APPENDIX 11: CLINICAL EVIDENCE – METHODOLOGY CHECKLISTS

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Abbreviations

BPRS BVC CAMHS	Brief Psychiatric Rating Scale Brøset Violence Checklist child and adolescent mental health services
n	number of participants
NIMH	National Institute for Mental Health
OAS	Overt Aggression Scale
PA	physical aggression
PANSS	Positive and Negative Syndrome Scale
ROB	risk of bias
RQ	review question

1.1 METHODOLOGY CHECKLIST: REVIEWS

1.1.1 Campbell 2012

Study ID	Campbell 2012	
Guideline topic:	Review question no. RQ 2.9 and 3.1 [CAMHS]	
Checklist completed by:	Rebecca Gate	
SCREENING QUESTIONS		
In a well-conducted, relevant systematic		
review:		
The review addresses an appropriate and	Yes	
clearly focused question that is relevant to		
the guideline review question		
The review collects the type of studies you	Yes	
consider relevant to the guideline review		
question		
The literature search is sufficiently rigorous	Yes	
to identify all the relevant studies		
Study quality is assessed and reported	Yes	
An adequate description of the	Yes	
methodology used is included, and the		
methods used are appropriate to the		
question		
Comments about the method	A comprehensive literature review was	
	conducted using multiple electronic databases;	
	clearly described methods and research question	

1.1.2 De Hert 2011

Study ID	De Hert 2011	
Guideline topic:	Review question no. RQ 4.3 and 4.5 [CAMHS]	
Checklist completed by:	Rebecca Gate	
SCREENING QUESTIONS		
In a well-conducted, relevant systematic		
review:		
The review addresses an appropriate and	Yes	
clearly focused question that is relevant to		
the guideline review question		
The review collects the type of studies you	Yes	
consider relevant to the guideline review		
question		
The literature search is sufficiently rigorous	Yes	
to identify all the relevant studies		
Study quality is assessed and reported	Yes	
An adequate description of the	Yes	
methodology used is included, and the		
methods used are appropriate to the		
question		
Comments about the method	A comprehensive literature review was	
	conducted using multiple electronic databases;	
	clearly described methods and research question	

1.1.3 Ahmed 2011

Study ID	Ahmed 2011	
Guideline topic:	Review question no. RQ 4.7 and 4.8	
Checklist completed by:	Rebecca Gate	
SCREENING QUESTIONS		
In a well-conducted, relevant systematic		
review:		
The review addresses an appropriate and	Yes	
clearly focused question that is relevant to		
the guideline review question		
The review collects the type of studies you	Yes	
consider relevant to the guideline review		
question		
The literature search is sufficiently rigorous	Yes	
to identify all the relevant studies		
Study quality is assessed and reported	Yes	
An adequate description of the	Yes	
methodology used is included, and the		
methods used are appropriate to the		
question		
Comments about the method	A comprehensive literature review was	
	conducted using multiple electronic databases;	
	clearly described methods and research question	

1.1.4 Gillies 2013

Study ID	Gillies 2013	
Guideline topic:	Review question no: RQ 4.7 and 4.8	
Checklist completed by:	Rebecca Gate	
SCREENING QUESTIONS		
In a well-conducted, relevant systematic		
review:		
The review addresses an appropriate and	Yes	
clearly focused question that is relevant to		
the guideline review question		
The review collects the type of studies you	Yes	
consider relevant to the guideline review		
question		
The literature search is sufficiently rigorous	Yes	
to identify all the relevant studies		
Study quality is assessed and reported	Yes	
An adequate description of the	Yes	
methodology used is included, and the		
methods used are appropriate to the		
question		
Comments about the method	A comprehensive literature review was	
	conducted using multiple electronic databases;	
	clearly described methods and research question	

1.1.5 Huf 2009

Study ID	Huf 2009	
Guideline topic:	Review question no.: RQ 4.7 and 4.8	
Checklist completed by:	Rebecca Gate	
SCREENING QUESTIONS		
In a well-conducted, relevant systematic		
review:		
The review addresses an appropriate and	Yes	
clearly focused question that is relevant to		
the guideline review question		
The review collects the type of studies you	Yes	
consider relevant to the guideline review		
question		
The literature search is sufficiently rigorous	Yes	
to identify all the relevant studies		
Study quality is assessed and reported	Yes	
An adequate description of the	Yes	
methodology used is included, and the		
methods used are appropriate to the		
question		
Comments about the method	A comprehensive literature review was	
	conducted using multiple electronic databases;	
	clearly described methods and research question	

1.1.6 Powney 2012

Study ID	Powney 2012	
Guideline topic:	Review question no: RQ 4.7 and 4.8	
Checklist completed by:	Rebecca Gate	
SCREENING QUESTIONS		
In a well-conducted, relevant systematic		
review:		
The review addresses an appropriate and	Yes	
clearly focused question that is relevant to		
the guideline review question		
The review collects the type of studies you	Yes	
consider relevant to the guideline review		
question		
The literature search is sufficiently rigorous	Yes	
to identify all the relevant studies		
Study quality is assessed and reported	Yes	
An adequate description of the	Yes	
methodology used is included, and the		
methods used are appropriate to the		
question		
Comments about the method	A comprehensive literature review was	
	conducted using multiple electronic databases;	
	clearly described methods and research question	

1.2 METHODOLOGY CHECKLIST: RISK FACTOR STUDIES (ADULTS)

1.2.1 Amore 2008

Bibliographic reference:

Amore M, Menchetti M, Tonti C, Scarlatti F, Lundgren E, Esposito W, et al. Predictors of violent behavior among acute psychiatric patients: clinical study. Psychiatry & Clinical Neurosciences. 2008;62:247-55.

	Note	Comment	Risk of bias
Quality: Generalisability	Inpatients referred to acute inpatient ward	Applicable for inpatient setting	Low
Quality: Loss to follow- up	Differential rates not reported – Some subjects dropped out because could not speak Italian (n=20), were discharged early (n=19), did not give consent (n=17) or could not get reliable information (n=15)	Rates of dropout may have been different for violent compared with non-violent patients	Unclear
Quality of risk factor assessment	Medical records and patient interviews	Possibility of cross referencing may give good assessment	Low
Quality of outcome assessment	Overt Aggression Scale (OAS)	Standardised checklists that staff trained to use	Low
Adjusting for confounders	History of physical aggression (PA), PA in month before hospitalisation, verbal or against- object aggression in the month before admission, high scores on BPRS clusters (hostility– suspiciousness, thought disturbance, activation), age and gender	Examined factors potentially related and adjusted for all	Low
Appropriate statistical analysis	Logistic regression	Present adjusted odds ratios	Low
Funding	Not reported		

1.2.2 Chang 2004

Bibliographic reference:				
Chang J. & Lee C. (2004) Risk factors for aggressive behaviour among psychiatric inpatients.				
Psychiatric Services	s55, 1305–1307.			
	Note	Comment	Risk of bias	
Quality: Generalisability	Inpatients referred to acute inpatient ward	Applicable for inpatient setting	Low	
Quality: Loss to follow- up	Low rate of refusal (3 people)	Low risk of differential attrition	Low	
Quality of risk factor assessment	Information collected by psychiatrists, social workers and nurses	Not blinded but reasonably objective measures	Low	
Quality of outcome assessment	OAS	Standardised checklists	Low	
Adjusting for confounders	Demographic variables and 6 risk factors (not reported what)	Results for adjusted findings only presented for duration of hospitalisation and earlier onset of psychotic disease. Other results unadjusted	Unclear	
Appropriate statistical analysis	Logistic regression but most results for this not reported	For most results raw data (number of participants or means with and without violence for each risk factor) presented	High	
Funding	National Cheng Kung University Hospital in Taiwan			

1.2.3 Cheung 1996

Bibliographic reference:

Cheung P, Schweitzer I, Tuckwell V, Crowley K. A prospective study of aggression among psychiatric patients in rehabilitation wards. Australian and New Zealand Journal of Psychiatry. 1996;30:257-62.

