APPENDIX 16: COMPLETED METHODOLOGY CHECKLISTS

1.1 CASE IDENTIFICATION INSTRUMENTS

1.1.1 Studies of diagnostic test accuracy

Study ID	ALLISON2001
Bibliographic reference: Allison, C. & Baron-Cohen, S. Towards brief 'red flags' for autism screening: the short AQ and the short Q-CHAT in 1000 cases and 3000 controls. Unpublished.	
Guideline topic: Autism in adults	**Review question no:** A2
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Unclear
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	BARONCOHEN2001
Bibliographic reference: Baron-Cohen, S., Wheelwright, S., Skinner, R., *et al*. (2001) The autism-spectrum quotient (AQ): evidence from asperger syndrome/high functioning autism, males and females, scientists and mathematicians. *Journal of Autism and Developmental Disorders, 31*, 5-17.	
Guideline topic: Autism in adults	**Review question no:** A2
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	No Of the control groups (Group 1 & 2) only group 3 (students) received verification. Group 1 completed AQ anonymously so this was not possible
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	BERUMENT1999
Bibliographic reference: Berument, S.K., Rutter, M., Lord, C., *et al*. (1999) Autism screening questionnaire: diagnostic validity. *British Journal of Psychiatry, 175*, 444-451.	
Guideline topic: Autism in adults	**Review question no:** A2
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes Population included both adults and children
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	No Participants tested with reference standard before index test several years previously
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	No ASQ is based on the ADI-R
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	KRAIJER2005
Bibliographic reference: Kraijer, D. & de Bildt A. (2005) The PDD-MRS: an instrument for identification of autism spectrum disorders in persons with mental retardation. *Journal of Autism and Developmental Disorders, 35*, 499-513.	
Guideline topic: Autism in adults	**Review question no:** A2
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes Participants also had intellectual disability
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Unclear
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Unclear Only states diagnosis made via clinical classification but no specifics given
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	KURITA2005
Bibliographic reference: Kurita, H., Koyama, T. & Osada H. (2005) Autism-spectrum quotient-Japanese version and its short forms for screening normally intelligent persons with pervasive developmental disorders. *Psychiatry and Clinical Neurosciences, 59*, 490-496.	
Guideline topic: Autism in adults	**Review question no:** A2
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	No Control group was not formally diagnosed as they completed the AQ anonymously by post
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	VOLKMAR1988
Bibliographic reference: Volkmar, F.R., Cicchetti, D.V., Dykens, E., *et al*. (1988) An evaluation of the autism behavior checklist. *Journal of Autism and Developmental Disorders, 8*, 81-97.	
Guideline topic: Autism in adults	**Review question no:** A2
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes Although teachers and parents were obviously aware of previous diagnosis, they were not aware of the purpose of the checklist and that the checklist related to diagnosis of autism
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	WAKABAYASHI2005
Bibliographic reference: Wakabayashi, A., Baron-Cohen, S., Wheelwright, S., *et al*. (2006) The autism-spectrum quotient (AQ) in Japan: a cross-cultural comparison. *Journal of Autism and Developmental Disorders, 36*, 263-270.	
Guideline topic: Autism in adults	**Review question no:** A2
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Unclear
Did participants receive the same reference standard regardless of the index test result?	No Only Group1 received a diagnosis
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	WOODBURYSMITH2005
Bibliographic reference: Woodbury-Smith, M.R., Robinson, J., Wheelwright, S., *et al*. (2005) Screening adults for Asperger syndrome using the AQ: a preliminary study of its diagnostic validity in clinical practice. *Journal of Autism and Developmental Disorders, 35*, 331-335.	
Guideline topic: Autism in adults	**Review question no:** A2
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	No AQ score is used as part of clinical practice, but diagnosis was made regardless of AQ score
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

1.2 ASSESSMENT INSTRUMENTS

1.2.1 Studies of diagnostic test accuracy

Study ID	BARONCOHEN2005
Bibliographic reference: Baron-Cohen, S., Wheelwright, S., Robinson, J., *et al*. (2005) The Adult Asperger Assessment (AAA): a diagnostic method. *Journal of Autism and Developmental Disorders, 35*, 807-819.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Unclear Components of clinical interview not stated
Were the index test results interpreted without knowledge of the results of the reference standard?	No Same clinician completed the reference standard and the AAA
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	DZIOBEK2006
Bibliographic reference: Dziobek, I., Fleck, S., Kalbe, E., *et al*. (2006) Introducing MASC: a Movie for the Assessment of Social Cognition. *Journal of Autism and Developmental Disorders, 36*, 623-636.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Unclear Components of clinical interview not stated
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Yes

