collection			
3.1 How well was the data collection carried out?	Appropriate	Comments:	
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?			

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Reliable	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		
5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting	Clear	Comments:
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?		

Study reference	Vogel <i>et al.,</i> 1998	
Bibliographic reference:		
Vogel, H. S., Knight, E., Laudet, A. B., <i>et al.</i> (1998) Double trouble in recovery: self-help for		
people with dual diagnoses. <i>Psychiatric Rehabi</i> Guideline topic: Psychosis with coexisting	-	
substance misuse	Key research question/aim: experience of care	
Checklist completed by: Laura Shields		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Inappropriate	Comments:
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?		

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Not described	Comments:
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?		
4.2 Is the context clearly described?	Not sure	Comments:
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?		
4.3 Were the methods reliable?	Reliable	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Not sure/not reported	Comments:
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?		
5.2 Are the data 'rich'?	Poor	Comments:
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?		
5.3 Is the analysis reliable?	Not sure/not reported	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	Not sure	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?		

Section 6: ethics		
6.1 How clear and coherent is the reporting	Not sure/not	Comments:
of ethical considerations?	reported	
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?		

Study reference	Wagstaff, 2007

Bibliographical reference:

Wagstaff, C. (2007) Towards understanding the self-perception of people with a psychotic illness who use illicit substances and have a history of disengagement from mental health services: qualitative research. *The International Journal of Psychiatric Nursing Research*, *12*, 1503–1520.

Guideline topic: Psychosis with coexisting substance misuse	Key research question/aim: Experience of care		
Checklist completed by: Melinda Smith			
Section 1: theoretical approach	Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:	
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?			
1.2 Is the study clear in what it seeks to do?	Clear	Comments:	
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?			

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:
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?		
Section 3: data collection		
3.1 How well was the data collection carried out?	Appropriate	Comments:
For example:		
• Are the data collection methods clearly described?	Not sure/ inadequately reported	
• Were the appropriate data collected to address the research question?		
• Was the data collection and record keeping systematic?		

Section 4: validity		
 4.1 Is the role of the researcher clearly described? <i>For example:</i> 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: Confidentiality and anonymity assured. Participants are given an information sheet but we are not told the content/how research was presented.
 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? 	Unclear	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: Data collected by single interviews and analysed by thematic analysis.

Section 5: analysis			
5.1 Is the data analysis sufficiently rigorous?	Not sure/not reported	Comments: Unsure if data was analysed by one or more researchers.	
For example:		rescareners.	
• 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?			
5.2 Are the data 'rich'?	Not sure/not reported	Comments:	
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?			
5.3 Is the analysis reliable?	Unreliable	Comments:	
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?		
5.4 Are the findings convincing?	Not sure	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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? 		
Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations?	Clear	Comments:
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?		

Study reference	Warfa <i>et al.,</i> 2006	
Bibliographic reference:		
Warfa, N., Bhui, K., Phillips, K., <i>et al.</i> (2006) C service use and mental illness among African- in east London: a qualitative study. <i>Diversity</i> a	-Caribbean, black Africa	and white British men
Guideline topic: Psychosis with coexisting	Key research question	
substance misuse	care	
Checklist completed by: Melinda Smith		
Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate?	Appropriate	Comments:
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?		
1.2 Is the study clear in what it seeks to do?	Clear	Comments:
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?		

Section 2: study design			
2.1 How defensible/rigorous is the research design/methodology?	Defensible	Comments:	
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?			
Section 3: data collection			
3.1 How well was the data collection carried out?	Appropriate	Comments:	
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?			

Section 4: validity		
4.1 Is the role of the researcher clearly described?	Clear	Comments:
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?		
4.2 Is the context clearly described?	Clear	Comments:
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?		
4.3 Were the methods reliable?	Reliable	Comments:
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?		

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous?	Rigorous	Comments:
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?		
5.2 Are the data 'rich'?	Rich	Comments:
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?		

5.3 Is the analysis reliable?	Reliable	Comments:
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?		
5.4 Are the findings convincing?	Convincing	Comments:
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?		
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?	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?		
Section 6: ethics	L	
6.1 How clear and coherent is the reporting of ethical considerations?	Clear	Comments:
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?		
1 , 0 0		

1.2 SERVICE DELIVERY MODELS

1.2.1 Systematic reviews

Study reference	Cleary <i>et al.</i> , 2008
Bibliographic reference:	
Cleary, M., Hunt, G. E., Matheson, S., <i>et al.</i> (2008) Pepeople with both severe mental illness and substant 228.	10
Guideline topic: Psychosis with coexisting substance misuse	Review question number: 1.2.1/1.2.2
Checklist completed by: Craig Whittington	
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 Randomised controlled trials

Bibliographic reference: Burnam, M. A., Morton, S. C., McGlynn, E. A., et al. (1995) An experimental evaluation of residential and non-residential treatment for dually diagnosed homeless adults. Journal of Addictive Diseases, 14, 111–134. Guideline topic: Psychosis with coexisting substance misuse Review question number: 1.2.2 Checklist completed by: Laura Shields Review question number: 1.2.2 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 (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	Stud	ly ID	BURNAM1995		
residential and non-residential treatment for dually diagnosed homeless adults. Journal of Addictive Diseases, 14, 111–134. Guideline topic: Psychosis with coexisting substance misuse Checklist completed by: Laura Shields 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) A2 There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) A3 The groups were comparable at baseline, including all major confounding and prognostic factors 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 B2 Participants receiving care were kept 'blind'	Bibl	iographic reference:			
Guideline topic: Psychosis with coexisting substance misuse Review question number: 1.2.2 Checklist completed by: Laura Shields A. 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 (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	Burr resic	am, M. A., Morton, S. C., McGlynn, E. A., <i>et al.</i> lential and non-residential treatment for dually			
Checklist completed by: Laura Shields 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' Yes	Guio	deline topic: Psychosis with coexisting	Review question number: 1.2.2		
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 (s) studied B1 The comparison groups received the same care apart from the intervention(s) studied Yes	0 0 0 0				
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' Yes					
was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)YesA2There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)YesA3The groups were comparable at baseline, including all major confounding and prognostic factorsYes (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?Iow risk of biasLikely direction of effect:B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)YesB1The comparison groups received the same care apart from the intervention(s) studiedYes	A. S	election bias (systematic differences between	the comparison groups)		
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	A1	was used to allocate participants to treatment groups (which would have balanced any confounding factors equally	Yes		
including all major confounding and prognostic factors Tes (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: Its effect for the intervention under investigation) 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' Yes	A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment	Yes		
 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' 	A3	including all major confounding and	between groups in terms of marital		
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 B2 Participants receiving care were kept 'blind'		Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its 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 B2 Participants receiving care were kept 'blind'		Low risk of bias			
from the intervention under investigation) B1 The comparison groups received the same care apart from the intervention(s) studied B2 Participants receiving care were kept 'blind'	Like	Likely direction of effect:			
care apart from the intervention(s) studiedYesB2Participants receiving care were kept 'blind'					
	B1		Yes		
	B2		Unclear		

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear	
	blind to treatment allocation	Unclear	
	d on your answers to the above, in your opinio	n was performance bias present? If so,	
what	t is the likely direction of its effect?		
	Unclear/unknown risk		
Like	ly direction of effect:		
	ttrition bias (systematic differences between t of participants)	he comparison groups with respect to	
C1	All groups were followed up for an equal		
	length of time (or analysis was adjusted to	Yes	
	allow for differences in length of follow-up)		
C2	a. How many participants did not complete tr	eatment 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 w	vere 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			
Like	ly direction of effect:		

D. D	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		
Like	Likely direction of effect:		

Stuc	ly ID	CHANDLER2006
Bibl	iographic reference:	
Cha	ndlar DW & Spicar C (2006) Integrated treat	mont for iail recidivists with co occurring
	ndler, D.W. & Spicer, G. (2006) Integrated treat hiatric and substance use disorders. <i>Communit</i>	,
_ <i>v</i>	deline topic: Psychosis with coexisting	Review question number: 1.2.1
	tance misuse	
Che	cklist completed by: Laura Shields	
A. S	election 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
	ed on your answers to the above, in your opinic	on was selection bias present? If so, what
is th	e likely direction of its effect?	
	Unclear/unknown risk	
Like	ly direction of effect:	
	erformance bias (systematic differences betwo n the intervention under investigation)	een groups in the care provided, apart
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
	1	1

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			
Likel	y direction of effect:			
	ttrition bias (systematic differences between t of participants)	he comparison groups with respect to		
C1	All groups were followed up for an equal			
CI	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 tr	reatment 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	Yes		
	groups in terms of those who did not			
	complete treatment)			
C3	a. For how many participants in each group wn = 31 lost to follow-up	vere 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	Ves		
	differences between groups in terms of	Yes		
	those for whom outcome data were not			
	available).			
	d on your answers to the above, in your opinio kely direction of its effect?	n was attrition bias present? If so, what is		
	Low risk of bias			
Likel	y direction of effect:			
D. D	etection bias (bias in how outcomes are ascer	tained, 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		
Like	Likely direction of effect:		