	NT (
	Note	Comment	Risk of bias
Quality:	Mixed population of different	Data reported separately for	Lanu
Generalisability	ward settings	different types of ward	LOW
Quality:		Cannot tall if differential	
Loss to follow-	Not reported	attrition	Unclear
up		attrition	
Quality of risk	Psychiatrist on each ward		
factor	provided data. Random sample of		Low
assessment	20 patients interviewed by		LOW
	investigators to check diagnosis		
Quality of	Staff Overt Aggression Scale	Standardised checklist with	
outcome	Revised staff trained to use it	training	Low
assessment	The vised, stall trained to use it	uuning	
Adjusting for		May not have adjusted for	
confounders	Adjusted for age, gender, duration	everything that needed to	Uncloar
	of admission and diagnosis	(did not adjust for history of	Unclear
		violence)	
Appropriate			
statistical	Multiple logistic regression	Present adjusted odds ratios	Low
analysis			
Funding	Not reported		

1.2.4 Ehmann 2001

Bibliographic reference:			
Ehmann TS, Smith GN, Yamamoto A, McCarthy N, Ross D, Au TM, et al. Violence in treatment			
resistant psychotic	inpatients. The Journal of Nervous ar	nd Mental Disease. 2001;189:716-2	21.
	Note	Comment	Risk of
Quality: Generalisability	Treatment resistant patients or patients with diagnostic ambiguity in locked unit	Unclear if these types of patients will be typical	Unclear
Quality: Loss to follow- up	Not reported	Cannot tell if differential attrition	Unclear
Quality of risk factor assessment	Data was collected'	Does not specify method	Unclear
Quality of outcome assessment	OAS completed by nurses and used Official hospital incident reports – monitored for an average 24.1 weeks	Not clear what training given or how comprehensive measurement was	Unclear
Adjusting for confounders	History of Violence, Diagnosis, Alcohol Abuse, and Total PANSS	For adjusted values, may not be comprehensive adjustments	Unclear
Appropriate statistical analysis	t tests or χ^2 , logistic regressions	Unadjusted high ROB	Adjusted Low
Funding	Not reported		

1.2.5 Hodgins 2011

Bibliographic reference:				
Hodgins S, Riaz M.	Hodgins S, Riaz M. Violence and phases of illness: differential risk and predictors. European			
Psychiatry. 2011;26	:518-24.			
	Note	Comment	Risk of	
			bias	
Quality: Generalisability	Over half had been previously convicted for violent crimes	May be a particularly severe population, more so than typical patients in psychiatric wards	Low	
Quality: Loss to follow- up	Not reported	Cannot tell if differential attrition	Unclear	
Quality of risk factor assessment	From patient and collateral interviews and medical files	Possibility of cross referencing may give good assessment	Low	
Quality of outcome assessment	Participants and a collateral that had been in regular contact with the participant in the preceding 6 months provided information at the 2 interviews.		Low	
Adjusting for confounders	All significant variables adjusted for	It was the only significant variable in the analysis so only 1 adjusted for. But other variables may have been important but just confounded so did not appear to have an effect	Low	
Appropriate statistical analysis	Logistic regression	Not applicable	Adjusted Low	
Funding	Not reported			

1.2.6 Kay 1988

Bibliographic refe	Bibliographic reference:			
Kay SR, Wolkenfel	d F, Murrill LM. Profiles of aggress	ion among psychiatric patients	: II. Covariates	
and predictors. The	e Journal of Nervous and Mental Di	sease. 1988;176:547-57.		
	Note	Comment	Risk of bias	
Quality: Generalisability	Only patients who had been in ward for >3 month as refractory to treatment	Unclear if these types of patients will be typical	Unclear	
Quality: Loss to follow- up	Not reported	Cannot tell if differential attrition	Unclear	
Quality of risk factor assessment	Not reported for demographics. For scales, administered by trained and blind examiners	Unclear for demographics, low for scales	Unclear/Low	
Quality of outcome assessment	Violent scales used at 3 month follow-up to assess previous violence	Does not measure violence throughout follow-up	Unclear	
Adjusting for confounders	Anger, length of illness, age hostility	It was the only significant variable in the analysis, so only 1 adjusted for. However, other variables may have been important but just confounded, so did not appear to have an effect	Unclear	
Appropriate statistical analysis	Multiple regression analysis	Not applicable	Adjusted Low	
Funding	Not reported			

1.2.7 Ketelsen 2007

Bibliographic reference:

Ketelsen R, Zechert C, Driessen M, Schulz M. Characteristics of aggression in a German psychiatric hospital and predictors of patients at risk. Journal of Psychiatric and Mental Health Nursing. 2007:14:92-99.

	Note	Comment	Risk of
			bias
Quality: Generalisability	Patients admitted to the hospital.	Unclear whether these patients are typical (majority have substance related disorders and not mental illnesses)	Unclear
Quality: Loss to follow- up	Dropout not reported	Cannot tell if differential attrition	Unclear
Quality of risk factor assessment	From patient hospital records	Not enough information on method reported	Unclear
Quality of outcome assessment	Staff Observation of Aggression Scale – staff were trained on using the scale for the year prior to study	Standardised checklist with training	Low
Adjusting for confounders	A range of demographic and diagnostic factors	Variables entered using the step-forward Wald procedure	High
Appropriate statistical analysis	Logistic regression	Present adjusted odds ratios	Low
Funding	Not reported		

1.2.8 Kho1998

Bibliographic reference:				
Kho K, Sensky T, N	Kho K, Sensky T, Mortimer A, Corcos C. Prospective study into factors associated with aggressive			
incidents in psychia	atric acute admission wards. The Briti	sh Journal of Psychiatry. 1998;17	2:38-43.	
	Note	Comment	Risk of	
			bias	
Quality:	Innationt word	Applicable for inpatient	Low	
Generalisability	nipatient ward	setting	LOW	
Quality:		Cannot tell if differential		
Loss to follow-	Not reported	attrition	Unclear	
up				
Quality of risk				
factor	Not reported	Assume from records	Unclear	
assessment				
Quality of	Once a week, 2 nurses			
outcome	independently scored each			
assessment	patient's behaviour using the		Low	
	Modified OAS. Global weekly			
	aggression score calculated			
Adjusting for	Gender, age, ethnic group,			
confounders	diagnosis, ward type (locked			
	versus open), and interactions		Unclear	
	between gender and ethnic group			
	and between gender and diagnosis			
Appropriate			A dimete d	
statistical	Logistic regression	Not applicable	Aujusted	
analysis			LOW	
Funding	Hounslow and Spelthorne Community and Mental Health NHS Trust			

1.2.9 Oulis 1996

Bibliographic reference:			
Oulis P, Lykouras I	L, Dascalopoulou E, Psarros C. Aggree	ssion among psychiatric inpatier	its in
Greece. Psychopath	nology. 1996;29:174-80.		
	Note	Comment	Risk of bias
Quality: Generalisability	Inpatient ward	Applicable for inpatient setting	Low
Quality: Loss to follow- up	Not reported	Cannot tell if differential attrition	Unclear
Quality of risk factor assessment	From patient interviews, observations and nursing staff reports.	Aggression Risk Profile completed	Low
Quality of outcome assessment	Modified OAS	Standardised checklist with training	Low
Adjusting for confounders	A range of diagnostic and personality factors – unclear if demographic variables were considered.	May not have adjusted for everything that needed to	Unclear
Appropriate statistical analysis	Kruskal-Wallis, chi-square and multiple regression analysis	Unadjusted high ROB	Adjusted Low
Funding	Not reported	•	

1.2.10Palmstierna 1990

Bibliographic reference:

Palmstierna T, Wistedt B. Risk factors for aggressive behaviour are of limited value in predicting the violent behaviour of acute involuntarily admitted patients. Acta Psychiatrica Scandinavica. 1990;81:152-55.

_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Note	Comment	Risk of bias
Quality: Generalisability	Inpatient ward	Applicable for inpatient setting	Low
Quality: Loss to follow- up	Not reported	Cannot tell if differential attrition	Unclear
Quality of risk factor assessment	Data from patient records, reports from police and relative obtained within 5 days of admission to measure risk factors	Not direct interviews	Unclear
Quality of outcome assessment	Staff OAS for up to 28 days after admission		Low
Adjusting for confounders	Significant risk factors and sex and age		Unclear
Appropriate statistical analysis	Logistic regression	Not reported	Adjusted Low
Funding	Swedish work environment fund		

1.2.11UK700

Bibliographic reference:

Thomas S, Leese M, Walsh E, McCrone P, Moran P, Burns T, et al. A comparison of statistical models in predicting violence in psychotic illness. Comprehensive Psychiatry. 2005;46:296-303.

Dean K, Walsh E, Moran P, Tyrer P, Creed F, Byford S, et al. Violence in women with psychosis in the community: prospective study. British Journal of Psychiatry. 2006;188:264-70.

	Note	Comment	Risk of
			bias
Quality: Generalisability	Adults with psychosis having mental health services (assume in the community)	Applicable for community setting	Low
Quality: Loss to follow- up	Not reported	Cannot tell if differential attrition	Unclear
Quality of risk factor assessment	From patient and collateral interviews and medical files		Low
Quality of outcome assessment	The outcome of physical assault (violence) was ascertained from 3 sources (case notes, interviews with patients, and interviews with case managers)		Low
Adjusting for confounders	Gender, age, marital status, independent living, history of homelessness, non-white ethnicity, past special needs education, previous >3 mouths in hospital, history of violence, previous suicide attempt, threat/control- override delusions, victim of violence, personality disorder, drug use in past year	Lots of adjustments	Low
Appropriate statistical analysis	Logistic regression	Not reported	Adjusted Low
Funding	ST was funded by a UK Department of Health Research Training Fellowship. The UK700 trial was funded by grants from the UK Department of Health and NHS R&D Programme		

1.2.12Watts 2003

Bibliographic reference:				
Watts D, Leese M,	Watts D, Leese M, Thomas S, Atakan Z, Wykes T. The prediction of violence in acute psychiatric			
units. International	Journal of Forensic Mental Health. 20	03;2:173-80.		
	Note	Comment	Risk of bias	
Quality: Generalisability	Inpatient ward	Applicable for inpatient setting	Low	
Quality: Loss to follow- up	Not reported	Cannot tell if differential attrition	Unclear	
Quality of risk factor assessment	Questionnaires/measures, not reported for demographic information		Low	
Quality of outcome assessment	Overt aggression scale		Low	
Adjusting for confounders	Adjustments made based on a range of demographic and diagnostic factors	Factors were selected based on existing literature	Low	
Appropriate statistical analysis	Logistic regression	Not reported	Adjusted low	
Funding	Not reported			

1.2.13Yesavage 1984

Bibliographic reference:				
Yesavage JA. Corre	Yesavage JA. Correlates of dangerous behavior by schizophrenics in hospital. Journal of Psychiatric			
Research. 1984;18:2	225-31.			
	Note	Comment	Risk of bias	
Quality: Generalisability	Psychiatric inpatients	a reasonable proportion may have fought in Vietnam	Unclear	
Quality: Loss to follow- up	Not reported	Cannot tell if differential attrition	Unclear	
Quality of risk factor assessment	Plasma measurement and interviews		Low	
Quality of outcome assessment	Modification of scale developed by Lion ¹ used to measure number of days on which danger-related behaviours during first 8 days.	Done from routine nursing staff reports – unclear if the scale was used at the time or just applied retrospectively to the nursing reports	Unclear	
Adjusting for confounders	age, race, duration of illness, Thiothixene serum level, Prior violence, Schizophrenia factor on BPRS, combat in Vietnam, childhood discipline	adjusted for significant variables and key demographics	Low	
Appropriate statistical analysis	Logistic regression	Not reported	Adjusted Low	
Funding	Medical Research Service of the Veteran's Administration and by NIMH Specialized Research Center grant MH 30854.			