Study ID	GARFIN1988
Bibliographic reference: Garfin, D. & McCallon, D. (1988) Validity and reliability of the Childhood Autism Rating Scale with autistic adolescents. *Journal of Autism and Developmental Disorders, 18*, 367-378.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes Although age range goes into adulthood, mean age is adolescent
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	No AAPEP was used
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Unclear
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Yes

Study ID	GILLBERG2001
Bibliographic reference: Gillberg, C., Gillberg, C., Rastam, M., *et al*. (2001) The Asperger Syndrome (and High Functioning Autism) Diagnostic Interview (ASDI): a preliminary study of a new structured clinical interview. *Autism, 5*, 57-66.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	LORD1997
Bibliographic reference: Lord, C., Pickles, A., McLennan, J., *et al*. (1997) Diagnosing autism: analyses of data from the Autism Diagnostic Interview. *Journal of Autism and Developmental Disorders, 27*, 501-517.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	LORD2000
Bibliographic reference: Lord, C., Risi, S., Lambrecht, L., *et al*. (2000) The Autism Diagnostic Observation Schedule-Generic: a standard measure of social and communication deficits associated with the spectrum of autism. *Journal of Autism and Developmental Disorders, 30*, 205-223.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	MATSON2007A
Bibliographic reference: Matson, J. L., Boisjoli, J. A., Gonzalez, M. L., *et al*. (2007) Norms and cut off scores for the autism spectrum disorders diagnosis for adults (ASD-DA) with intellectual disability. *Research in Autism Spectrum Disorders, 1*, 330-338.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	MATSON2007B
Bibliographic reference: Matson, J. L. & Wilkins, J. (2007) Reliability and factor structure of the Autism Spectrum Disorders – Diagnosis Scale for Intellectually Disabled Adults (ASD-DA). *Journal of Developmental and Physical Disabilities, 19*, 565-577.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Unclear
Were the reference standard results interpreted without knowledge of the results of the index test?	Unclear
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	MATSON2008
Bibliographic reference: Matson, J. L., Wilkins, J., Boisjoli, J. A., *et al*. (2008) The validity of the autism spectrum disorders-diagnosis for intellectually disabled adults (ASD-DA). *Research in Developmental Disabilities, 29*, 537-546.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	Yes
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	RITVO2008
Bibliographic reference: Ritvo, R. A., Ritvo, E. R., Guthrie, D., *et al*. (2008) A scale to assist the diagnosis of autism and asperger's disorder in adults (RAADS): a pilot study. *Journal of Autism and Developmental Disorders, 38*, 213-223.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	Unclear
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	No Clinicians not blind to participants prior diagnosis
Were the reference standard results interpreted without knowledge of the results of the index test?	Yes
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Unclear
Were withdrawals from the study explained?	Unclear

Study ID	RITVO2011
Bibliographic reference: Ritvo, R. A., Ritvo, E. R., Gutherie, D., *et al*. (2011) The Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R): a scale to assist the diagnosis of autism spectrum disorder in adults: an international validation study. *Journal of Autism and Developmental Disorders, 41*, 1076-1089.	
Guideline topic: Autism in adults	**Review question no:** B1
Checklist completed by: Amina Udechuku	
Was the spectrum of participants representative of the patients who will receive the test in practice?	Yes
Were selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the period between performance of the reference standard and the index test short enough to be reasonably sure that the target condition did not change between the two tests?	No RAADS-R given straight after diagnosis
Did the whole sample or a random selection of the sample receive verification using the reference standard?	Yes
Did participants receive the same reference standard regardless of the index test result?	Yes
Was the reference standard independent of the index test? (that is, the index test did not form part of the reference standard)	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were the index test results interpreted without knowledge of the results of the reference standard?	No Same clinician performed diagnosis and assisted with index test
Were the reference standard results interpreted without knowledge of the results of the index test?	No Same clinician performed diagnosis and assisted with index test
Were the same clinical data available when the test results were interpreted as would be available when the test is used in practice?	Yes
Were uninterpretable, indeterminate or intermediate test results reported?	Yes
Were withdrawals from the study explained?	Unclear