Stuc	ly ID	DRAKE1998	
Bibl	Bibliographic reference:		
patie	Drake, R. E., McHugo, G. J., Clark, R. E., <i>et al.</i> (1998) Assertive community treatment for patients with co-occurring severe mental illness and substance use disorder: a clinical trial. <i>American Journal of Orthopsychiatry</i> , <i>68</i> , 201–215.		
	deline topic: Psychosis with coexisting	Review question no: 1.2.1	
	cklist completed by: Laura Shields		
A. S	election 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	
	ed on your answers to the above, in your opinio e likely direction of its effect?	on was selection bias present? If so, what	
	Low risk of bias		
Like	ly 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			
Like	y direction of effect:		
	ttrition bias (systematic differences between t of participants)	he comparison groups with respect to	
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 tr	eatment in each group?	
	n = 20 (out of 223) were lost to attrition: n = 11 relocations. All other participants remained in	l refused to continue; n = 7 deaths; n = 2	
	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 w n = 20	vere 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	
Base	d on your answers to the above, in your opinio	n was attrition bias present? If so, what is	
	kely direction of its effect?		
	Low risk of bias		
Likely direction of effect:			
D. D	etection bias (bias in how outcomes are ascer	tained, 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	Yes	

	determine the outcome		
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:			

Stud	ly ID	ESSOCK2006	
Bibl	Bibliographic reference:		
case	Essock, S. M., Mueser, J. K. T., Drake, R. E., <i>et al.</i> (2006) Comparison of ACT and standard case management for delivering integrated treatment for co-occurring disorders. <i>Psychiatric Services</i> , <i>57</i> , 185–196.		
Guio	deline topic: Psychosis with coexisting tance misuse	Review question number: 1.2.1	
	cklist completed by: Laura Shields		
	election 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	
	d on your answers to the above, in your opinio e likely direction of its effect?	n was selection bias present? If so, what	
	Low risk of bias		
Like	ly 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	

	ed on your answers to the above, in your opinic t is the likely direction of its effect?	on was performance bias present? If so,		
	Unclear/unknown risk			
Like	ly direction of effect:			
	ttrition bias (systematic differences between to of participants)	the comparison groups with respect to		
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 the	reatment in each group?		
	n = 19 (out of n = 198) lost to follow-up: n = 5 died; n = 8 relocated	withdrew or refused participation; n = 6		
	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 v	vere 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		
	d on your answers to the above, in your opinic	n was attrition bias present? If so, what is		
the f	the likely direction of its effect? Low risk of bias			
Like	ly direction of effect:			
D. D	Detection bias (bias in how outcomes are ascer	tained, 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		
Like	Likely direction of effect:		

Stuc	ły ID	MORSE2006	
Bibl	Bibliographic reference:		
seve	Morse, G. A., Calsyn, R. J., Klinkenberg, W. D., <i>et al.</i> (2006) Treating homeless clients with severe mental illness and substance use disorders: Costs and outcomes. <i>Community Mental Health Journal</i> , 42, 377–404.		
	deline topic: Psychosis with coexisting stance misuse	Review question number: 1.2.1	
	cklist completed by: Laura Shields		
A.S	election 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	
	ed on your answers to the above, in your opinic e likely direction of its effect?	on was selection bias present? If so, what	
	Unclear/unknown risk		
Like	ly 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	

	ed on your answers to the above, in your opinic t is the likely direction of its effect?	on was performance bias present? If so,
WIId	Unclear/unknown risk	
Like	ely direction of effect:	
	ttrition bias (systematic differences between of participants)	the comparison groups with respect to
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 the	reatment in each group?
	n = 47 of N = 146	
	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	b. For how many participants in each group w	vere no outcome data available?
	n = 47 of N = 146	
	n = 47 of N = 146 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
	ed on your answers to the above, in your opinic likely direction of its effect?	on was attrition bias present? If so, what is
	Low risk of bias	
Like	ely direction of effect:	
D. I	Detection bias (bias in how outcomes are ascer	tained, 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	
D'1 1			
B1b1	iographic reference:		
	erson, A. J. (1999) Comparative impact evaluat tally ill chemical abusers. <i>The International Journal </i>	1 1 0	
	deline topic: Psychosis with coexisting	Review question number: 1.2.1/1.2.2	
subs	stance misuse		
Che	cklist completed by: Laura Shields		
A. S	election 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	Unclear	
	not expected to affect the outcome[s]) under		
	study)		
A2	Were any attempts made within the design	X	
	or analysis to balance the comparison	Yes	
	groups for potential confounders?		
A3	The groups were comparable at baseline,		
	including all major confounding and	No	
	prognostic factors		
Base	ed on your answers to the above, in your opinic	n was selection bias present? If so, what	
	e likely direction of its effect?	1	
	Unclear/unknown risk		
Likely direction of effect:			
B. Performance bias (systematic differences between groups in the care provided, apart			
fron	n the intervention under investigation)		
B1	The comparison groups received the same	Ver	
	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
Base	ed on your answers to the above, in your opinio	on was performance bias present? If so,
	It is the likely direction of its effect?	
	Unclear/unknown risk	
Like	ely direction of effect:	
	attrition bias (systematic differences between of participants)	the comparison groups with respect to
C1	All groups were followed up for an equal	
	length of time (or analysis was adjusted to	Yes
	allow for differences in length of follow-up)	
C2	a. How many participants did not complete the	reatment in each group?
	n = 135 (out of 360) (high dropout rate for 'mentally ill chemical abusers' [MICA] referrals: n = 100 [out of 135], n = 35 from the transitional living community [TLC] group)	
	b. The groups were comparable for	
	treatment completion (that is, there were no	
	important or systematic differences between	Yes
	groups in terms of those who did not	
	complete treatment)	
C3	a. For how many participants in each group w	vere 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	Vas
	differences between groups in terms of	Yes
	those for whom outcome data were not	
	available)	

Based on your answers to the above, in your opinion was attrition bias present? If so, what is			
the	the likely direction of its effect?		
	Unclear/unknown risk		
Like	ely direction of effect:		
D. I	Detection bias (bias in how outcomes are asce	rtained, 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:			

Stu	dy reference	Blankertz & Cnaan, 1994			
Bib	Bibliographic reference:				
	nkertz, L.E., & Cnaan, R.A. (1994) Assessing the lly diagnosed homeless individuals. <i>Social Serv</i>				
	deline topic:	Review question number: 1.2.1/1.2.2			
Che	cklist completed by: Laura Shields				
		Circle one option for each question:			
A. 5	election 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 or potential confounders?	Yes			
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes			
	ed on your answers to the above, in your opinione likely direction of its effect?	on was selection bias present? If so, what			
	Low risk of bias				
Like	Likely direction of effect:				
	erformance bias (systematic differences betwo n the intervention under investigation)	een groups in the care provided, apart			
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
	ed on your answers to the above, in your opinion to the likely direction of its effect?	on was performance bias present? If so,
	Low risk of bias	
Like	ly direction of effect:	
	ttrition bias (systematic differences between of participants)	the comparison groups with respect to
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 t n = 89 (out of 135) overall	reatment in each 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 ou n = 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
		on was attrition bias present? If so, what

	Low risk of bias (although very high attrition)		
Like	Likely direction of effect:		
	-		
D.L	Detection bias (bias in how outcomes are asce	rtained, 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 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			
Like	Likely direction of effect:		

Stu	dy reference	Brunette <i>et al.</i> , 2001
D'1.		
B1D	liographic reference:	
	nette, M. F., Noordsy, D. L., Buckley, P. F., <i>et al.</i> (20 urring substance use disorders in patients with schi 55.	, 0
Gui mis	deline topic: Psychosis with coexisting substance use	Review question number: 1.2.1/1.2.2
Che	cklist completed by: Laura Shields	
		Circle one option for each question:
A. 5	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
	ed on your answers to the above, in your opinion w ne likely direction of its effect?	vas selection bias present? If so, what
	High risk of bias	
Like	ely direction of effect:	
	Performance bias (systematic differences between n the intervention under investigation)	groups in the care provided, apart
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
L	1	

B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
	ed on your answers to the above, in your opinion w t is the likely direction of its effect?	as performance bias present? If so,
	Unclear/unknown risk	
Like	ly direction of effect:	
	ttrition bias (systematic differences between the of participants)	comparison groups with respect to
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 = 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 n = 3 (out of 43) in long-term group, no mention o 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
	ed on your answers to the above, in your opinion w ikely direction of its effect?	as attrition bias present? If so, what is

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-	Yes
	up	
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to	Yes
	determine the outcome	
D4	Investigators were kept 'blind' to participants'	Unclear
	exposure to the intervention	
D5	Investigators were kept 'blind' to other	Unclear
	important confounding/prognostic factors	
Base	ed on your answers to the above, in your opinion w	vas detection bias present? If so, what
	e likely direction of its effect?	
	Unclear/unknown risk	
Like	ly direction of effect:	