¹ Werner PD, Yesavage JA, Becker JMB, Brunsting DW, Issacs JA. Hostile words and assaultive behaviour on an acute inpatient unit. Journal of Nervous and Mental Disease. 1983;171:385-87.

1.3 METHODOLOGY CHECKLIST: RISK FACTOR STUDIES (CHILDREN AND YOUNG PEOPLE)

1.3.1 Dean 2008

Bibliographic refe	Bibliographic reference:			
Dean AJ, Duke SG,	Scott J, Bor W, George M, McDermott	BM. Physical aggression during	5	
admission to a child	d and adolescent inpatient unit: Predie	ctors and impact on clinical outc	omes.	
Australian and New	w Zealand Journal of Psychiatry. 2008	;42:536-43.		
	Note	Comment	Risk of bias	
Quality:	Children and adolescents admitted			
Generalisability	to psychiatric ward (most	A revelies his	Lanu	
	'exhibited complex	Applicable	LOW	
	psychopathology')			
Quality:		Cannot tall if differential		
Loss to follow-	Not reported	califiot tell li differentiai	Unclear	
up		aurition		
Quality of risk	From medical files and Clinicians	No direct contact with		
factor	also completed the Health of the	participants from ward	Uncloar	
assessment	Nation Outcome Scales for	rocords	Unclear	
	Children and Adolescents	records		
Quality of		No clear how well		
outcome	Recorded in designated register	aggression was documented	Uncloar	
assessment	Recorded in designated register	and whether enough detail	Unclear	
		was reported		
Adjusting for	Age, gender, history of aggression,			
confounders	pervasive developmental disorder,			
	attention deficit hyperactivity			
	disorder/disruptive behaviour		Low	
	disorder, mood/suicide ideation,			
	self-harm, medications at			
	presentation			
Appropriate				
statistical	t tests or χ^2 , Logistic regressions		Low	
analysis				
Funding	Not reported			

1.3.2 Stafford 2003

Bibliographic reference:				
Stafford E, Cornell	Stafford E, Cornell DG. Psychopathy scores predict adolescent inpatient aggression. Assessment.			
2003;10:102-12.				
	Note	Comment	Risk of bias	
Quality:	Adolescent inpatients, mostly with	Amplicable	Low	
Generalisability	CMHD	Applicable	LOW	
Quality:		Connot tall if differential		
Loss to follow-	Not reported	attrition	Unclear	
up		attition		
Quality of risk				
factor	Patient interviews		Low	
assessment				
Quality of	OAS on a weekly basis by case	Blind to psychonathology		
outcome	managore	scores	Low	
assessment	inanagers	50165		
Adjusting for	Age, sex, socioeconomic status		LOW	
confounders	and length of stay		LOW	
Appropriate				
statistical	Logistic regression		Low	
analysis				
Funding	Not reported			

1.3.3 Tompsett 2011

Bibliographic refe	rence:		
Tompsett CJ, Domo	off S, Boxer P. Prediction of restraints a	among youth in a psychiatric ho	spital:
application of trans	slational action research. Journal of Cl	inical Psychology. 2011;67:368-82	2.
	Note	Comment	Risk of bias
Quality: Generalisability	Primarily adolescents with bipolar	Applicable	Low
Quality: Loss to follow- up	Not reported	Cannot tell if differential attrition	Unclear
Quality of risk factor assessment	Risk assessment checklist completed by therapist early on in treatment		Low
Quality of outcome assessment	From database kept by hospital staff	Not clear if any different to standard procedure	Unclear
Adjusting for confounders	Family risk indicators, history of maltreatment, history of exposure to violence, body mass index, intellectual functioning		Low
Appropriate statistical analysis	Logistic regression		Low
Funding	Not reported		

1.4 METHODOLOGY CHECKLIST: PREDICTION STUDIES (ADULTS)

	Patient	Patient			IT	Reference standard	RS	Flow and
	selection	generalisability	Index test (IT)		generalisability	(RS)	generalisability	timing
Study ID	ROB	ROB	Describe test/s	ROB	ROB	ROB	ROB	ROB
			BVC – Nurses marked					
			presence or absence of 6					
			behaviours on BVC at the end					
Abderhalden 2004	Low	Low	of every shift.	Unclear	Low	High	Low	Low
			BVC – Nurses marked					
			presence or absence of					
			6 behaviours on BVC. Not					
Abderhalden 2006	Low	Low	blinded in validation sample	Unclear	Low	High	Low	Low
			BVC- Visual Analog Scale –					
			Not blinded in validation					
Abderhalden 2006	Low	Low	sample	Unclear	Low	High	Low	Low
			Visual Analog Scale -					
			Subjective assessment by					
			nurses of risk of patient					
			violence. Not blinded in					
Abderhalden 2006	Low	Low	validation sample	Unclear	Low	High	Low	Low
			BVC Done in first 2.5 hours of					
Almvik 2003	Low	Low	each shift	Low	Low	High	Low	Low
McNiel 2000	Unclear	Low	Clinical judgement	Unclear	Low	High	Low	Unclear
			Chinese version of the V-RISK-					
			10 (Violence Risk Screening					
			10). Heavy tobacco use was					
			added to the scoring					
Yao 2012	Low	Low	instructions under item 3.	Low	Low	High	Low	Unclear

1.5 METHODOLOGY CHECKLIST: PREDICTION STUDIES (CHILDREN AND YOUNG PEOPLE)

	Patient selection	Patient generalisability	Index test (IT)		IT generalisability	Reference standard (RS)	RS generalisability	Flow and timing
Study ID	ROB	ROB	Describe test/s	ROB	ROB	ROB	ROB	ROB
			Brief Rating of Aggression by Children and Adolescents- Preliminary Version (BRACHA 0.8) used on					
Barzman 2011	Low	Low	admission	Unclear	Low	High	Low	Low

1.6 METHODOLOGY CHECKLIST: COHORT STUDIES

1.6.1 Ashcraft 2008

Bibliograp	hic reference:	inating seclusion and	restraint in reco	overv-oriente	od crisis serv	ices	
Psychiatric	Services 2008:59	1198-202	restraint in reev	overy oriente	u crisis sei v	ices.	
Guideline	topic: Violence	Review question: R	Q 2.7 and 2.8				
and aggress	sion	-					
Checklist c	ompleted by: Reb	ecca Gate					
			Circle or high	light 1 optior	for each qu	estion:	
A. Selection	n bias (systematic	differences between	the compariso	n groups)			
<u>A1</u>	The method of a	llocation to		No			
	treatment group	s was unrelated to					
	potential confour	nding factors (that					
	is, the reason for	participant					
	allocation to trea	tment groups is not					
	expected to affect	t the outcome[s]					
	under study)						
<u>A2</u>	Attempts were n	nade within the		No			
	design or analys	is to balance the					
	comparison grou	ips for potential					
	confounders						
<u>A3</u>	The groups were	e comparable at			Unclear		
	baseline, including all major						
	confounding and	l prognostic factors					
Based on y	our answers to the	e above, in your opin	ion was selecti	on bias prese	ent? If so, w	hat is the	
likely direc	ction of its effect?		TT· 1 · 1	(1)			
T · · · · · · ·			High risk	k of bias			
Likely dire	ction of effect:		• • • • •	1			
Cohort desi	ign; sequence gene	eration and allocation	is not applicable	le.		a	
B. Performa	ance blas (system)	atic differences betw	een groups in t	ne care provi	lded, apart f	rom the	
R1	The comparison	groups received the				Not	
<u>D1</u>	same care apart	from the				applicable	
	intervention(s) st	hudiod				applicable	
R2	Participante roco	iving care wore		No			
<u>D2</u>	kont 'blind' to tr	atmont allocation		INU			
R3	Individuals adm	inistoring care wore		No			
<u></u>	kent 'hlind' to tre	atment allocation		110			
Based on w	our answers to the	adden anotation	ion was perform	mance hise r	resent? If co	what is	
the likely d	lirection of its eff	ect?	ion was perion	marice bras p	1000111, 11 50	, Willet 15	
			High risk	k of bias			
Likely dire	ction of effect: un	clear	0				
Cohort design assessing reductions in seclusion and restraint following intervention.							
Unclear des	scription of care p	rovided during contro	ol arm.	0			
Detter	1 1	1.1: 1					

Participants and care providers were non-blind.