1.3 PSYCHOSOCIAL INTERVENTIONS

1.3.1 Randomised controlled trials

Study ID		BOTSFORD2004
Bibliographic reference: Botsford, A.L. & Rule, D. (2004) Evaluation of a group intervention to assist aging parents with permanency planning for an adult offspring with special needs. *Social Work, 49*, 423-431.		
Guideline topic: Adults with autism		**Review question number:** D1
Checklist completed by: Odette Megnin-Viggars		
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)	Unclear
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?		
High risk of bias		
Likely direction of effect: Effect size bigger		
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	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to	No

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

Study ID		GARCIAVILLAMISAR2010
Bibliographic reference: García-Villamsiar, D.A. & Dattilo, J. (2010) Effects of a leisure programme on quality of life and stress of individuals with ASD. *Journal of Intellectual Disability Research, 54*, 611-619.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

Study ID		GARCIAVILLAMISAR2011
Bibliographic reference: García-Villamisar, D. & Dattilo, J. (2011) Social and clinical effects of a leisure program on adults with autism spectrum disorder. *Research in Autism Spectrum Disorders, 5*, 246-253.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

Study ID		GOLAN2006
Bibliographic reference: Golan, O. & Baron-Cohen, S. (2006) Systemizing empathy: teaching adults with Asperger syndrome or high-functioning autism to recognize complex emotions using interactive multimedia. *Development and Psychopathology, 18*, 591-617.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

Study ID		KHEMKA2000
Bibliographic reference: Khemka, I. (2000) Increasing independent decision-making skills of women with mental retardation in simulated interpersonal situations of abuse. *American Journal on Mental Retardation, 105*, 387-401.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

Study ID		KHEMKA2005
Bibliographic reference: Khemka, I., Hickson, L. & Reynolds, G. (2005) Evaluation of a decision-making curriculum designed to empower women with mental retardation to resist abuse. *American Journal of Mental Retardation, 110*, 193-204.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 8	
	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
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	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?		
High risk of bias		
Likely direction of effect: Unknown		
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	No
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

Study ID		LAUGESON2009
Bibliographic reference: Laugeson, E.A., Frankel, F., Mogil, C., *et al*. (2009) Parent-assisted social skills training to improve friendships in teens with autism spectrum disorders. *Journal of Autism & Developmental Disorders, 39*, 596-606.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

Study ID		LEE1977
Bibliographic reference: Lee, D.Y. (1977) Evaluation of a group counseling program designed to enhance social adjustment of mentally retarded adults. *Journal of Counseling Psychology, 24*, 318-323.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 0	
	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
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 0	
	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).	No
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
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	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study ID		MATSON1981
Bibliographic reference: Matson, J.L., DiLorenzo, T.M. & Esveldt-Dawson, K. (1981) Independence training as a method of enhancing self-help skills acquisition of the mentally retarded. *Behaviour Research and Therapy, 19*, 399-405.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

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

1.3.2 Observational studies (cohort studies)

Study reference		ELLIOTT1991
Bibliographic reference: Elliott, R.O. Jr., Hall, K.L. & Soper, H.V. (1991) Analog language teaching versus natural language teaching: generalization and retention of language learning for adults with autism and mental retardation. *Journal of Autism and Developmental Disorders, 21*, 433-447.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	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	
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
	High risk of bias	
Likely direction of effect: Effect size bigger		