Stud	ly reference	De Leon <i>et al.,</i> 2000	
Bib	Bibliographic reference:		
mer	Leon, G., Sacks, S., Staines, G., <i>et al.</i> (2000) Modified tally ill chemical abusers: treatment outcomes. <i>The se</i> , <i>26</i> , 461–480.		
Gui	deline topic: Psychosis with coexisting substance	Review question number:	
mist	156	1.2.1/1.2.2	
Che	cklist completed by: Laura Shields		
		Circle one option for each question:	
A. S	election 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		
Like	Likely direction of effect:		
	erformance bias (systematic differences between ; n the intervention under investigation)	groups in the care provided, apart	
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
	ed on your answers to the above, in your opinion w at is the likely direction of its effect?	as performance bias present? If so,
	Unclear/unknown risk	
Like	ely direction of effect:	
	Attrition bias (systematic differences between the of participants)	comparison groups with respect to
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 treatr	nent in each group?
n = 119 (out of 183) in TC1 followed up at 12 months; n = 65 (out up at 12 months; n = 48 (out of 66) in TAU received 12-month ba		
	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?
n = 119 (out of 183) in TC1 followed up at 12 months; n = 65 up at 12 months; n = 48 (out of 66) in TAU received 12-month		
	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
	ed on your answers to the above, in your opinion w	ras 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		
D1	The study had an appropriate length of follow-	Yes
	up	
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to	Yes
	determine the outcome	
D4	Investigators were kept 'blind' to participants'	Unclear
	exposure to the intervention	
D5	Investigators were kept 'blind' to other	Yes
	important confounding/prognostic factors	
Base	d on your answers to the above, in your opinion w	vas detection bias present? If so, what
is th	e likely direction of its effect?	
	Low risk of bias	
Like	ly direction of effect:	

Chu	try not on one	Dualso at al 1007			
Stuc	ly reference	Drake <i>et al.,</i> 1997			
Bibl	Bibliographic reference:				
Dra	Drake, R. E., Yovetich, N. A., Bebout, R. R., <i>et al.</i> (1997) Integrated treatment for dually diagnosed homeless adults. <i>The Journal of Nervous and Mental Disease</i> , 185, 298–305.				
Guideline topic: Psychosis with coexisting substance misuseReview question number: 1.2.1					
Che	cklist completed by: Laura Shields				
		Circle one option for each question:			
A.S	election 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			
Base	ed on your answers to the above, in your opinio	on was selection bias present? If so, what			
is th	e likely direction of its effect?				
	Low risk of bias				
Like	Likely direction of effect:				
	erformance bias (systematic differences betw n the intervention under investigation)	een groups in the care provided, apart			
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes			

	1	1	
B2	Participants receiving care were kept 'blind' to treatment allocation	No	
B3	Individuals administering care were kept 'blind' to treatment allocation	No	
Base	ed on your answers to the above, in your opinio	on was performance bias present? If so,	
	at is the likely direction of its effect?		
	Unclear/unknown risk		
Like	ely direction of effect:		
C. A	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	Yes	
	allow for differences in length of follow-up)		
C2	a. How many participants did not complete tr	reatment in each group?	
	n = 12 (out of 59) in standard treatment versus n = 18 (out of 158) in integrated wit		
treatment		in include of itely in integrated white	
	b. The groups were comparable for		
	treatment completion (that is, there were no		
	important or systematic differences between	Yes	
	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 = 12 (out of 59) in standard treatment versu	s n = 18 (out 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	Yes	
	differences between groups in terms of	105	
	those for whom outcome data were not		
	available)		

	ed on your answers to the above, in your opin	ion was attrition bias present? If so, what is
the likely direction of its effect?		
	Low risk of bias	
Like	ly direction of effect:	
D. I	Detection bias (bias in how outcomes are asce	ertained, 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
	ed on your answers to the above, in your opin e likely direction of its effect?	ion was detection bias present? If so, what
	Low risk of bias	
Like	ly direction of effect:	
Like	ly direction of effect:	

Stu	ly reference	Ho <i>et al.</i> , 1999		
Dibi	lie gran hie reference an			
D1D	liographic reference:			
Но,	A. P., Tsuang, J. W., Liberman, R. P., et al. (199	9) Achieving effective treatment of		
-	ents with chronic psychotic illness and comorb	id substance dependence. American		
	nal of Psychiatry, 156, 1765–1770.			
	deline topic: Psychosis with coexisting	Review question number: 1.2.1		
subs	stance misuse			
Che	cklist 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	Unclear		
	participant allocation to treatment groups is			
	not expected to affect the outcome(s) under			
	study)			
A2	Were any attempts made within the design	Yes (note: consecutive enrolled		
	or analysis to balance the comparison	participants, pre-post design)		
	groups for potential confounders?	participanto, pre poor acoign,		
A3	The groups were comparable at baseline,			
	including all major confounding and	Yes		
	prognostic factors			
Base	ed on your answers to the above, in your opinion	on was selection bias present? If so, what		
	e likely direction of its effect?			
	Unclear/unknown risk			
Like	ly 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
B2	Participants receiving care were kept 'blind' to treatment allocation	No		
B3	Individuals administering care were kept 'blind' to treatment allocation	No		
	ed on your answers to the above, in your opinion to the set of the	on was performance bias present? If so,		
	Low risk of bias			
Like	ely direction of effect:			
	Attrition bias (systematic differences between of participants)	the comparison groups with respect to		
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	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 v Not reported	vere 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	Yes
differences between groups in terms of	ies
those for whom outcome data were not	
available)	

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	Yes
	follow-up	
D2	The study used a precise definition of	Yes
	outcome	
D3	A valid and reliable method was used to	Yes
	determine the outcome	
D4	Investigators were kept 'blind' to	No
	participants' exposure to the intervention	
D5	Investigators were kept 'blind' to other	Unclear
	important confounding/prognostic factors	
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:

Stu	ly reference	Mangrum <i>et al.,</i> 2006		
Bib	liographic reference:			
occu	Mangrum, L. F., Spence, R. T., & Lopez, M. (2006) Integrated versus parallel treatment of co- occurring psychiatric and substance use disorders. <i>Journal of Substance Abuse Treatment</i> , 30, 79–84.			
	Guideline topic: Psychosis with coexisting substance misuseReview question number: 1.2.1			
Che	cklist completed by: Laura Shields			
		Circle one option for each question:		
A. S	election 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 (some participants were randomly allocated, but some were 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 those allocated by geographical location)		
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?				
	Unknown/unclear risk of bias			
Like	Likely direction of effect:			
	erformance bias (systematic differences betw n the intervention under investigation)	een groups in the care provided, apart		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes		
L				

B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
	ed on your answers to the above, in your opinic t is the likely direction of its effect?	on was performance bias present? If so,
	Unclear/unknown risk	
Like	ly direction of effect:	
	ttrition bias (systematic differences between of participants)	the comparison groups with respect to
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	2 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 Yes follow-up The study used a precise definition of D2 Yes outcome A valid and reliable method was used to D3 Yes determine the outcome Investigators were kept 'blind' to Unclear D4 participants' exposure to the intervention Investigators were kept 'blind' to other D5 Yes important confounding/prognostic factors 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:

Stu	dy reference	Nuttbrock <i>et al.</i> , 1998
Bib	liographic reference:	
Nut	tbrock, L. A., Rahav, M., Rivera, J. J., et al. (1998	8) Outcomes of homeless mentally ill
	nical abusers in community residences and a t	, 5
	nices, 49, 68–76.	
	deline topic: Psychosis with coexisting	Review question number: 1.2.1/1.2.2
sub	stance misuse	
Che	cklist completed by: Laura Shields	
		Circle one option for each question:
A. 5	election 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	Yes
	not expected to affect the outcome(s) under	
	study)	
A2	Were any attempts made within the design	
	or analysis to balance the comparison	Unclear
	groups for potential confounders?	
A3	The groups were comparable at baseline,	
	including all major confounding and	Yes
	prognostic factors	
Base	ed on your answers to the above, in your opinion	on was selection bias present? If so, what
is th	e likely direction of its effect?	
	Unclear/unknown risk	
Like	ely 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		
Like	ly direction of effect:	
	ttrition bias (systematic differences between of participants)	the comparison groups with respect to
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, n = 123 completed 2 months of treatment, n = 72 completed 6 months and n = completed 12 months. 	
	Of the 121 community residents, $n = 106$ started 2 months of treatment, $n = 67$ completed 6 months and $n = 45$ 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 w	vere 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
Base	ed on your answers to the above, in your opini	on was attrition bias present? If so, what is
the l	ikely direction of its effect?	
	Low risk of bias	
Like	ly direction of effect:	
D. D	Detection bias (bias in how outcomes are asce	rtained, 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
Base	ed on your answers to the above, in your opini	on was detection bias present? If so, what
is the	e likely direction of its effect?	
	Low risk of bias	
Like	ly direction of effect:	