C. Attrition	n bias (systematic difference	s between	the comp	oarison	groups	with res	pect to 1	oss of
participant	s)				1			
<u>C1</u>	All groups were followed u	p for an						Not
	equal length of time (or ana	lysis was						applicable
	adjusted to allow for differe	ences in						
C2	length of follow-up)	1•1 .	1		• 1		т.	. 1
<u>C2</u>	a. How many participants c	lid not com	iplete tre	atment	in each	group? N	lot repo	rted
	b. The groups were							Not
	comparable for treatment							applicable
	completion (that is, there							
	systematic differences							
	between groups in terms							
	of those who did not							
	complete treatment)							
C3	a. For how many participan	ts in each g	roup we	re no o	utcome	data avai	ilable? N	Jot
	reported	C	5 - 1					
	b. The groups were compar	able with						Not
	respect to the availability of	outcome						applicable
	data (that is, there were no							11
	important or systematic diff	ferences						
	between groups in terms of	those for						
	whom outcome data were r	not						
	available)							
Based on y	our answers to the above, in	your opin	ion was a	attrition	n bias p	present? If	f so, wh	at is the
likely diree	ction of its effect?							
			Hi	gh risk	of bias			
Likely dire	ction of effect:	1						
No outcom	e data reported for the contro	ol arm	بلمأسم مأريا	1		مستلا معا		
D. Detection	The study had an		tameu, c	liagilos		enneu)		
	appropriate length of	ies						
	follow-up							
D2	The study used a precise	Voc						
	definition of outcome	105						
D3	A valid and reliable				1	Inclear		
20	method was used to					oncicui		
	determine the outcome							
D4	Investigators were kept			No				
	'blind' to participants'							
	exposure to the							
	intervention							
<u>D5</u>	Investigators were kept			No				
	'blind' to other important							
	confounding and							
	prognostic factors							
Based on y	our answers to the above, in	your opin	ion was	detectio	on bias	present?	If so, w	hat is the
likely direc	ction of its effect?	:_1.						
Likola dina	Unclear/unknown r	ISK						
Outcome th	rection of effect:	de lunclos	r)					
Non blind	narticinants and investigator	us (unciear	.).					
	our actounts and investigators	J.						

1.6.2 Azeem 2011

Bibliograp Azeem MW	hic reference: /, Aujla A, Ramme	erth M, Binsfeld G, Jor	nes RB. Effectiv	eness of six c	ore strategie	es based on			
trauma informed care in reducing seclusions and restraints at a child and adolescent psychiatric hospital. Journal of Child and Adolescent Psychiatric Nursing, 2011;24:11-15									
hospital. Jo	urnal of Child and	Adolescent Psychiat	ric Nursing. 201	11;24:11-15.	1 5				
Guideline	topic: Violence	Review question: R	O 2.7 and 2.8 (C	CAMHS)					
and aggres	sion	1	Q = unu = (C						
Checklist c	ompleted by: Reb	ecca Gate							
			Circle or high	light 1 optior	for each qu	estion:			
A. Selection	n bias (systematic	differences between	the compariso	n groups)					
A1	The method of a	llocation to	•	No					
	treatment group	s was unrelated to							
	potential confour	nding factors (that							
	is, the reason for	participant							
	allocation to trea	tment groups is not							
	expected to affect	t the outcome[s]							
	under study)								
A2	Attempts were n	nade within the		No					
	design or analysi	is to balance the							
	comparison grou	ps for potential							
	confounders								
<u>A3</u>	The groups were	e comparable at	Yes						
	baseline, includi	ng all major							
	confounding and	l prognostic factors							
Based on y	our answers to the	e above, in your opin	ion was selecti	on bias prese	ent? If so, w	hat is the			
likely direc	ction of its effect?								
	Unclear/1	unknown risk							
Likely dire	ction of effect:								
Cohort desi	ign; sequence gene	eration and allocation	is not applicabl	le.					
Pre and pos	st group were note	ed to be comparable ir	n terms of admi	ssions, discha	arges and p	atient			
census.									
B. Performa	ance bias (systema	atic differences betwe	een groups in t	he care provi	ided, apart :	from the			
interventio	n under investiga	tion)							
<u>B1</u>	The comparison	groups received the			Unclear				
	same care apart	from the							
	intervention(s) st	tudied							
<u>B2</u>	Participants rece	iving care were		No					
	kept 'blind' to tre	eatment allocation							
<u>B3</u>	Individuals adm	inistering care were		No					
	kept 'blind' to tre	eatment allocation							
Based on y	our answers to the	e above, in your opin	ion was perfor	mance bias p	resent? If s	o, what is			
the likely d	lirection of its effe	ect?							
	High risk of bias								
Likely direction of effect: unclear									
Cohort desi	Cohort design assessing reductions in seclusion and restraint following intervention.								
Unclear des	scription of care pr	rovided during the pr	e-condition.						

Participants and care providers were non-blind.

C. Attrition	n bias (systematic difference	s between tl	he comp	oarison	group	os with 1	respect to	loss of
participant	s)							
<u>C1</u>	All groups were followed u	ip for an						Not
	equal length of time (or ana	alysis was						applicable
	adjusted to allow for differe	ences in						
	length of follow-up)							
<u>C2</u>	a. How many participants of	did not comp	olete tre	atment	in eac	h group	? Not repo	orted
	b. The groups were							Not
	comparable for treatment							applicable
	completion (that is, there							
	were no important or							
	systematic differences							
	between groups in terms							
	of those who did not							
<u> </u>	complete treatment)	1				1.	.1 1 1 2 1	T 1
<u>C</u>	a. For now many participar	its in each gi	roup we	ere no o	utcom	ie data a	vailable?	NOT
	h The groups around a second	· 1 · 1 · · · · · · · · · · · · · · · ·						Nat
	b. The groups were compared	able with						Not
	respect to the availability of	Г						applicable
	important or systematic diff	were no						
	hotwoon groups in terms of	these for						
	whom outcome data wore i	ant ant						
	available)	.101						
Based on v	our answers to the above in	vour opini	010 14/26	attrition	n hine	procont	2 If co wh	at is the
likely dire	ction of its effect?	your opinio	011 was a	att11101	1 0145	present	• 11 50, WI	at 15 the
	Unclear/unknown r	isk						
Likely dire	ection of effect:							
Reporting of	of outcome data was unclear	for both pre	and pos	st condi	ition (1	use of re	straint and	d seclusion
was reporte	ed in a standard form for the	period of a 1	month b	efore a	nd foll	lowing t	he interve	ntion)
D. Detectio	on bias (bias in how outcome	es are ascert	ained, d	liagnos	ed or	verified)	
D1	The study had an		,	0		Unclear	r	
	appropriate length of							
	follow-up							
D2	The study used a precise	Yes						
	definition of outcome							
D3	A valid and reliable	Yes						
	method was used to							
	determine the outcome							
<u>D4</u>	Investigators were kept			No				
	'blind' to participants'							
	exposure to the							
	intervention							
<u>D5</u>	Investigators were kept			No				
	'blind' to other important							
	confounding and							
	prognostic factors							
Based on y	our answers to the above, in	your opinio	on was o	detectio	on bia	s presen	t? If so, w	hat is the
likely dire	ction of its effect?		1					
	Unclear/unknown r	risk						
Likely dire	ection of effect:							
Appropriat	teness of follow-up unclear (1	time-point	/ 1 mon	th).				
Non-blind	investigators and participant	S						