Study reference		ERGUNERTEKINALP2004
Bibliographic reference: Ergüner-Tekinalp, B. & Akkök, F. (2004) The effects of a coping skills training program on the coping skills, hopelessness, and stress levels of mothers of children with autism. *International Journal for the Advancement of Counselling, 26*, 257-269.		
Guideline topic: Adults with autism		**Review question number:** D1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
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	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	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		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference		GARCIAVILLAMISAR2000
Bibliographic reference: García-Villamisar, D., Ross, D. & Wehman, P. (2000) Clinical differential analysis of persons with autism in a work setting: a follow-up study. *Journal of Vocational Rehabilitation, 14*, 183-185.		
Guideline topic: Adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
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: Unknown		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		GARCIAVILLAMISAR2002
Bibliographic reference: García-Villamisar, D., Wehman, P. & Diaz Navarro, M. (2002) Changes in the quality of autistic people's life that work in supported and sheltered employment. a 5-year follow-up study. *Journal of Vocational Rehabilitation, 17*, 309-312.		
Guideline topic: Adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
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: Unknown		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		GARCIAVILLAMISAR2007
Bibliographic reference: García-Villamisar, D. & Hughes, C. (2007) Supported employment improves cognitive performance in adults with autism. *Journal of Intellectual Disability Research, 51*, 142-150.		
Guideline topic: Adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference		HARRIS1984
Bibliographic reference: Harris, M.B. & Bloom, S.R. (1984) A pilot investigation of a behavioral weight control program with mentally retarded adolescents and adults: effects on weight, fitness, and knowledge of nutritional and behavioral principles. *Rehabilitation Psychology, 29*, 177-182.		
Guideline topic: Adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
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?		
High risk of bias		
Likely direction of effect: Effect size bigger		
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	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: NA; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: NA; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference		LINDSAY2004
Bibliographic reference: Lindsay, W.R., Allan, R., Parry, C., *et al*. (2004) Anger and aggression in people with intellectual disabilities: treatment and follow-up of consecutive referrals and a waiting list comparison. *Clinical Psychology and Psychotherapy, 11*, 255-264.		
Guideline topic: Adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
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	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
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)	No
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		MAWHOOD1999
Bibliographic reference: Mawhood, L. & Howlin, P. (1999) The outcome of a supported employment scheme for high functioning adults with autism or asperger syndrome. *Autism, 3*, 229–254.		
Guideline topic: Adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: 0	
	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? Experimental group N: 1; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference		MAZZUCCHELLI2001
Bibliographic reference: Mazzucchelli, T.G. (2001) Feel safe: a pilot study of a protective behaviours programme for people with intellectual disability. *Journal of Intellectual and Developmental Disability, 26*, 115-126.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
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?		
High risk of bias		
Likely direction of effect: Unknown		
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	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		ROSE2005
Bibliographic reference: Rose, J., Loftus, M., Flint, B., *et al*. (2005) Factors associated with the efficacy of a group intervention for anger in people with intellectual disabilities. *British Journal of Clinical Psychology, 44*, 305-317.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		RUSSELL2009
Bibliographic reference: Russell, A.J., Mataix-Cols, D., Anson, M.A.W., *et al*. (2009) Psychological treatment for obsessive-compulsive disorder in people with autism spectrum disorders - a pilot study. *Psychotherapy and Psychosomatics, 78*, 59-61.		
Guideline topic: Adults with autism		**Review question number:** C1 & C6
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
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	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		TAYLOR2005
Bibliographic reference: Taylor, J.L., Novaco, R.W., Gillmer, B.T., *et al*. (2005) Individual cognitive-behavioural anger treatment for people with mild-borderline intellectual disabilities and histories of aggression: a controlled trial. *British Journal of Clinical Psychology, 44*, 367-382.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		

B1	The comparison groups received the same care apart from the intervention(s) studied	No
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.3.3 Observational studies (before-and-after studies)

Study reference		BATHAEE2001
Bibliographic reference: Bat-haee, M.A. (2001) A longitudinal study of active treatment of adaptive skills of individuals with profound mental retardation. *Psychological Reports, 89*, 345-354.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 8; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		BENSON1986
Bibliographic reference: Benson, B.A., Rice, C.J. & Miranti, S.V. (1986) Effects of anger management training with mentally retarded adults in group treatment. *Journal of Consulting and Clinical Psychology, 54*, 728-729.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 8; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		FELDMAN1999
Bibliographic reference: Feldman, M.A., Ducharme, J.M. & Case, L. (1999) Using self-instructional pictorial manuals to teach child-care skills to mothers with intellectual disabilities. *Behavior Modification, 23*, 480-497.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		HERBRECHT2009
Bibliographic reference: Herbrecht, E., Poustka, F., Birnkammer, S., *et al*. (2009) Pilot evaluation of the frankfurt social skills training for children and adolescents with autism spectrum disorder. *European Child and Adolescent Psychiatry, 18*, 327-335.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference		HILLIER2007
Bibliographic reference: Hillier, A., Fish, T., Cloppert, P., *et al*. (2007) Outcomes of a social and vocational skills support group for adolescents and young adults on the autism spectrum. *Focus on Autism and Other Developmental Disabilities, 22*, 107-115.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		HOWLIN1999
Bibliographic reference: Howlin, P. & Yates, P. (1999) The potential effectiveness of social skills groups for adults with autism. *Autism, 3*, 299-307.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		HOWLIN2005
Bibliographic reference: Howlin, P., Alcock, J. & Burkin, C. (2005) An 8 year follow-up of a specialist supported employment service for high-ability adults with autism or Asperger syndrome. *Autism, 9*, 533-549.		
Guideline topic: Adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference		KING1999
Bibliographic reference: King, N., Lancaster, N., Wynne, G., *et al*. (1999) Cognitive-behavioural anger management training for adults with mild intellectual disability. *Scandinavian Journal of Behaviour Therapy, 28*, 19-22.		
Guideline topic: Adults with autism		**Review question number:** C2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		MYLES1996A
Bibliographic reference: Myles, B.S., Simpson, R.L. & Smith, S.M. (1996) Collateral behavioral and social effects of using facilitated communication with individuals with autism. *Focus on Autism and Other Developmental Disabilities, 11*, 163-169.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
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?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unclear		