1.3 PSYCHOLOGICAL/PSYCHOSOCIAL INTERVENTIONS

1.3.1 Randomised controlled trials

Stud	y ID	BAKER2006		
Bibl	Bibliographic reference:			
	Baker, A., Bucci, S., Lewin, T.J., <i>et al.</i> (2006) Cognitive-behavioural therapy for substance use disorders in people with psychotic disorders. <i>British Journal of Psychiatry</i> , <i>188</i> , 439–448.			
	leline topic: Psychosis with coexisting tance misuse	Review question number: 1.2.2		
Chee	cklist completed by: Laura Shields			
A. Se	election 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 is the likely direction of its effect?		n was selection bias present? If so, what		
	Unclear/unknown risk			
Like	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')
	d on your answers to the above, in your opinio	n was performance bias present? If so,
what	is the likely direction of its effect?	
	Unclear/unknown risk	
Like	y direction of effect:	
	y uncerton of eneed.	
		1 • • • • • • • • • • • • • • • • • • •
	ttrition bias (systematic differences between t	he comparison groups with respect to
1055	of participants)	
C1	All groups were followed up for an equal	
	length of time (or analysis was adjusted to	Yes
	allow for differences in length of follow-up)	
C2	a. How many participants did not complete the	reatment in each group?
C2	a. How many participants did not complete th	
	All in control arm completed treatment, $n = 8$	(out of 65) completed 0 treatments, $n =$
	11 (out of 65) completed some and $n = 46$ (out	
	b. The groups were comparable for	
	treatment completion (that is, there were no	
	important or systematic differences between	Yes
		165
	groups in terms of those who did not complete treatment)	
C3	For how many participants in each group wer	a no outcomo data availablo?
CJ	Tor now many participants in each group wer	e no outcome data available:
	n = 119 (out of 130) completed baseline, 15-we	eek and 6-month follow-up, and $n = 97$
	completed all four assessments including 12-	-
	b. The groups were comparable with	
	respect to the availability of outcome data	
	(that is, there were no important or	
		Yes
	systematic differences between groups in terms of those for whom outcome data were	
Daga	not available).	n was attrition hiss messant? If so subst is
	d on your answers to the above, in your opinio kely direction of its effect?	ii was auriuon bias present? If so, what is
the h	kely direction of its effect?	
	Low risk of bias	
Like	y direction of effect:	
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of	Yes
	follow-up	
	· · · · · · · · · · · · · · · · · · ·	•

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:		

Stuc	ly ID	BARROWCLOUGH2001
Bibl	iographic reference:	
cogr	owclough, C., Haddock, G., Tarrier, N., et al. (2 nitive behavioural therapy plus motivational in tance use. <i>American Journal of Psychiatry,</i> 158, 17	tervention for schizophrenia and
	deline topic: Psychosis with coexisting tance misuse	Review question number: 1.2.2
Che	cklist completed by: Laura Shields	
A. S	election 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
	d on your answers to the above, in your opinio	on was selection bias present? If so, what
is th	e likely direction of its effect?	
	Low risk of bias	
Like	ly direction of effect:	
	-	
	erformance bias (systematic differences betwe n the intervention under investigation)	een groups in the care provided, apart
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
Base	d on your answers to the above, in your opinio	n was performance bias present? If so.
	t is the likely direction of its effect?	

Low risk of bias			
Like	Likely direction of effect:		
	ttrition bias (systematic differences between t of participants)	the comparison groups with respect to	
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 th	reatment in each group?	
	n = 17 and $n = 15$ ($n = 32$ out of 36) did not contained and $n = 2$ refused to complete assessments at	*	
	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 w	vere 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	Yes	
Base	available). ed on your answers to the above, in your opinio	n was attrition bias present? If so, what is	
	ikely direction of its effect?	i i i i i i i i i i i i i i i i i i i	
	Low risk of bias		
Like	ly direction of effect:		
D. D	Detection bias (bias in how outcomes are ascer	tained, 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	

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

ly ID	BARROWCLOUGH2010	
iographic reference:		
Barrowclough, C., Haddock, G., Wykes, T., <i>et al.</i> (2010) Integrated motivational interviewing and cognitive behavioural therapy for people with psychosis and comorbid substance misuse: randomised controlled trial. <i>British Medical Journal</i> , 341, c6325.		
deline topic: Psychosis with coexisting tance misuse	Review question number: 1.2.2	
cklist completed by: Craig Whittington		
election bias (systematic differences between	the comparison groups)	
An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes	
There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes	
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		
Low risk of bias		
Likely direction of effect:		
erformance bias (systematic differences betwe the intervention under investigation)	een groups in the care provided, apart	
The comparison groups received the same care apart from the intervention(s) studied	Yes	
Participants receiving care were kept 'blind' to treatment allocation	No	
Individuals administering care were kept 'blind' to treatment allocation	No	
	iographic reference: by clough, C., Haddock, G., Wykes, T., et al. (20 cognitive behavioural therapy for people with ise: randomised controlled trial. British Medical deline topic: Psychosis with coexisting tance misuse cklist completed by: Craig Whittington election bias (systematic differences between An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) The groups were comparable at baseline, including all major confounding and prognostic factors d on your answers to the above, in your opinic e likely direction of its effect? Low risk of bias by direction of effect: erformance bias (systematic differences between the intervention under investigation) The comparison groups received the same care apart from the intervention(s) studied Participants receiving care were kept 'blind' to treatment allocation Individuals administering care were kept	

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			
Like	Likely direction of effect:		
	ttrition bias (systematic differences between t of participants)	he comparison groups with respect to	
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 t	reatment in each group?	
	CBT+MI: n = 29 (out of 164) did not complete of 164) at 24 months including n = 2 deaths ar Control: n = 14 (out of 163) did not complete	nd n = 1 misdiagnosis	
	of 163) at 24 months including $n = 5$ 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	a. For how many participants in each group	were no outcome data available?	
	CBT+MI: n = 1 (out of 164)		
	Control: n = 0 (out 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	
	d on your answers to the above, in your opinio	n was attrition bias present? If so, what is	
the li	the likely direction of its effect?		
Low risk of bias			
Like	Likely direction of effect:		

D. D	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	
	d on your answers to the above, in your opinio	on was detection bias present? If so, what	
is the	is the likely direction of its effect?		
	Low risk of bias		
Like	Likely direction of effect:		

Stud	ly ID	EDWARDS2006	
Bibl	Bibliographic reference:		
focu	Edwards, J., Elkins, K., Hinton, M., <i>et al.</i> (2006) Randomized controlled trial of a cannabis- focused intervention for young people with first-episode psychosis. <i>Acta Psychiatrica</i> <i>Scandinavica</i> , 114, 109–117.		
	deline topic: Psychosis with coexisting	Review question number: 1.2.2	
	tance misuse		
Che	cklist completed by: Laura Shields		
A. S	election 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	
	d on your answers to the above, in your opinio e likely direction of its effect?	n was selection bias present? If so, what	
	Low risk of bias		
Like	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		
Like	ly direction of effect:		
	ttrition bias (systematic differences between t of participants)	he comparison groups with respect to	
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 tr	eatment in each group?	
	End of treatment: n = 1 in cannabis and psych psychoeducation (PE) dropped out. At 6 months post-intervention: n = 6 dropped		
	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 w	vere no outcome data available?	
	n = 24 non-participants (ITT); n = 47 randomised		
	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	
	d on your answers to the above, in your opinio	n was attrition bias present? If so, what is	
the li	the likely direction of its effect?		
	Low risk of bias		
Likely direction of effect:			
D. D	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:			

Stud	ly ID	GRAEBER2003
Bibl	iographic reference:	
inter	ber, D. A., Moyers, T. B., Griffith, G., <i>et al.</i> (200 viewing and an educational intervention in pa rders. <i>Community Mental Health Journal</i> , 39, 189	tients with schizophrenia and alcohol use
	leline topic: Psychosis with coexisting tance misuse	Review question number: 1.2.2
	:klist completed by: Laura Shields	
A. S	election 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		
15 110	e likely direction of its effect?	
	Unclear/unknown risk	
Like	ly direction of effect:	
	erformance bias (systematic differences betwe the intervention under investigation)	een groups in the care provided, apart
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
	d on your answers to the above, in your opinio	n was performance bias present? If so,
wha	t is the likely direction of its effect?	