1.6.3 Bjorkdahl 2013

Bibliographic reference: Bjorkdahl A, Hansebo G, Palmstierna T. The influence of staff training on the violence prevention and									
management climate in psychiatric inpatient units. Journal of Psychiatric & Mental Health Nursing.									
2013:20:396	-404.	indire inputterit diffe	journar or roje			, caronigi			
Guideline	tonic: Violence	Review question R	028						
and aggress	sion	Review question. R	Q 2.0						
Checklist c	ompleted by: Reb	ecca Gate							
Checkhote	ompieteu by: iteb		Circle or high	light 1 option	for each au	estion [.]			
A Selection	n hias (systematic	differences between	the compariso	n grouns)	rior cuerr qu	cotion.			
A1	The method of a	llocation to		No					
	treatment groups	s was unrelated to							
	potential confour	nding factors (that							
	is, the reason for	participant							
	allocation to trea	tment groups is not							
	expected to affect	t the outcome[s]							
	under study)								
A2	Attempts were n	nade within the			Unclear				
	design or analysi	is to balance the							
	comparison grou	ps for potential							
	confounders	1 1							
<u>A3</u>	The groups were	e comparable at			Unclear				
	baseline, including all major								
	confounding and	l prognostic factors							
Based on your answers to the above, in your opinion was selection bias present? If so, what is the									
based on y	our answers to the	e above, in your opin	ion was selecti	on bias prese	ent: If so, wi	nat is the			
likely direc	tion of its effect?	e above, in your opin	ion was selecti	on bias prese	ent? If so, w	nat is the			
likely direc	ction of its effect?	e above, in your opin	ion was selecti High risl	on bias prese	ent: If so, wi	nat is the			
likely direc	ction of effect:	e above, in your opin	ion was selecti High risl	on bias prese	ent? If so, wi				
likely direc Likely direc Cohort desi	ction of effect:	d); sequence generatio	ion was selecti High risl n and allocatio	on bias prese < of bias n is not appli	icable.				
Likely direc Cohort desi Group equi	ction of effect: gn (non-controlled valence unclear:	d); sequence generatio	ion was selecti High risl	on bias prese < of bias n is not appli	icable.				
Likely direc Cohort desi Group equi Both staff a	ction of effect: ction of effect: gn (non-controlled valence unclear: nd service user gro	d); sequence generation	ion was selecti High risl on and allocatio as independen	on bias prese < of bias n is not appli it groups yet	icable. a relatively l	low staff			
Likely direc Cohort desi Group equi Both staff a turnover ra	ction of effect: gn (non-controlled valence unclear: nd service user grate.	d); sequence generation	ion was selecti High risl on and allocatio as independen	on bias prese	icable. a relatively l	low staff			
Likely dire Cohort desi Group equi Both staff a turnover ra Higher num	ction of its effect: ction of effect: ggn (non-controlled valence unclear: nd service user gro te. nber of wards price	d); sequence generation oups were considered	ion was selecti High risl on and allocatio as independen of wards and co	on bias prese < of bias in is not appli it groups yet mparability r	icable. a relatively l	low staff			
Likely direc Likely direc Cohort desi Group equi Both staff a turnover ra Higher nun B. Performa	ction of its effect: ction of effect: ign (non-controlled valence unclear: nd service user gra- te. nber of wards price ance bias (system)	d); sequence generation oups were considered or to training; nature considered	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese < of bias in is not appli it groups yet mparability r he care provi	icable. a relatively l not reported. i ded, apart f	low staff rom the			
Likely direc Likely direc Cohort desi Group equi Both staff a turnover ra Higher nun B. Performa interventio	ction of its effect: ction of effect: ign (non-controlled valence unclear: nd service user gra- te. nber of wards price ance bias (systema n under investiga	d); sequence generation oups were considered or to training; nature considered atic differences betwo ition)	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese of bias in is not appli it groups yet mparability r he care provi	icable. a relatively l not reported. ided, apart f	low staff rom the			
Likely direc Likely direc Cohort desi Group equi Both staff a turnover ra Higher num B. Performa interventio B1	ction of its effect? ction of effect: ign (non-controlled valence unclear: nd service user gro te. nber of wards price ance bias (system) n under investiga The comparison	d); sequence generation oups were considered or to training; nature considered atic differences betwo ation) groups received the	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese < of bias in is not appli it groups yet mparability r he care provi	icable. a relatively l not reported. i ded, apart f Unclear	low staff rom the			
Likely dire Cohort desi Group equi Both staff a turnover ra Higher num B. Performa interventio B1	ction of its effect: ction of effect: ign (non-controlled valence unclear: nd service user gro te. nber of wards price ance bias (systema n under investiga The comparison same care apart finite intervention(s) of	d); sequence generation oups were considered or to training; nature considered atic differences betwo tition) groups received the from the	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese < of bias in is not appli it groups yet mparability r he care provi	icable. a relatively l not reported. i ded, apart f	low staff			
Likely direc Likely direc Cohort desi Group equi Both staff a turnover ra Higher nun B. Performa interventio B1	ction of its effect: ction of effect: ign (non-controlled valence unclear: nd service user gro te. nber of wards price ance bias (systemand n under investigat The comparison same care apart f intervention(s) st	d); sequence generation oups were considered or to training; nature consid	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese < of bias in is not appli it groups yet mparability r he care provi	icable. a relatively l not reported. i ded, apart f Unclear	low staff 			
Likely direct Likely direct Cohort desi Group equi Both staff a turnover ra Higher num B. Performa interventio B1	ction of its effect? ction of effect: agn (non-controlled valence unclear: nd service user gra- te. ance bias (system) n under investiga The comparison same care apart f intervention(s) st Participants rece-	d); sequence generation oups were considered or to training; nature of atic differences betwo ation) groups received the from the tudied iving care were	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese < of bias in is not appli it groups yet mparability r he care provi	icable. a relatively l not reported. i ded, apart f	low staff rom the			
Likely direc Likely direc Cohort desi Group equi Both staff a turnover ra Higher num B. Performa interventio B1 B2 B3	ction of its effect: ction of effect: agn (non-controlled valence unclear: nd service user gro te. ance bias (system) n under investiga The comparison same care apart f intervention(s) st Participants rece kept 'blind' to tree Individuals adm	d); sequence generation oups were considered or to training; nature of atic differences betwo (tion) groups received the from the tudied iving care were eatment allocation injetering care wore	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese < of bias in is not appli it groups yet mparability r he care provi	icable. a relatively l not reported. ided, apart f	low staff rom the			
Likely direc Likely direc Cohort desi Group equi Both staff a turnover ra Higher num B. Performa interventio <u>B1</u> <u>B2</u> <u>B3</u>	ction of its effect: ction of effect: ign (non-controlled valence unclear: nd service user grote ance bias (systemand n under investigand The comparison same care apart for intervention(s) stand Participants recent kept 'blind' to tree Individuals adm	d); sequence generation oups were considered or to training; nature of atic differences betwo tion) groups received the from the tudied iving care were eatment allocation inistering care were	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese < of bias in is not appli it groups yet mparability r he care provi No No	icable. a relatively l not reported. i ded, apart f	low staff			
Likely direc Likely direc Cohort desi Group equi Both staff a turnover ra Higher nun B. Performa interventio B1 B2 B3 Based on v	ction of its effect: ction of effect: ign (non-controlled valence unclear: nd service user gro- te. nber of wards price ance bias (system) n under investiga The comparison same care apart f intervention(s) st Participants rece kept 'blind' to tree Individuals adm kept 'blind' to tree	d); sequence generation oups were considered or to training; nature of atic differences between tion) groups received the from the tudied iving care were eatment allocation inistering care were eatment allocation	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese < of bias in is not appli- it groups yet mparability r he care provi No No	icable. a relatively l not reported. ided, apart f Unclear	low staff rom the			
Based on ye likely direct Likely direct Cohort desi Group equi Both staff at turnover ra Higher num B. Performation B1 B2 B3 Based on ye the likely direct	ction of its effect: ction of effect: ign (non-controlled valence unclear: nd service user gra- te. nber of wards price ance bias (system: n under investiga The comparison same care apart fi intervention(s) st Participants rece kept 'blind' to tree Individuals adm kept 'blind' to tree our answers to the lirection of its effect	d); sequence generation oups were considered or to training; nature of atic differences betwo tition) groups received the from the tudied iving care were eatment allocation inistering care were eatment allocation e above, in your opin ect?	ion was selecti High risl on and allocatio as independen of wards and co een groups in t	on bias prese < of bias in is not appli it groups yet mparability r he care provi No No No mance bias p	icable. a relatively l not reported. ided, apart f Unclear	low staff rom the , , , what is			
Based on ye likely dired Likely dired Cohort desi Group equi Both staff a turnover ra Higher num B. Performa interventio B1 B2 B3 Based on ye the likely dired	ction of its effect: ction of effect: agn (non-controlled valence unclear: nd service user grote ance bias (system) n under investiga The comparison same care apart for intervention(s) st Participants rece kept 'blind' to tree Individuals adm kept 'blind' to tree our answers to the lirection of its effect	d); sequence generation oups were considered or to training; nature of atic differences betwo (tion) groups received the from the tudied iving care were eatment allocation inistering care were eatment allocation e above, in your opin ect?	ion was selecti High risl on and allocatio as independen of wards and co een groups in t ion was perform High risl	on bias prese < of bias in is not appli it groups yet mparability r he care provi No No mance bias p	icable. a relatively l not reported. ided, apart f Unclear	low staff rom the , , , what is			
Based on y likely direc Likely direc Cohort desi Group equi Both staff a turnover ra Higher nun B. Performa interventio B1 B2 B3 Based on y the likely direct	ction of its effect: ction of effect: ign (non-controlled valence unclear: nd service user gro- te. ance bias (systema n under investiga The comparison same care apart fi intervention(s) st Participants rece kept 'blind' to tree Individuals adm kept 'blind' to tree our answers to the lirection of its effect:	d); sequence generation oups were considered or to training; nature of atic differences betwo tition) groups received the from the tudied iving care were eatment allocation inistering care were eatment allocation e above, in your opin ect?	ion was selecti High risl on and allocatio as independen of wards and co een groups in t ion was perform High risl	on bias prese < of bias in is not appli- it groups yet mparability r he care provi- No No mance bias p < of bias	icable. a relatively l not reported. ided, apart f Unclear	low staff rom the , , , what is			
Based on ye likely dired Likely dired Cohort desi Group equi Both staff a turnover ra Higher num B. Performation B1 B2 B3 Based on ye the likely dire Unclear rem	ction of its effect: ction of effect: agn (non-controlled valence unclear: nd service user grown te. ance bias (system) n under investiga The comparison same care apart f intervention(s) st Participants rece kept 'blind' to tree Individuals adm kept 'blind' to tree our answers to the lirection of its effect: porting of pre-inter	d); sequence generation oups were considered or to training; nature of atic differences betwee tition) groups received the from the tudied iving care were eatment allocation inistering care were eatment allocation e above, in your opin ect?	ion was selecti High risl on and allocatio as independen of wards and co een groups in t ion was perfor High risl d comparability	on bias prese < of bias in is not appli- it groups yet mparability r he care provi- No No mance bias p < of bias	icable. a relatively l not reported. ided, apart f Unclear	low staff rom the			