Study reference		POLIRSTOK2003
Bibliographic reference: Polirstok, S.R., Dana, L., Buono, S., *et al*. (2003) Improving functional communication skills in adolescents and young adults with severe autism using gentle teaching and positive approaches. *Topics in Language Disorders, 23*, 146-153.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		TSE2007
Bibliographic reference: Tse, J., Strulovitch, J., Tagalakis, V., *et al*. (2007) Social skills training for adolescents with Asperger syndrome and high-functioning autism. *Journal of Autism and Developmental Disorders, 37*, 1960–1968.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		WEBB2004
Bibliographic reference: Webb, B.J., Miller, S.P., Pierce, T.B., *et al*. (2004) Effects of social skill instruction for high-functioning adolescents with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities, 19*, 53-62.		
Guideline topic: Adults with autism		**Review question number:** C1
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.4 BIOMEDICAL INTERVENTIONS

1.4.1 Randomised controlled trials

Study ID		BELSITO2001
Bibliographic reference: Belsito, K.M., Law, P.A., Kirk, K.S., *et al*. (2001) Lamotrigine therapy for autistic disorder: a randomized, double-blind, placebo-controlled trial. *Journal of Autism and Developmental Disorders, 31*, 175-181.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes

B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group 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)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 5; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

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

Study ID		GAGIANO2005
Bibliographic reference: Gagiano, C., Read, S., Thorpe, L., *et al*. (2006) Short- and long-term efficacy and safety of risperidone in adults with disruptive behaviour disorders. *Psychopharmacology, 179*, 629-636.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 4	
	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	For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 1	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes

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

Study ID		HAESSLER2007
Bibliographic reference: Haessler, F., Glaser, T., Beneke, M., *et al*. (2007) Zuclopenthixol in adults with intellectual disabilities and aggressive behaviours: discontinuation study. *British Journal of Psychiatry, 190*, 447-448.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
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	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

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

Study ID		HELLINGS2005
Bibliographic reference: Hellings, J.A., Weckbaugh, M., Nickel, E.J., *et al*. (2005) A double-blind, placebo-controlled study of valproate for aggression in youth with pervasive developmental disorders. *Journal of Child and Adolescent Psychopharmacology, 15*, 682-692.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group 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)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

Study ID		HELLINGS2006
Bibliographic reference: Hellings, J.A., Zarcone, J.R., Reese, R.M., *et al*. (2006) A crossover study of risperidone in children, adolescents and adults with mental retardation. *Journal of Autism and Developmental Disorders, 36*, 401-411.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? NA	
	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	For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 7	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		

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

Study ID		HOLLANDER2010
Bibliographic reference: Hollander, E., Chaplin, W., Soorya, L., *et al*. (2010) Divalproex sodium vs placebo for the treatment of irritability in children and adolescents with autism spectrum disorders. *Neuropsychopharmacology, 35*, 990-998.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 2; Control group N: 1	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

Study ID		IZMETH1988
Bibliographic reference: Izmeth, M.G.A., Khan, S.Y., Kumarajeewa, D.I.S.C., *et al*. (1988) Zuclopenthixol decanoate in the management of behavioural disorders in mentally handicapped patients. *Pharmatherapeutica, 5*, 217-227.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 4; Control group N: 14	
	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
C3	For how many participants in each group were no outcome data available? Experimental group N: Not clear; Control group N: Not clear	
	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).	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