	Unclear/unknown risk		
Like	Likely direction of effect:		
	5		
	ttrition bias (systematic differences between t of participants)	the comparison groups with respect to	
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 tr	reatment 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 w	vere no outcome data available?	
	n = 2 (out of 15) were not assessed at follow-u b. The groups were comparable with respect	ıp periods	
	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	
	d on your answers to the above, in your opinio ikely direction of its effect?	on was attrition bias present? If so, what is	
	Low risk of bias		
Like	ly direction of effect:		
D. D	Detection bias (bias in how outcomes are ascer	tained, 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	Unclear	
	factors		
Base	d on your answers to the above, in your opinio	n was detection bias present? If so, what	
is the	is the likely direction of its effect?		
Unclear/unknown risk			
Like	Likely direction of effect:		
	-		

Stud	ly ID	HELLERSTEIN1995	
Bibl	iographic reference:		
outp	Hellerstein, D. J., Rosenthal, R. N., & Miner, C. R. (1995) A prospective study of integrated outpatient treatment for substance-abusing schizophrenic patients. <i>American Journal on Addictions</i> , <i>4</i> , 33–42.		
	deline topic: Psychosis with coexisting tance misuse	Review question number: 1.2.2	
	cklist completed by: Laura Shields		
	election bias (systematic differences between	the comparison groups)	
A. 50	· •	the comparison groups)	
	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		
Like	ly direction of effect:		
	erformance bias (systematic differences betwe the intervention under investigation)	een groups in the care provided, apart	
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		
Like	ly direction of effect:		
C. A	ttrition bias (systematic differences between t	the comparison groups with respect to	
	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 tr	reatment in each group?	
	n = 18/47 did not start treatment (defined as a sessions after hospital discharge; n = 7 experim	e -	
	b. The groups were comparable for		
	treatment completion (that is, there were no	Yes	
	important or systematic differences between groups in terms of those who did not	Tes	
	complete treatment)		
C3	a. For how many participants in each group v	vere no outcome data available?	
	At 4 months follow up, n = 25 (out of 29) remains $\frac{17}{10}$	ained in treatment, 8-month follow-up, n	
	= 17 (out of 29) remained in 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	Yes	
	those for whom outcome data were not		
	available).		
	d on your answers to the above, in your opinio	n was attrition bias present? If so, what is	
the l	kely direction of its effect?		
	Low risk of bias		
Like	y direction of effect:		
D. D	etection bias (bias in how outcomes are ascer	tained, diagnosed or verified)	
D1	The study had an appropriate length of follow-up	Yes	
D2	The study used a precise definition of	Yes	
	outcome		

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	
Base	Based on your answers to the above, in your opinion was detection bias present? If so, what		
is the	is the likely direction of its effect?		
Unclear/unknown risk			
Like	Likely direction of effect:		

Stud	ly ID	JERRELL1995	
Bibl	Bibliographic reference:		
peop	ell, J. M. & Ridgely, S. M. (1995) Comparative ef ble with severe mental illness and substance ab tal Disease, 183, 566–576.		
Gui	deline topic: Psychosis with coexisting tance misuse	Review question number: 1.2.2	
	cklist completed by: Laura Shields		
A. S	election 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, family interaction and personal well-being) when compared with the clinician- assigned group	
	d on your answers to the above, in your opinio e likely direction of its effect?		
	Low risk of bias		
Like	ly direction of effect:		
	erformance bias (systematic differences betwe n the intervention under investigation)	een groups in the care provided, apart	
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
Base	d on your answers to the above, in your opinio	n was performance hias present? If so
	t is the likely direction of its effect?	n was performance blas present. It so,
	Unclear/unknown risk	
Like	ly direction of effect:	
	ttrition bias (systematic differences between t of participants)	he comparison groups with respect to
C1	All groups were followed up for an equal	
	length of time (or analysis was adjusted to	Yes
	allow for differences in length of follow-up)	
C2	a. How many participants did not complete tr	eatment 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	Yes
	groups in terms of those who did not	
C3	complete treatment) a. For how many participants in each group w	vora na automa data availabla?
	a. For now many participants in each group w	
	n/a	
	b. The groups were comparable with respect	
	to the availability of outcome data (that is,	
	there were no important or systematic	Yes
	differences between groups in terms of	ies
	those for whom outcome data were not	
	available).	
	d on your answers to the above, in your opinio	n was attrition bias present? If so, what is
the li	ikely direction of its effect?	
	Unclear/unknown risk	
Like	ly direction of effect:	
D. D	etection bias (bias in how outcomes are ascert	tained, diagnosed or verified)
D1	The study had an appropriate length of	Yes
	follow-up	
D2	The study used a precise definition of	Yes

	outcome		
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		
Like	ly direction of effect:		

Stu	iy ID	KAVANAGH2004	
Bib	liographic reference:		
Kav	Kavanagh, D. J., Young, R., White, A., <i>et al.</i> (2004b) A brief motivational intervention for		
	stance misuse in recent-onset psychosis. Drug a		
	deline topic: Psychosis with coexisting	Review question number: 1.2.2	
	stance misuse		
Che	cklist completed by: Laura Shields		
A. S	election bias (systematic differences between	the comparison groups)	
A1	An appropriate method of randomisation		
	was used to allocate participants to		
	treatment groups (which would have	Yes	
	balanced any confounding factors equally across groups)		
A2	There was adequate concealment of		
	allocation (such that investigators, clinicians		
	and participants cannot influence enrolment	Unclear	
	or treatment allocation)		
A3	The groups were comparable at baseline,	No (SC in hospital longer on average	
	including all major confounding and	than SOS patients, and SOS patients	
	prognostic factors	more confident in controlling substance	
Page	d on your anguyors to the above in your oninio	use) but these did not predict outcomes.	
	ed on your answers to the above, in your opinic e likely direction of its effect?	in was selection bias present? If so, what	
10 01			
	Unclear/unknown risk		
Like	ly direction of effect:		
B. P	erformance bias (systematic differences betwe	een groups in the care provided, apart	
from	n 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	
Da	T 10 0 1 1 1 0 0 2 0 1		
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear (raters were kept 'blind' when	
	bind to treatment anocation	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		
Like	y direction of effect:		
	ttrition bias (systematic differences between t of participants)	the comparison groups with respect to	
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 t All completions ($n = 25$)	reatment 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?	
	n = 2 (out of 13) participants in the SOS and n = 6 (out of 12) participants in SC were not assessed at 12 months. Additionally, n = 1 participant could not be contacted for 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	
	d on your answers to the above, in your opinio	n was attrition bias present? If so, what is	
the li	kely direction of its effect?		
T :1 7	he dimention of official		
Like	ly direction of effect:		
D. D	etection bias (bias in how outcomes are ascer	tained, 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?			
Like	Likely direction of effect:		

Stud	ly ID	RIES2004	
Bibl	Bibliographic reference:		
amo	Ries, R. K., Dyck, D. G., Short, R., <i>et al.</i> (2004) Outcomes of managing disability benefits among patients with substance dependence and severe mental illness. <i>Psychiatric Services</i> , <i>55</i> , 445–447.		
	deline topic: Psychosis with coexisting	Review question number: 1.2.2	
	tance misuse		
	cklist completed by: Laura Shields		
	election 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		
Like	Likely direction of effect:		
	erformance bias (systematic differences betwe the intervention under investigation)	en groups in the care provided, apart	
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	

	d on your answers to the above, in your opinio t is the likely direction of its effect?	n was performance bias present? If so,	
	Unclear/unknown risk		
Like	y direction of effect:		
	ttrition bias (systematic differences between t of participants)	he comparison groups with respect to	
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 tr	reatment in each group?	
	Data a st son outs d		
	Data not reported b. The groups were comparable for		
	treatment completion (that is, there were no		
	important or systematic differences between	Yes	
	groups in terms of those who did not		
	complete treatment)		
C3	a. For how many participants in each group w	vere no outcome data available?	
	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	Yes	
	those for whom outcome data were not		
	available).		
Base	d on your answers to the above, in your opinio	n was attrition bias present? If so, what is	
the li	kely direction of its effect?	_	
	Low risk of bias		
Like	y direction of effect:		
D. D	etection bias (bias in how outcomes are ascer	tained, diagnosed or verified)	
D1	The study had an appropriate length of	No	
	follow-up		
D2	The study used a precise definition of outcome	Yes	
D3	A valid and reliable method was used to	No (maybe contact authors – as statistic	
	determine the outcome	used is not described in detail, and no	
L			

		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 d	irection of effect:		

Stud	y ID	SCHMITZ2002	
Bibl	iographic reference:		
disor	nitz, J. M., Averill, P., Sayre, S., <i>et al</i> . (2002) Cog cder and substance abuse: a preliminary randor <i>ment</i> , 1, 17–24.		
	leline topic: Psychosis with coexisting	Review question number: 1.2.2	
	tance misuse		
Chee	cklist completed by: Laura Shields		
A. S	election 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		
Like	ly direction of effect:		
	erformance bias (systematic differences betwe the intervention under investigation)	en groups in the care provided, apart	
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		
Like	ly direction of effect:		
	ttrition bias (systematic differences between t of participants)	he comparison groups with respect to	
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 tr n = 24	eatment in each 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 (non-significant by by-group comparisons favoured the MM+ CBT group over MM group for treatment completion)	
C3			
	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	
	d on your answers to the above, in your opinio ikely direction of its effect?	n was attrition bias present? If so, what is	
	Unclear/unknown risk		
Like	ly direction of effect:		
D. D	etection bias (bias in how outcomes are ascert	ained, 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		
Like	ly direction of effect:		