C. Attritior	ı bias (systematic difference	s between	the comp	parison	ı group	s witł	n respect	to l	oss of
participant	s)								
<u>C1</u>	All groups were followed u	p for an							Not
	equal length of time (or ana	lysis was							applicable
	adjusted to allow for differe	ences in							
	length of follow-up)								
<u>C2</u>	a. How many participants c	lid not con	nplete tre	atment	t in eacl	h grou	ıp? Unkn	low1	ı
	b. The groups were					Uncle	ear		
	comparable for treatment								
	completion (that is, there								
	were no important or								
	systematic differences								
	between groups in terms								
	of those who did not								
	complete treatment)								
<u>C3</u>	a. For how many participar	nts in each g	group we	ere no c	outcom	e data	available	e? <u>U</u>	nclear
	b. The groups were compar	able with					Unclear	·	
	respect to the availability of	f							
	outcome data (that is, there	were no							
	important or systematic dif	ferences							
	between groups in terms of	those for							
	whom outcome data were n	not							
	available)								
Based on y	our answers to the above, in	your opin	ion was a	attritio	n bias	prese	nt? If so,	wha	at is the
likely direc	ction of its effect?								
	Unclear/unknown r	isk							
Likely dire	ction of effect:								
Questionna	nires were administered to sta	aff and pati	ents and	return	ed anoi	nymo	usly. Nur	nbe	r of
distributed	questionnaires were not repo	orted – unc	lear drop	out lev	vels.				
D. Detectio	on bias (bias in how outcome	es are ascei	rtained, c	liagnos	sed or v	verifie	ed)		
<u>D1</u>	The study had an							Not	applicable
	appropriate length of								
	follow-up								
<u>D2</u>	The study used a precise	Yes							
	definition of outcome								
<u>D3</u>	A valid and reliable			No					
	method was used to								
	determine the outcome								
<u>D4</u>	Investigators were kept			No					
	'blind' to participants'								
	exposure to the								
	intervention								
<u>D5</u>	Investigators were kept			No					
	'blind' to other important								
	confounding and								
	prognostic factors								
Based on y	our answers to the above, in	your opin	ion was o	detecti	on bias	s prese	ent? If so	, wł	at is the
likely dired	ction of its effect?								
	Unclear/unknown r	isk							
Likely direction of effect:									
Outcome m	neasure was designed for the	current stu	ıdy (with	out pri	or testi	ng on	a develo	pme	ent
sample) – r	obustness questionable chang	ged in anal	ysis to a	dichoto	omous	scale.			
Non-blind	investigators and participant	s.							

1.6.4 Feeney 2007

Bibliograp	hic reference:			1 11	1			
Feeney L, Kavanagh A, Kelly BD, Mooney M. Moving to a purpose built acute psychiatric unit on a general hospital sitedoes the new environment produce change for the better? Irish Medical Journal.								
2007;100:391-93.								
Guideline	topic: Violence	Review question: R	02.6					
and aggres	sion	1	2 =10					
Checklist c	ompleted by: Reb	ecca Gate						
			Circle or high	light 1 option	for each que	estion:		
A. Selectio	n bias (systematic	differences between	the comparisor	n groups)				
<u>A1</u>	The method of al	location to		No				
	treatment groups	s was unrelated to						
	potential confounding factors (that							
	1s, the reason for	participant						
	allocation to trea	tment groups is not						
	under study)	t the outcome[s]						
<u>A2</u>	Attempts were m	ade within the			Unclear			
	design or analysi	s to balance the						
	comparison grou	ps for potential						
	confounders							
<u>A3</u>	The groups were	comparable at			Unclear			
	baseline, includi	ng all major						
	confounding and	prognostic factors	1	1.	12.16	1		
likely dire	our answers to the ction of its effect?	e above, în your opini	ion was selectio	on bias presei	nt? If so, wh	at is the		
			High risl	k of bias				
Likely dire	ction of effect:							
Cohort des	ign (non-controlled	l); sequence generatio	n and allocation	n is not applic	cable.			
No statistic	ally significant diff	ferences noted in grou	ıp demographic	s, however, r	eports only o	considered		
from 1 hosp	oital at baseline (2	psychiatric hospitals v	vere combined	into the new	ward).	.1		
B. Perform	ance bias (systema	itic differences betwe	en groups in th	ne care provid	ded, apart fro	om the		
B1	The comparison	arouns received the	[1	Unclear			
	same care apart f	rom the			Oncical			
	intervention(s) st	udied						
B2	Participants recei	ving care were kept		No				
	'blind' to treatme	nt allocation						
<u>B3</u>	Individuals admi	inistering care were		No				
	kept 'blind' to tre	atment allocation						
Based on y	our answers to the lirection of its effe	above, in your opini	on was perform	nance bias pr	resent? If so,	what is		
High risk of high								
Likely direction of effect: Favour intervention.								
Unclear reporting of both pre and post conditions; staff from both hospitals were combined, unclear if								
roles and management changed within new service.								
	0							

C. Attrition	n bias (systematic differences	s between th	e compar	rison group	s with respect	to loss of
participant	s)					
<u>C1</u>	All groups were followed u	p for an			Unclear	
	equal length of time (or ana	lysis was				
	adjusted to allow for differe	ences in				
	length of follow-up)	1.1 .	1			1. 1.1
<u>C2</u>	a. How many participants c	lid not comp.	lete treati	ment in eacl	h group? <u>Not a</u>	<u>ipplicable</u>
	b. The groups were				Unclear	
	comparable for treatment					
	completion (that is, there					
	systematic differences					
	between groups in terms					
	of those who did not					
	complete treatment)					
C3	a. For how many participan	ts in each gro	oup were	no outcom	e data availabl	e? Not
—	applicable					
	b. The groups were compar	able with			Unclea	ir
	respect to the availability of	outcome				
	data (that is, there were no	important				
	or systematic differences be	tween				
	groups in terms of those for	whom				
Pacad on w	outcome data were not avai	liable)	n russa att	wition hiss	nnocont? If co	what is the
likely direc	our answers to the above, in	your opinio	n was att	rition blas	present? If so,	what is the
likely unce	Unclear risk of bias					
Likely dire	ction of effect:					
Study used	retrospective chart analysis;	unclear if att	rition rate	es were rep	orted.	
D. Detectio	on bias (bias in how outcome	s are ascerta	ined, dia	gnosed or v	verified)	
<u>D1</u>	The study had an			0	,	Not
	appropriate length of					applicable
	follow-up					
<u>D2</u>	The study used a precise	Yes				
	definition of outcome					
<u>D3</u>	A valid and reliable				Unclear	
	method was used to					
	determine the outcome			-		
<u>D4</u>	Investigators were kept		1	No		
	'blind' to participants'					
	exposure to the					
DE	Intervention			Ma		
<u>D5</u>	'blind' to other important			NU		
	confounding and					
	prognostic factors					
Based on y	our answers to the above, in	your opinio	n was de	tection bias	s present? If so	, what is the
likely direc	ction of its effect?	5 1			•	,
			Hig	h risk		
Likely dire	ction of effect:		1			
Unclear risl	k of bias for assessing outcom	nes – study us	sed a retr	ospective cl	hart analysis w	rith non-blind
researchers						

Non-blind participants and care providers.

1.6.5 Georgieva 2012

Bibliograp	hic reference.								
Georgieva I, Mulder C, Wierdsma A. Patients' preference and experiences of forced medication and									
seclusion. F	Psychiatric Quarter	ly. 2012;83:1-13.		<u>-</u> -					
Guideline	topic: Violence	Review question: R	O 4.3	and 4.5					
and aggress	sion	1	~ ~						
Checklist c	ompleted by: Reb	ecca Gate							
			Circ	le or highl	ight 1 option	for each qu	estion:		
A. Selection	n bias (systematic	differences between	the c	ompariso	n groups)				
<u>A1</u>	The method of al	llocation to			No				
	treatment groups	s was unrelated to							
	potential confour	nding factors (that							
	is, the reason for	participant							
	allocation to trea	tment groups is not							
	expected to affect	t the outcome[s]							
	under study)	1			N T				
<u>A2</u>	Attempts were n	hade within the			NO				
	design or analysi	is to balance the							
	comparison grou	ips for potential							
۸3	The groups wore	comparable at				Uncloar			
<u>A5</u>	haseline includi	ng all major				Unclear			
	confounding and	l prognostic factors							
Based on v	our answers to the	e above, in your opin	ion v	vas selectio	on bias prese	ent? If so, w	hat is the		
likely direc	ction of its effect?	,							
				High risk	c of bias				
Likely dire	ction of effect:								
Cohort desi	ign (non-controlled	d); sequence generatio	n an	d allocatio	n is not appli	icable.			
Unclear gro	oup comparability	at baseline (differed s	ignif	icantly in t	erms of gend	ler and diag	nosis)		
B. Performa	ance bias (systema	atic differences betwo	een g	roups in t	he care provi	ided, apart f	from the		
interventio	n under investiga	tion)							
<u>B1</u>	The comparison	groups received the				Unclear			
	same care apart	rom the							
DJ	Intervention(s) s				No				
<u>D2</u>	Farticipants rece	atmost allocation			INO				
D 2	kept blind to tre	inistering core work			No				
<u>D5</u>	kont 'blind' to tro	atmost allocation			100				
Based on w	our answers to the	adment anotation	ion 14	as nerfor	nance hias n	resent? If e	o what is		
the likely d	lirection of its effe	e above, in your opin		as perior	nance bias p	1050m; 11 5	0, Wildt 15		
High risk of higs									
Likelv dire	Likely direction of effect:								
Unclear reporting of care received that is, duration or rates of restrictive intervention.									
NT 11. 1	participants and c	are providers							