Study ID		KARSTEN1981
Bibliographic reference: Karsten, D., Kivimäki, T., Linna, S., -L., *et al*. (1981) Neuroleptic treatment of oligophrenic patients. A double-blind clinical multicentre trial of cis(Z)-clopenthixol and haloperidol. *Acta Psychiatrica Scandinavica, Suppl. 294*, 39-45.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
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	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

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

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

Study ID		MCDOUGLE1996
Bibliographic reference: McDougle, C.J., Naylor, S.T., Cohen, D.J., *et al*. (1996) A double-blind, placebo-controlled study of fluvoxamine in adults with autistic disorder. *Archives of General Psychiatry, 53*, 1001-1008.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

Study ID		MCDOUGLE1998A
Bibliographic reference: McDougle, C.J., Holmes, J.P., Carlson, D.C., *et al*. (1998) A double-blind, placebo-controlled study of risperidone in adults with autistic disorder and other pervasive developmental disorders. *Archives of General Psychiatry, 55*, 633-641.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 4	
	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	For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 0 Data from the 30 participants who completed at least 4 weeks of the trial were included in the efficacy analysis and the last-observation-carried-forward, intention-to-treat method was used in the data analysis	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

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

Study ID		MCKENZIE1966
Bibliographic reference: McKenzie, M.E. & Roswell-Harris, D. (1966) A controlled trial of Prothipendyl (Tolnate) inmentally subnormal patients. *British Journal of Psychiatry, 112*, 95-100.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 1	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 1 Data from the 30 participants who completed at least 4 weeks of the trial were included in the efficacy analysis and the last-observation-carried-forward, intention-to-treat method was used in the data analysis	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	Unclear

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

Study ID		REMINGTON2001
Bibliographic reference: Remington, G., Sloman, L., Konstantareas, M., *et al*. (2001) Clomipramine versus haloperidol in the treatment of autistic disorder: a double-blind, placebo-controlled, crossover study. *Journal of Clinical Psychopharmacology, 21*, 440-444.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 20 (clomipramine); Control group N: 11	
	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
C3	For how many participants in each group were no outcome data available? Experimental group N: 4; Control group N: 4	
	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?		
High risk of bias		
Likely direction of effect: Effect size bigger		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

Study ID		SINGH1992
Bibliographic reference: Singh, I. & Owino, J. E. (1992) A double-blind comparison of zuclopenithixol tablets with placebo in the treatment of mentally handicapped in-patients with associated behavioural disorders. *Journal of Intellectual Disability Research, 36*, 541-549.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: 12	
	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
C3	For how many participants in each group were no outcome data available? Experimental group N: 3; Control group N: 6	
	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).	No
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		
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	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

1.4.2

Study ID		TYRER2008
Bibliographic reference: Tyrer, P., Oliver-Africano, P.C., Ahmed, Z., *et al*. (2008) Risperidone, haloperidol, and placebo in the treatment of aggressive challenging behaviour in patients with intellectual disability: a randomised controlled trial. *The Lancet, 371*, 57-63.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: Risperidone=11; Haloperidol=6 Control group N: 8	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

Study ID		VANDENBORRE1993
Bibliographic reference: Vanden Borre, R., Vermote, R., Buttiëns, M., *et al*. (1993) Risperidone as add-on therapy in behavioural disturbances in mental retardation: a double-blind placebo-controlled cross-over study. *Acta Psychiatrica Scandinavica, 87*, 167-171.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group 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)	Yes
C3	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

Study ID		VANHEMERT1975
Bibliographic reference: van Hemert, J.C.J. (1975) Pipamperone (Dipiperon, R3345) in troublesome mental retardates: a double-blind placebo controlled cross-over study with long-term follow-up. *Acta Psychiatrica Scandinavica, 52*, 237-245.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	No
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?		
Unclear/unknown risk		
Likely direction of effect:		

Observational studies (case series)

Study reference		HARDAN2004
Bibliographic reference: Hardan, A.Y., Jou, R.J. & Handen, B.L. (2004) A retrospective assessment of topiramate in children and adolescents with pervasive developmental disorders. *Journal of Child and Adolescent Psychopharmacology, 14*, 426-432.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.4.3 Observational studies (before-and-after)