Stud	y ID	TRACY2007
Bibl	iographic reference:	I
T		1 1.
	y, K., Babuscio, T., Nich, C., <i>et al</i> . (2007) Contin n individuals who are homeless with co-occurr	0,0
	al of Drug and Alcohol Abuse, 33, 253–258.	ing psychiatric disorders. The Milerican
,	leline topic: Psychosis with coexisting	Review question number: 1.2.2
	tance misuse	1
Chee	cklist completed by: Laura Shields	
A. S	election bias (systematic differences between	the comparison groups)
A1	An appropriate method of randomisation	
	was used to allocate participants to	
	treatment groups (which would have	Yes
	balanced any confounding factors equally	
	across groups)	
A2	There was adequate concealment of	
	allocation (such that investigators, clinicians	Unclear
	and participants cannot influence enrolment	
10	or treatment allocation)	
A3	The groups were comparable at baseline,	
	including all major confounding and prognostic factors	Yes
Base	d on your answers to the above, in your opinio	n was selection bias present? If so, what
is the	e likely direction of its effect?	-
	Low risk of bias	
	Low fisk of dias	
Like	ly direction of effect:	
	erformance bias (systematic differences betwe	een groups in the care provided, apart
from	the intervention under investigation)	
B1	The comparison groups received the same	
~1	care apart from the intervention(s) studied	Yes
	ente apart nom die mier verdon(o) staared	
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		
	·		
Like	ly direction of effect:		
	ttrition bias (systematic differences between t of participants)	he comparison groups with respect to	
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 tr	eatment in each group?	
	p = 4 (out of 20)		
	 n = 4 (out of 30) 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 w	vere 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	
	d on your answers to the above, in your opinio	n was attrition bias present? If so, what is	
the li	ikely direction of its effect?		
	Low risk of bias		
Like	ly direction of effect:		
D. D	etection bias (bias in how outcomes are ascer	tained, 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		
Like	Likely direction of effect:		

Stuc	ły ID	WEISS2007
Bibl	iographic reference:	
grou	ss, R. D., Griffin, M. L., Kolodziej, M. E., <i>et al.</i> (2 1p therapy versus group drug counselling for p 1tance dependence. <i>American Journal of Psychiati</i>	atients with bipolar disorder and
	deline topic: Psychosis with coexisting	Review question number: 1.2.2
	stance misuse	
Che	cklist completed by: Laura Shields	
A. S	election 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
	ed on your answers to the above, in your opinic e likely direction of its effect?	on was selection bias present? If so, what
Like	Unclear/unknown risk of bias ly direction of effect:	
LIKC	ly direction of effect.	
	erformance bias (systematic differences betwe n the intervention under investigation)	een groups in the care provided, apart
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?		
WIId	Unclear/unknown risk		
	-		
Like	y direction of effect:		
		1	
	ttrition bias (systematic differences between t of participants)	the comparison groups with respect to	
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 tr	eatment in each group?	
	r = 7 (such of 21) discontinued two two such is interval	a material amount the ansatz a sume in = 14 (out of	
	n = 7 (out of 31) discontinued treatment in int 31) discontinued in group drug counselling a		
	b. The groups were comparable for		
	treatment completion (that is, there were no		
	important or systematic differences between	Yes	
	groups in terms of those who did not complete treatment)		
C3			
	b. The groups were comparable with respect		
	to the availability of outcome data (that is,		
	there were no important or systematic	Yes	
	differences between groups in terms of		
	those for whom outcome data were not available)		
Base	d on your answers to the above, in your opinio	n was attrition bias present? If so, what is	
	kely direction of its effect?		
	Low risk of bias		
Like	y direction of effect:		
D. D	etection bias (bias in how outcomes are ascer	tained, diagnosed or verified)	
D1	The study had an appropriate length of	Yes	
	follow-up		
D2	The study used a precise definition of outcome	Yes	
D3	A valid and reliable method was used to	Yes	
	determine the outcome		

Investigators were kept 'blind' to participants' exposure to the intervention	Unclear	
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	Investigators were kept 'blind' to other important confounding and prognostic factors on your answers to the above, in your opinion likely direction of its 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: Psychosis with coexisting substance misuse		Review question number: 1.2.2	
	klist completed by: Laura Shields		
A. Se	election 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	
	d on your answers to the above, in your opinio e likely direction of its effect?	n was selection bias present? If so, what	
	Low risk of bias		
Like	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	

Read on your ensure to the charge in your opinion was not former so him masser 12 If as				
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			
Like	ly direction of effect:			
C. A	ttrition bias (systematic differences between t	he comparison groups with respect to		
	of participants)			
C1	All groups were followed up for an equal			
	length of time (or analysis was adjusted to	Yes		
	allow for differences in length of follow-up)			
C2	a. How many participants did not complete tr	reatment in each group?		
	n = 6 (out of 31; integrated group therapy), n =	= 6 (out of 30: group drug counselling)		
	b. The groups were comparable for			
	treatment completion (that is, there were no			
	important or systematic differences between	Yes		
	groups in terms of those who did not			
	complete treatment)			
C3	a. For how many participants in each group w	vere no outcome data available?		
	n = 3 (out of N = 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	Yes		
	differences between groups in terms of	165		
	those for whom outcome data were not			
	available)			
	d on your answers to the above, in your opinio ikely direction of its effect?	n was attrition bias present? If so, what is		
	Low risk of bias			
Like	ly direction of effect:			
D. D	etection bias (bias in how outcomes are ascer	tained, diagnosed or verified)		
D1	The study had an appropriate length of	Yes		
	follow-up			
D2	The study used a precise definition of outcome	Yes		

A valid and reliable method was used to determine the outcome	Yes	
Investigators were kept 'blind' to participants' exposure to the intervention	Yes	
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:		
	determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important confounding and prognostic factors d on your answers to the above, in your opinic likely direction of its effect? Low risk of bias	

1.3.2 Observational studies

Study reference		James <i>et al.,</i> 2004	
Bibl	iographic reference:		
with	es, W., Preston, N. J., Koh, G. <i>, et al.</i> (2004) A group in dual diagnosis reduce their drug use: a randomize <i>icine,</i> 34, 983–990.	-	
	Guideline topic: Psychosis with coexisting substance Review question number:		
mist	156		
Che	cklist completed by: Laura Shields		
		Circle one option for each question:	
A.S	election 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	
	ed on your answers to the above, in your opinion w e likely direction of its effect?	vas selection bias present? If so, what	
	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	
	ed on your answers to the above, in your opinion w at is the likely direction of its effect?	vas performance bias present? If so,	
	Unclear/unknown risk		
Like	ely direction of effect:		
C. <i>A</i>	Attrition bias (systematic differences between the	commentions groups with some of to	
loss	of participants)	comparison groups with respect to	
loss C1		Yes	
	All groups were followed up for an equal length of time (or analysis was adjusted to allow for	Yes	
C1	of participants) 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 ment in each group?	
C1	of participants) All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treated and the second secon	Yes ment in each group?	
C1	of participants)All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)a. How many participants did not complete treat n = 29 (out of 32) for intervention group, n = 29 (or b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms	Yes ment in each group? out of 31) for control group Yes	

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	Yes
terms of those for whom outcome data were not	
available)	

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

Unclear/unknown risk

is the likely direction of its effect?

Likely direction of effect:

Stuc	ly reference	Helmus <i>et al.</i> , 2003			
Bibl	Bibliographic reference:				
	nus, T. C., Saules, K. K., Shoener, E. P., et al. (2	,			
	ndance and alcohol abstinence in a community				
	a feasibility study. Psychology of Addictive Behaviors, 17, 249–251.Guideline topic: Psychosis with coexistingReview question number:				
	stance misuse	Keview question number.			
Che	cklist completed by: Laura Shields				
		Circle one option for each question:			
A. S	election 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					
Like	ly 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
	ed on your answers to the above, in your opinion to the state of the section of its effect?	on was performance bias present? If so,
	Unclear/unknown risk	
Like	ly direction of effect:	
	ttrition bias (systematic differences between of participants)	the comparison groups with respect to
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 ti	reatment 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 w	vere no outcome data available?
	Not reported; just reported that for each conti rates were (m [SD]): 61% (35%) for Group 1; 6 Group 3	

b. The groups were comparable with respect	
to the availability of outcome data (that is,	
there were no important or systematic	Yes
differences between groups in terms of	ies
those for whom outcome data were not	
available)	

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	N/A (within-subjects reversal design)
	follow-up	
D2	The study used a precise definition of	Yes
	outcome	
D3	A valid and reliable method was used to	Yes
	determine the outcome	
D4	Investigators were kept 'blind' to	No
	participants' exposure to the intervention	
D5	Investigators were kept 'blind' to other	Yes
	important confounding/prognostic factors	
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:

Stu	ly reference	Lykke <i>et al.</i> , 2010				
Bib	Bibliographic reference:					
Lyk	ke, J., Oestrich, I., Austin, S. F., et al. (2010) The imp	lementation and evaluation of				
cogi	cognitive milieu therapy for dual diagnosis inpatients: a pragmatic clinical trial. Journal of					
	Dual Diagnosis, 6, 58–72.					
Guideline topic: Psychosis with coexisting substance		Review question number:				
mist	1Se					
Che	cklist completed by: Melinda Smith					
		Circle one option for each question:				
A.S	election 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	N/A (open clinical trial)				
	treatment groups is not expected to affect the					
	outcome(s) under study)					
A2	Were any attempts made within the design or					
	analysis to balance the comparison groups for	N/A				
	potential confounders?					
A3	The groups were comparable at baseline,					
	including all major confounding and prognostic	N/A				
	factors					
Base	ed on your answers to the above, in your opinion w	as selection bias present? If so, what				
is the likely direction of its effect?						
	Low risk of bias					
Likely direction of effect: N/A						

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	N/A			
B2	Participants receiving care were kept 'blind' to treatment allocation	N/A			
B3	Individuals administering care were kept 'blind' to treatment allocation	N/A			
	ed on your answers to the above, in your opinion w t is the likely direction of its effect?	as performance bias present? If so,			
	Low risk of bias				
Likely direction of effect: N/A 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 gr n = 34 (out of 102) dropped out overall		nent in each 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, but can assume it is n = 34 (out of 102)				

b. The groups were comparable with respect to	
the availability of outcome data (that is, there	
were no important or systematic differences	Yes
between groups in terms of those for whom	
outcome data were not available)	

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-	No	
	up		
D2	The study used a precise definition of outcome	Yes	
D3	A valid and reliable method was used to	Yes	
	determine the outcome		
D4	Investigators were kept 'blind' to participants'	No	
	exposure to the intervention		
D5	Investigators were kept 'blind' to other	Yes	
	important confounding/prognostic factors		
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. &	ert, P. K. (2007) Efficacy of group motivational
interviewing (GMI) for psych	inpatients with chemical dependence. Journal of
Consulting and Clinical Psychol	5, 816–822.
Guideline topic: Psychosis w	existing Review question number:
substance misuse	
Checklist completed by: Lau	elds
	Circle one option for each question:
A. Selection bias (systematic	rences between the comparison groups)
A1 The method of allocation	eatment
groups was unrelated to	
confounding factors (tha	I Yes
participant allocation to not expected to affect the	0
study)	ome(s) under
A2 Were any attempts made	in the design
or analysis to balance the	parison Yes
groups for potential con	lers?
A3 The groups were compa	at baseline,
including all major confe	ng and Yes
prognostic factors	
Based on your answers to the	e, in your opinion was selection bias present? If so, what
is the likely direction of its eff	

	erformance bias (systematic differences betwo n the intervention under investigation)	een groups in the care provided, apart
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
	ed on your answers to the above, in your opinion t is the likely direction of its effect? Low risk of bias	on was performance bias present? If so,
Like	ly direction of effect:	
	ttrition bias (systematic differences between of participants)	the comparison groups with respect to
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 th n = 2 lost to follow-up in month 1 in GMI grow month 1 in TAAC group (out of 51) n = 6 dropped out at month 3 in GMI group, n group	up (out of 50), n = 2 lost to follow-up at
	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 w n = 48 (out of 50) at month 1 for GMI group, 4	

	n = 44 (out of 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
Base	ed on your answers to the above, in your opini	on was attrition bias present? If so, what is
the l	likely direction of its effect?	
	Low risk of bias	
Like	ely direction of effect:	
D. I	Detection bias (bias in how outcomes are asce	rtained, 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
	ed on your answers to the above, in your opini e likely direction of its effect?	on was detection bias present? If so, what
	Low risk of bias	
Like	ely direction of effect:	
Lint		

Study reference	Tyrer <i>et al.,</i> 2011
Bibliographic reference:	

Tyrer, P., Milošeska, K., Whittington, C., *et al.* (2011) Nidotherapy in the treatment of substance misuse, psychosis and personality disorder: secondary analysis of a controlled trial. *The Psychiatrist*, *35*, 9–14.

	deline topic: Psychosis with coexisting tance misuse	Review question number:
Che	cklist completed by: Laura Shields	
		Circle one option for each question:
A. S	election 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
	d on your answers to the above, in your opinic e likely direction of its effect?	on was selection bias present? If so, what

Low risk of bias

	Performance bias (systematic differences betw n the intervention under investigation)	een groups in the care provided, apart
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
	ed on your answers to the above, in your opinio at is the likely direction of its effect? Low risk of bias	on was performance bias present? If so,
Like	ely direction of effect:	
	Attrition bias (systematic differences between s of participants)	the comparison groups with respect to
1000		
	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
C1	length of time (or analysis was adjusted to	reatment in each group? lotherapy group and n = 18 in control rere used for this guideline. Therefore,
C1 C2	 length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete to N = 52 in original trial; however, n = 19 in nice group had comorbid substance misuse and w N = 37 	reatment in each group? lotherapy group and n = 18 in control rere used for this guideline. Therefore,

	(out of 18) had no outcome data at 12-month	follow-up
	Control group: n = 1 (out of 18) had no outco	me data at 6-month follow-up, $n = 5$ (out
	of 18) had no outcome data at 12-month follo	
	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	Yes
	those for whom outcome data were not	
	available)	
Base	ed on your answers to the above, in your opini	on was attrition bias present? If so, what is
the	likely direction of its effect?	
	Low risk of bias	
Like	ely direction of effect:	
	ity direction of circci.	
D. I	Detection bias (bias in how outcomes are asce	rtained, diagnosed or verified)
D1	The study had an appropriate length of	Yes
	follow-up	
	Tonow-up	
D2	The study used a precise definition of	Unclear (as outcomes were part of a
	outcome	secondary analysis)
D3	A valid and reliable method was used to	Yes
	determine the outcome	
D4	Investigators were kept 'blind' to	Yes
	participants' exposure to the intervention	
	purificipants exposure to the intervention	
D5	Investigators were kept 'blind' to other	Yes
	important confounding/prognostic factors	
Base	ed on your answers to the above, in your opini	on was detection bias present? If so, what
	e likely direction of its effect?	on was accellent blas present. If so, what
	Unclear/unknown risk	
	-	
Like	ely direction of effect:	
	-	

Study reference	Weiss <i>et al.,</i> 2000

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.

Gui	deline topic: Psychosis with coexisting	Review question number:	
substance misuse			
Che	cklist completed by: :Laura Shields		
		Circle one option for each question:	
A.S	election 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	No (potential selection-bias)	
	participant allocation to treatment groups is		
	not expected to affect the outcome(s) under		
	study)		
A2	Were any attempts made within the design		
	or analysis to balance the comparison	Unclear	
	groups for potential confounders?		
A3	The groups were comparable at baseline,		
	including all major confounding and	Yes	
	prognostic factors		
Base	ed on your answers to the above, in your opinic	h was selection higs present? If so, what	
		m was selection bias present: it so, what	
is th	e likely direction of its effect?		
L			

Unclear/unknown risk of bias

	erformance bias (systematic differences betw n the intervention under investigation)	een groups in the care provided, apart
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
	ed on your answers to the above, in your opinion to the above of the section of its effect?	on was performance bias present? If so,
	Unclear/unknown risk	
Like	ely direction of effect:	
C	theitign hiss (motomotic differences hot was	the comparison moure with some the
	Attrition bias (systematic differences between of participants)	the comparison groups with respect to
C1	All groups were followed up for an equal	
C1	length of time (or analysis was adjusted to	Yes
C1		Yes
C1 C2	length of time (or analysis was adjusted to	
	length of time (or analysis was adjusted to allow for differences in length of follow-up)	reatment in each group?
	<pre>length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete t n = 2 dropouts (out of 21 patients) (both in fir assigned to treatment)</pre>	reatment in each group?
	 length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete to n = 2 dropouts (out of 21 patients) (both in fir assigned to treatment) b. The groups were comparable for 	reatment in each group?
	 length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete to n = 2 dropouts (out of 21 patients) (both in fir assigned to treatment) b. The groups were comparable for treatment completion (that is, there were no 	reatment in each group? st cohort of the study sequentially
	 length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete to n = 2 dropouts (out of 21 patients) (both in fir assigned to treatment) b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between 	reatment in each group?
	 length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete to n = 2 dropouts (out of 21 patients) (both in fir assigned to treatment) b. The groups were comparable for treatment completion (that is, there were no 	reatment in each group? st cohort of the study sequentially
	 length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete to n = 2 dropouts (out of 21 patients) (both in fir 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 	reatment in each group? st cohort of the study sequentially Yes

b. The groups were comparable with respect	
to the availability of outcome data (that is,	
there were no important or systematic	Yes
differences between groups in terms of	ies
those for whom outcome data were not	
available)	

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	Yes
	follow-up	
D2	The study used a precise definition of	Yes
	outcome	
D3	A valid and reliable method was used to	Yes
	determine the outcome	
D4	Investigators were kept 'blind' to	No
	participants' exposure to the intervention	
D5	Investigators were kept 'blind' to other	No
	important confounding/prognostic factors	
Base	ed on your answers to the above, in your opini	on was detection bias present? If so, what
is th	e likely direction of its effect?	