C. Attrition	n bias (systematic difference	s between	the comp	arison	groups wi	th respec	t to 1	oss of
participant	s)							
<u>C1</u>	All groups were followed u	p for an			Unc	lear		
	equal length of time (or ana	lysis was						
	adjusted to allow for differe	ences in						
	length of follow-up)							
<u>C2</u>	a. How many participants c	lid not con	nplete trea	tment	in each gro	oup? Unk	nowi	1
	b. The groups were							Not
	comparable for treatment							applicable
	completion (that is, there							
	were no important or							
	between groups in terms							
	of those who did not							
	complete treatment)							
<u>C3</u>	a For how many participan	uts in each d	Troun wei	re no o	utcome da	ta availat	ale? L	Inclear
	b The groups were compar	able with			utcome au		<u>, , , , , , , , , , , , , , , , , , , </u>	Not
	respect to the availability of	:						applicable
	outcome data (that is, there	were no						· II · · · ·
	important or systematic dif	ferences						
	between groups in terms of	those for						
	whom outcome data were r	not						
	available)							
Based on y	our answers to the above, in	your opin	ion was a	ttritio	n bias pres	ent? If so	, wha	at is the
likely direc	ction of its effect?							
.	Unclear/unknown r	isk						
Likely dire	ction of effect:				1.	· · · ·		1.01
D Data atti	rition rate: percentages noted	to vary ac	ross meas	ures as	s a result of	incompi	ete ci	inical files
D. Detectio	The study had an	es are ascer	taineu, u	lagnos	ed or vern	ieu)	No	tapplicable
	appropriate length of							applicable
	follow-up							
D2	The study used a precise	Yes						
	definition of outcome	100						
D3	A valid and reliable				Unc	lear		
	method was used to							
	determine the outcome							
<u>D4</u>	Investigators were kept			No				
	'blind' to participants'							
	exposure to the							
	intervention							
<u>D5</u>	Investigators were kept			No				
	'blind' to other important							
	contounding and						1	
Dagad are	prognostic factors		ion was 1	ata -1.	hice and	00mt) IC -	 1	at is the
based on y	our answers to the above, in	your opin	ion was d	letectio	on bias pre	sent? If s	60, WI	hat is the
likely ulred	Linclear risk							
Likely dire	ction of effect		I					
New questi	onnaire developed for study	unclear va	lidity and	reliab	ility.			
Non-blind	participants and care provide	ers.	inter and the second seco					

1.6.6 Gerdtz 2013

Bibliograp	hic reference:			T (77)				
Gerdtz MF,	Daniel C, Dearie	V, Prematunga R, Ban	nert M, Duxt	oury J. The ou	tcome of a raj	oid training		
program or multi-site e	valuation. Interna	regarding the preven tional Journal of Nurs	tion of aggre ing Studies.	2013;50:1434-4	gency departi 45	nents: a		
Guideline	topic: Violence	Review question: R	Q 2.8, 4.1 and	d 4.5				
and aggress	sion							
Checklist c	ompleted by: Reb	ecca Gate						
			Circle or hi	ghlight 1 opti	on for each qu	estion:		
A. Selection	n bias (systematic	differences between	the compari	ison groups)				
<u>A1</u>	The method of a	llocation to		No				
	treatment group	s was unrelated to						
	potential confounding factors (that							
	is, the reason for	participant						
	allocation to trea	tment groups is not						
	expected to affect	t the outcome[s]						
	under study)	111			TT 1			
<u>A2</u>	Attempts were n	hade within the			Unclear			
	design or analysi	is to balance the						
	comparison grou	ips for potential						
A 2	confounders				T In all a sur			
<u>A3</u>	A3 The groups were comparable at Unclear							
	baseline, includi	ng all major						
Based on w	contounding and	a prognostic factors	ion was cala	ction bias pro	cont? If co. th	that is the		
likely direc	tion of its effect?	e above, in your opin	ion was sele	ction bias pre	:sent: 11 50, w	liat 15 the		
			High	risk of bias				
Likely dire	ction of effect:							
Cohort desi	gn (non-controlle	d); sequence generation	on and alloca	tion is not ap	plicable.			
B. Performa	ance bias (systema	atic differences betwo	een groups i	n the care pro	vided, apart	from the		
interventio	n under investiga	tion)		- 1	- 1			
<u>B1</u>	The comparison	groups received the			Unclear			
	same care apart	from the						
	intervention(s) s	tudied			_			
<u>B2</u>	Participants rece	iving care were		No				
2.4	kept 'blind' to tre	eatment allocation						
<u>B3</u>	Individuals adm	inistering care were		No				
D 1	Kept 'blind' to tre	eatment allocation	•			1		
based on ye the likely d	our answers to the	e above, in your opin ect?	ion was perf	formance bias	s present? If s	0, what 15		
			High	risk of bias				
Likely dire	ction of effect:							
Non-blind J	participants and ca	are providers.						