Study reference		COOK1992
Bibliographic reference: Cook, E.H. Jr., Rowlett, R., Jselskis, C., *et al*. (1992) Fluoxetine treatment of children and adults with autistic disorder and mental retardation. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 739-745.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		HANDEN2006
Bibliographic reference: Handen, B.L. & Hardan, A.Y. (2006) Open-label, prospective trial of olanzapine in adolescents with subaverage intelligence and disruptive behavioral disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 45*, 928-935.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	NA
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	NA
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		MCDOUGLE1998B
Bibliographic reference: McDougle, C.J., Brodkin, E.S., Naylor, S.T., *et al*. (1998) Sertraline in adults with pervasive developmental disorders: a prospective open-label investigation. *Journal of Clinical Psychopharmacology, 18*, 62-66.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 5; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 5; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		READ2007
Bibliographic reference: Read, S.G. & Rendall, M. (2007) An open-label study of risperidone in the improvement of quality of life and treatment of symptoms of violent and self-injurious behaviour in adults with intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 20*, 256-264.		
Guideline topic: Adults with autism		**Review question number:** C4
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 3; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect: Effect size bigger		

1.5 ORGANISATION AND DELIVERY OF CARE: SETTINGS FOR CARE

1.5.1 Randomised controlled trials

Study ID		HASSIOTIS2009
Bibliographic reference: Hassiotis, A., Robotham, D., Canagasabey, A., *et al*. (2009) Randomized, single-blind, controlled trial of a specialist behaviour therapy team for challenging behaviour in adults with intellectual disabilities. *American Journal of Psychiatry, 166*, 1278-1285.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

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

Study ID		RAGHAVAN2009
Bibliographic reference: Raghavan, R., Newell, R., Waseem, F., *et al*. (2009) A randomized controlled trial of a specialist liaison worker model for young people with intellectual disabilities with challenging behaviour and mental health needs. *Journal of Applied Research in Intellectual Disabilities, 22*, 256-263.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Unclear
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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	For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

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

1.5.2 Observational studies (cohort studies)

Study reference		BARLOW1991
Barlow, J. & Kirby, N. (1991) Residential satisfaction of persons with an intellectual disability living in an institution or in the community. *Australia and New Zealand Journal of Developmental Disabilities, 17*, 7-23.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
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?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	No
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 2; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Unknown		

Study reference		CHOU2008
Chou, Y-C., Lin, L-C., Pu, C-Y., *et al*. (2008) Outcomes and costs of residential services for adults with intellectual disabilities in Taiwan: a comparative evaluation. *Journal of Applied Research in Intellectual Disabilities, 21*, 114-125.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
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)	Unclear
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)	Unclear
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Unclear
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unknown
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		CULLEN1995
Cullen, C., Whoriskey, M., Mackenzie, K., *et al*. (1995) The effects of deinstitutionalization on adults with learning disabilities. *Journal of Intellectual Disability Research, 39*, 484-494.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		DAGNAN1994A
Dagnan, D., Howard, B. & Drewett, R.F. (1994a) A move from hospital to community-based homes for people with learning disabilities: activities outside the home. *Journal of Intellectual Disability Research, 38*, 567-576.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	No
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		HOLBURN2004
Holburn, S., Jacobson, J.W., Schwartz, A.A., *et al*. (2004) The willowbrook futures project: a longitudinal analysis of person-centered planning. *American Journal on Mental Retardation, 109*, 63-76.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	No

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 1; Control group 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)	Yes
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 1; Control group N: 2	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study reference		KEARNEY1995
Kearney, C.A., Durand, V.M. & Mindell, J.A. (1995) It's not where but how you live: choice and adaptive/maladaptive behavior in persons with severe handicaps. *Journal of Developmental and Physical Disabilities, 7*, 11-24.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
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	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		MCCONKEY2007
McConkey, R., Abbott, S., Walsh, P. N., *et al*. (2007) Variations in the social inclusion of people with intellectual disabilities in supported living schemes and residential settings. *Journal of Intellectual Disability Research, 51*, 207–217.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Unclear
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Unclear
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	No
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		MOLONY1990
Molony, H. & Taplin, J.E. (1990) The deinstitutionalization of people with developmental disability under the Richmond program: I. changes in adaptive behavior. *Australia and New Zealand Journal of Developmental Disabilities, 16*, 149-159.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		SCHALOCK1984
Schalock, R.L., Gadwood, L.S. & Perry, P.B. (1984) Effects of different training environments on the acquisition of community living skills. *Applied Research in Mental Retardation, 5*, 425-438.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes

B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

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

Study reference		SCHWARTZ2003
Schwartz, C. (2003) Self-appraised lifestyle satisfaction of persons with intellectual disability: the impact of personal characteristics and community residential facilities. *Journal of Intellectual and Developmental Disability, 28*, 227-240.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect: Effect size bigger		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		SPREAT1998
Spreat, S., Conroy, J.W. & Rice, D.M. (1998) Improve quality in nursing homes or institute community placement? implementation of OBRA for individuals with mental retardation. *Research in Developmental Disabilities, 19*, 507-518.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
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?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: 0	
	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? Experimental group N: 0; Control group N: 0	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

1.5.3 Observational studies (before-and-after studies)

Study reference		BHAUMIK2009
Bibliographic reference: Bhaumik, S., Watson, J.M., Devapriam, J., *et al*. (2009) Aggressive challenging behaviour in adults with intellectual disability following community resettlement. *Journal of Intellectual Disability Research, 53*, 298-302.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		BOURAS1993
Bibliographic reference: Bouras, N., Kon, Y. & Drummond, C. (1993) Medical and psychiatric needs of adults with a mental handicap. *Journal of Intellectual Disability Research, 37*, 177-182.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Unclear
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		CHOU2011
Bibliographic reference: Chou, Y.C., Pu, C., Kröger, T., *et al*. (2011) Outcomes of a new residential scheme for adults with intellectual disabiliites in Taiwan: a 2-year follow-up. *Journal of Intellectual Disability Research, 55*, 823-831.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 20; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 20; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		DAGNAN1998
Bibliographic reference: Dagnan, D., Ruddick, L. & Jones, J. (1998) A longitudinal study of the quality of life of older people with intellectual disability after leaving hospital. *Journal of Intellectual Disability Research, 42*, 112-121.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		DONNELLY1996
Bibliographic reference: Donnelly, M., McGilloway, S., Mays, N., *et al*. (1996) One and two year outcomes for adults with learning disabilities discharged to the community. *British Journal of Psychiatry, 168*, 598-606.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		GASKELL1995
Bibliographic reference: Gaskell, G., Dockrell, J. & Rehman, H. (1995) Community care for people with challenging behaviours and mild learning disability: an evaluation of an assessment and treatment unit. *British Journal of Clinical Psychology, 34*, 383-395.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 16; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		HEMMING1983
Bibliographic reference: Hemming, H. (1983) The Swansea relocation study of mentally handicapped adults. *International Journal of Rehabilitation Research, 6*, 494-495.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 19; Control group N: 23	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 25; Control group N: 24	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		SIAPERAS2006
Bibliographic reference: Siaperas, P. & Beadle-Brown, J. (2006) A case study of the use of a structured teaching approach in adults with autism in a residential home in Greece. *Autism, 10*, 330-343.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		SPREAT2002
Bibliographic reference: Spreat, S. & Conroy, J.W. (2002) The impact of deinstitutionalization on family contact. *Research in Developmental Disabilities, 23*, 202-210.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA

B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		

Study reference		WEHMEYER2001
Bibliographic reference: Wehmeyer, M.L. & Bolding, N. (2001) Enhanced self-determination of adults with intellectual disability as an outcome of moving to community-based work or living environments. *Journal of Intellectual Disability Research, 45*, 371-383.		
Guideline topic: Adults with autism		**Review question number:** E1 & E2
Checklist completed by: Odette Megnin-Viggars		
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	NA
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	NA
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	NA
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
NA		
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	NA
B2	Participants receiving care were kept 'blind' to treatment allocation	NA
B3	Individuals administering care were kept 'blind' to treatment allocation	NA
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
NA		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	NA
C2	a. How many participants did not complete treatment in each group? Experimental group N: 0; Control group N: NA	
	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)	NA
C3	a. For how many participants in each group were no outcome data available? Experimental group N: 0; Control group N: NA	
	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)	NA
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		

NA		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect: Effect size bigger		