Unclear/unknown risk

1.4 PHARMACOLOGICAL INTERVENTIONS

1.4.1 Systematic reviews

Che dry malaman	Bushaman at al 2000
Study reference	Buchanan <i>et al.,</i> 2009
Bibliographic reference:	
Buchanan, R. W., Kreyenbuhl, J., Kelly, D. L., <i>et al.</i> (2009) The 2009 schizophrenia PORT psychopharmacological treatment recommendations and summary statements. <i>Schizophrenia</i>	
Bulletin, 36, 71–93.	is and summary statements. Setuzophreniu
Guideline topic: Psychosis with coexisting	Review question number:
substance misuse	2.1.1/2.3.1/2.5.1
Checklist completed by: Craig Whittington	
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	Yes
review question	
The review collects the type of studies you	X
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	
ettary quality is assessed and reported	Unclear
An adequate description of the methodology used	N
is included, and the methods used are appropriate to the question	Yes
ιο μιε γμεδιιοπ	

Study reference	Casas <i>et al.</i> , 2008

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.

ue 1 siguiuitiu, 50, 550-501.	
Guideline topic: Psychosis with coexisting substance misuse	Review question number: 2.1.1/2.3.1/2.5.1
	2.1.1/2.3.1/2.3.1
Checklist completed by: Craig Whittington	
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	Yes
review question	
•	
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	Lingland
	Unclear
An adaguate description of the methodale reveal	
An adequate description of the methodology used	
is included, and the methods used are appropriate	Yes
to the question	

Study reference	Center for Substance Abuse Treatment,
	2005a

Center for Substance Abuse Treatment (2005a) *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: Psychosis with coexisting substance misuse	Review question number: 2.5.1
Checklist completed by: Craig Whittington	
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,
	2005b

Center for Substance Abuse Treatment. (2005b) *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: Psychosis with coexisting	Review question number: 2.5.1
substance misuse	
Checklist completed by: Craig Whittington	
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
Bibliographic reference:	
Center for Substance Abuse Treatment (2006) Deta	
Treatment Improvement Protocol (TIP) Series 45. DHHS Publication No. (SMA) 06-4131.	
Rockville, MD: Substance Abuse and Mental Heal	th Services Administration.
Guideline topic: Psychosis with coexisting	Review question number: 2.5.1
substance misuse	-
Checklist completed by: Craig Whittington	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic	Chose one option for each question
review:	
	Yes/ No/ Unclear
The nervice addresses on annuarists and clearly	
The review addresses an appropriate and clearly focused question that is relevant to the guideline	
1	Yes
review question	
The review collects the type of studies you	
consider relevant to the guideline review	Yes
question	
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	Yes
appropriate to the question	

Study reference	Green <i>et al.</i> , 2008

Green, A. I., Noordsy, D. L., Brunette, M. F., *et al.* (2008) Substance abuse and schizophrenia: pharmacotherapeutic intervention. *Journal of Substance Abuse Treatment*, *34*, 61–71.

Guideline topic: Psychosis with coexisting	Review question number:
substance misuse	2.1.1/2.3.1/2.5.1
Checklist completed by: Craig Whittington	
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	Yes
review question	
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
	Unciear
An adequate description of the methodology used	
is included, and the methods used are appropriate	No
to the question	

Study reference	Hjorthoj <i>et al.,</i> 2009

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.

040-001.	
Guideline topic: Psychosis with coexisting	Review question number:
substance misuse	2.1.1/2.3.1/2.5.1
Checklist completed by: Craig Whittington	
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	Yes
review question	
-	
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	
Study quality is assessed and reported	Yes
An adequate description of the methodology used	
is included, and the methods used are appropriate	Yes
to the question	
·····	

Study reference	Mills <i>et al.</i> , 2009
y	,
Piblic menhic references	

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.

<i>Treatment Settings</i> . Sydney: University of New South Wales.		
Guideline topic: Psychosis with coexisting	Review question number:	
substance misuse	2.1.1/2.3.1/2.5.1	
Checklist completed by: Craig Whittington		
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	Unclear	
review question		
The review collects the type of studies you		
consider relevant to the guideline review question	Yes	
The literature search is sufficiently rigorous to	Unclear (authors stated that guideline	
identify all the relevant studies	based on a comprehensive review, but	
identify an the relevant studies	no details given)	
Study quality is assessed and reported	Unclear (authors stated, 'In developing	
	these Guidelines, we have relied where	
	possible on evidence from well-	
	designed 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	Unclear	
to the question		

Study reference	San <i>et al.,</i> 2007

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: Psychosis with coexisting substance misuse	Review question number: 2.1.1/2.5.1
Checklist completed by: Craig Whittington	
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 <i>et al.</i> , 2008
Bibliographic reference:	
Smelson, D. A., Dixon, K., Craig, T., et al. (2008) Pha and co-occurring substance us e disorders. CNS Dra	0
Guideline topic: Psychosis with coexisting substance misuse	Review question number: 2.1.1/2.3.1/2.5.1
Checklist completed by: Craig Whittington	
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

Tiet, Q. Q. & Mausbach, B. (2007) Treatments for patients with dual diagnosis: a review. Alcoholism. *Clinical and Experimental Research*, *31*, 513–536.

Alcoholishi. Cunicat and Experimental Research, 51, 515–550.		
Guideline topic: Psychosis with coexisting	Review question number:	
substance misuse	2.1.1/2.3.1/2.5.1	
Checklist completed by: Craig Whittington		
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

Vornik, L. A. & Brown, E. S. (2006) Management of comorbid bipolar disorder and substance abuse. *Journal of Clinical Psychiatry*, 67, 24–30.

Guideline topic: Psychosis with coexisting substance misuse	Review question number: 2.1.1/2.3.1/2.5.1
Checklist completed by: Craig Whittington	
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

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

Psychopharmacology and Biological Psychiatry, 32, 1375–1385.		
Guideline topic: Psychosis with coexisting	Review question number:	
substance misuse	2.1.1/2.3.1/2.5.1	
Checklist completed by: Craig Whittington		
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	Yes	
review question		
The review collects the type of studies you		
consider relevant to the guideline review question	Yes	
The literature search is sufficiently rigorous to	Yes	
identify all the relevant studies	165	
Study quality is assessed and reported		
	No	
An adequate description of the methodology used	N ₂ -	
is included, and the methods used are appropriate	Yes	
to the question		

1.4.2 Randomised controlled trial

Stud	ly ID	SWARTZ2008
Bibl	iographic reference:	
	rtz, M. S., Wagner, H. R., Swanson, J. W., <i>et al.</i> (2	
	ications in patients who use or avoid illicit subs cophrenia Research, 100, 39–52.	tances: results from the CATTE study.
-	leline topic: Psychosis with coexisting	Review question number: 2.1.1
	tance misuse	-
Chee	cklist completed by: Laura Shields	
A. S	election bias (systematic differences between	the comparison groups)
A1	An appropriate method of randomisation	
	was used to allocate participants to	Yes
	treatment groups (which would have balanced any confounding factors equally	ies
	across groups)	
A2	There was adequate concealment of	
	allocation (such that investigators, clinicians	Yes
	and participants cannot influence enrolment	
A3	or treatment allocation) The groups were comparable at baseline,	
AS	including all major confounding and	No (but accounted for in analysis)
	prognostic factors	
Base	d on your answers to the above, in your opinion	n was selection bias present? If so, what
is the	e likely direction of its effect?	
Low risk of bias		
Liko	ly direction of officity	
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'	N/
	to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes	
	ed on your answers to the above, in your opinions to the above, in your opinions to the likely direction of its effect?	on was performance bias present? If so,	
	Low risk of bias		
Like	ly direction of effect:		
	ttrition bias (systematic differences between of participants)	the comparison groups with respect to	
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	
	In the 'no illicit substance-use' condition, n = 105 (out of 188) olanzapine group; n = 156 (out of 192) quetiapine group; n = 121 (out of 176) risperidone; n = 99 (out of 133) perphenazine group; n= 77/100 in ziprasidone group In the illicit substance-use condition, n = 105 (out of 142) olanzapine group; n = 113 (out of 137) quetiapine group; n = 124 (out of 157) risperidone group; n= 93 (out of 124) perphenazine group; n = 68 (out of 83) ziprasidone 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) 	N/A	
C3	a. For how many participants in each group were no outcome data available?		
Base	Same as above in number discontinuing trea 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	
	ikely direction of its effect?	-	
	Low risk of bias (time to discontinuation w are more prone to bias)	as the primary outcome; other outcomes	

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:				