Cl All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) Not applicable C2 a. How many participants did not complete treatment in each group? 196 (0.29) No 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 a. For how many participants in each group were no outcome data available? 196 (0.29) D. 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: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) Di D1 The study had an appropriate length of follow-up Yes D2 The study used a precise Yes definition of outcome date method was used to determine the outcome No D3 A valid and reliable Yes <t< th=""><th>C. Attrition</th><th>bias (systematic difference</th><th>s between</th><th>the comp</th><th>oarison</th><th>group</th><th>s with</th><th>n respect to</th><th>loss of</th></t<>	C. Attrition	bias (systematic difference	s between	the comp	oarison	group	s with	n respect to	loss of
C2 a. How many participants did not complete treatment in each group? 196 (0.29) 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 a. For how many participants in each group were no outcome data available? 196 (0.29) 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 steffect: High risk of bias Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. 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 intervention Yes D4 Investigators were kept 'blind' to entreipants' exposure to the intervention No	<u>C1</u>	All groups were followed u equal length of time (or ana adjusted to allow for differe length of follow-up)	p for an lysis was ences in						Not applicable
b. The groups were comparable for treatment compression (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) No C3 a. For how many participants in each group were no outcome data available? 196 (0.29) 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: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires comparated with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 appropriate length of follow-up Yes D2 definition of outcome Yes D3 A valid and reliable method was used to determine the outcome Yes D4 intervention Investigators were kept 'blind' to other important confounding and No	<u>C2</u>	a. How many participants c	lid not con	plete tre	atment	in eacl	n grou	p? 196 (0.2	9)
comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) Image: Complete treatment in each group were no outcome data available? 196 (0.29) 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) Image: Complete treatment in the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Ikely direction of effect: High risk of bias Likely direction of effect: High risk of bias Di The study had an appropriate length of follow-up Yes D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome D3 A valid and reliable method was used to definition of outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D4 Investigators were kept 'blind' to participants' exposure to the intervention D3 A valid and reliable recise versignators were kept 'blind' to other important confounding and		b. The groups were			No			• · · ·	
completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) Image: Complete treatment of the seven on the seve		comparable for treatment							
were no important or systematic differences between groups in terms of those who did not complete treatment) Image: Complete treatment) C3 a. For how many participants in each group were no outcome data available? 196 (0.29) 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) Image: Complete treatment Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcome caperionic as a registered nurse. Yes 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 intervention Yes D4 Investigators were kept 'blind' to other important' confounding and Yes D4 Investigators were kept 'blind' to other important confounding and No		completion (that is, there							
systematic differences between groups in terms of those who did not complete treatment) a. For how many participants in each group were no outcome data available? 196 (0.29) b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences) Unclear 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: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome D3 A valid and reliable definition of outcome D4 Investigators were kept No bind' to participants' exposure to the intervention Intervention D4 Investigators were kept No bind' to other important confounding and No Intervention		were no important or							
between groups in terms of those who did not complete treatment) C3 a. For how many participants in each group were no outcome data available? 196 (0.29) 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) 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: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept blind' to orbit important confounding and D5 Investigators were kept blind' to other important confounding and See See See See See See See See See See		systematic differences							
C3 a. For how many participants in each group were no outcome data available? 196 (0.29) 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 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? Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. Yes D Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study used a precise definition of outcome difference with respect to number of years of experience as a registered nurse. Yes D1 The study had an appropriate length of follow-up Yes Image: Second		between groups in terms							
C3 a. For how many participants in each group were no outcome data available? 196 (0.29) 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: High risk of bias Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up P2 The study used a precise determine the outcome P3 A valid and reliable method was used to determine the outcome P4 Investigators were kept determine the outcome No Investigators were kept determine the outcome P4 Investigators were kept determine the outcome No Investigators were kept determine the outcome D4 Investigators were kept determine the outcome D4 Investigators were kept determine the outcome Intestudy had an determine the ou		of those who did not							
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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) Inclear 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: High risk of bias Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome Yes D2 The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine the outcome No D4 Investigators were kept No Nindid to other important confounding and No Integration of the analysis	<u>C3</u>	a. For how many participar	its in each g	group we	ere no o	utcom	e data	available?	196 (0.29)
Image: Section of a variability of outcome data (that is, there were not important or systematic differences between groups in terms of those for whom outcome data were not available) Image: Section of the section the section the section the section the sectio		b. The groups were compar	able with					Unclear	
Data (that is, there were not important or systematic differences between groups in terms of those for whom outcome data were not available) Important or systematic differences between groups in terms of those for whom outcome data were not available) Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Itikely direction of effect: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome D3 A valid and reliable determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and		date (that is there were po	outcome						
Important of systematic differences between groups in terms of those for whom outcome data were not available) Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. 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 No		important or systematic dif	foroncos						
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 Itikely direction of effect: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes D2 The study used a precise definition of outcome Yes D3 A valid and reliable yes Yes D4 Investigators were kept 'blind' to participants' exposure to the intervention No D5 Investigators were kept 'blind' to other important confounding and No		between groups in terms of	those for						
National value interview available Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. 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 No		whom outcome data were t	not						
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: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and		available)	101						
likely direction of its effect? High risk of bias Likely direction of effect: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and	Based on y	our answers to the above, in	your opin	ion was a	attritio	n bias	presei	nt? If so, w	hat is the
High risk of bias Likely direction of effect: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. Description 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 Image: Colspan="2">Colspan="2" D1 The study had an appropriate length of follow-up Yes Image: Colspan="2">Colspan="2" D2 The study used a precise definition of outcome Yes Image: Colspan="2" Image: Colsp	likely direc	ction of its effect?	J				•		
Likely direction of effect: Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D.Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes Image: Colspan="2">Colspan="2" D1 The study had an appropriate length of follow-up Yes Image: Colspan="2" Image: Colspa				Hi	gh risk	of bias	3		
Matched pairs were only considered in the analysis; of 196 who did not complete post-questionnaires compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and	Likely dire	ction of effect:							
compared with completers, there was a significant difference with respect to number of years of experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes Image: Colspan="2">Colspan="2" D1 The study had an appropriate length of follow-up Yes Image: Colspan="2" Imag	Matched pa	airs were only considered in t	the analysis	s; of 196 v	who dic	l not co	omple	te post-que	stionnaires
experience as a registered nurse. D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and	compared v	vith completers, there was a	significant	differenc	e with	respect	t to nu	mber of ye	ars of
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 No	experience	as a registered nurse.				-		-	
D1The study had an appropriate length of follow-upYesD2The study used a precise definition of outcomeYesD3A valid and reliable method was used to determine the outcomeYesD4Investigators were kept 'blind' to participants' exposure to the interventionNoD5Investigators were kept 'blind' to other important confounding andNo	D. Detectio	on bias (bias in how outcome	es are ascei	tained, d	liagnos	ed or v	verifie	ed)	
appropriate length of follow-up appropriate length of follow-up D2 The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine the outcome Yes D4 Investigators were kept 'blind' to participants' exposure to the intervention No D5 Investigators were kept 'blind' to other important confounding and No	<u>D1</u>	The study had an	Yes						
D2 The study used a precise definition of outcome Yes Image: Constraint of the study used a precise definition of outcome D3 A valid and reliable method was used to determine the outcome Yes Image: Constraint of the study used a precise definition of outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention No Image: Constraint of the study used a precise definition of the study used a precise definition of outcome D5 Investigators were kept 'blind' to other important confounding and No		appropriate length of							
D2 The study used a precise definition of outcome Tes 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 No	D2	follow-up	Vaa						
D3 A valid and reliable method was used to determine the outcome Yes Image: Constraint of the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention No Image: Constraint of the outcome D5 Investigators were kept 'blind' to other important confounding and No No		definition of outcome	res						
DS A value and reliable res 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 No	D3	A valid and roliable	Vos						
D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and	<u>D5</u>	method was used to	165						
D4 Investigators were kept No 'blind' to participants' exposure to the intervention No D5 Investigators were kept 'blind' to other important No		determine the outcome							
D5 Investigators were kept 'blind' to other important confounding and	D4	Investigators were kept			No				
exposure to the intervention No D5 Investigators were kept 'blind' to other important confounding and No		'blind' to participants'							
intervention No D5 Investigators were kept 'blind' to other important confounding and No		exposure to the							
D5 Investigators were kept No 'blind' to other important confounding and No		intervention							
'blind' to other important confounding and	<u>D5</u>	Investigators were kept			No				
confounding and		'blind' to other important							
		confounding and							
prognostic factors		prognostic factors							
Based on your answers to the above, in your opinion was detection bias present? If so, what is the	Based on y	our answers to the above, in	your opin	ion was o	detectio	on bias	prese	ent? If so, w	what is the
likely direction of its effect?	likely direc	tion of its effect?	. 1						
	T '11 1'	Unclear/unknown r	1SK						
Unclear/unknown risk	Non-blind	cuoii or errect:)rc						
Unclear/unknown risk	Likely dire	ction of effect:		I					
Unclear/unknown risk Likely direction of effect:	Non-blind	participants and care provide	ers.						

1.6.7 Laker 2010

Bibliograp	Bibliographic reference:									
Laker C, Gi	ray R, Flach C. Cas	e study evaluating the	e impact of de-e	scalation and	physical int	ervention				
training. Jo	urnal of Psychiatri	c & Mental Health Nu	irsing. 2010;17:2	222-28.						
Guideline	topic: Violence	Review question: R	Q 2.8							
and aggres	sion									
Checklist c	completed by: Reb	ecca Gate	<u> </u>		<i>(</i> 1					
	1. /	1.00 1.0	Circle or high	light 1 option	for each que	estion:				
A. Selectio	n bias (systematic	differences between	the comparisor	n groups)						
<u>A1</u>	The method of al	location to		No						
	treatment groups	s was unrelated to								
potential confounding factors (that										
is, the reason for participant										
	allocation to trea	tment groups is not								
	expected to affec	t the outcome[s]								
	under study)	1 1.11 .1	<u> </u>							
A2 Attempts were made within the Yes										
	design or analysi	s to balance the								
	comparison grou	ps for potential								
4.2	confounders	11 .	2/							
<u>A3</u> The groups were comparable at Yes										
	baseline, includii	ng all major								
	confounding and	prognostic factors	1.0	1.	12.16	1				
Based on y	our answers to the	e above, in your opini	on was selectio	on bias presei	nt? If so, wh	at is the				
likely direc	Linelogy/r	unter our rich								
Likolu dira	Unclear/ t									
Cohort door	ion (non controllo	1), coguanza ganaratia	n and allocation	n is not annlis	abla					
Analysis al	lowed for covariat	a), sequence generation	in and anocation	oth pro and p	able.	20				
significant	difforence in baseli	no domographics	e niciudeu ni bi	our pre and p	Ust groups, i	10				
B Perform	ance bias (systems	itic differences betwe	oon grouns in th	ne care provid	led anart fr	om the				
interventio	in under investiga	tion)	en groups in u	ie care provid	icu, apart ir	om me				
B1	The comparison	groups received the		1	Unclear					
<u></u>	same care apart f	from the			Oncicui					
	intervention(s) st	ndied								
B2	Participants recei	ving care were kent		No						
<u></u>	'blind' to treatme	nt allocation								
B3	Individuals admi	inistering care were		No						
	kept 'blind' to treatment allocation									
Based on your answers to the above in your opinion was performance bias present? If so what is										
the likely direction of its effect?										
y •	High risk of bias									
Likelv dire	ction of effect:									
Unclear rer	oorting of care rece	ived.								
Non-blind	participants and ca	re administrators.								

C. Attrition	C. Attrition bias (systematic differences between the comparison groups with respect to loss of								
participant	s)								
<u>C1</u>	All groups were followed u	p for an	Yes						
	equal length of time (or ana	lysis was							
	adjusted to allow for differe	ences in							
<u> </u>	length of follow-up)	:				-2 NIatamali			
	b. The groups were		plete treat	ment in each	n grouj	<u>s: not appli</u>			
	comparable for treatment	res							
	completion (that is there								
	were no important or								
	systematic differences								
	between groups in terms								
	of those who did not								
	complete treatment)								
<u>C3</u>	a. For how many participan	ts in each g	group were	e no outcom	e data	available? <u>N</u>	<u>ot</u>		
	<u>applicable</u>								
	b. The groups were compar	able with				Unclear			
	respect to the availability of	outcome							
	data (that is, there were no i	mportant							
	or systematic differences be	tween							
	groups in terms of those for	whom							
Based on y	our answers to the above in	iable)	on was at	trition bias	nrocon	+? If co who	t is the		
likely dired	tion of its effect?	your opin	ion was at		presen	t: 11 50, wild	t is the		
	Unclear/unknown r	isk							
Likely dire	ction of effect:								
Unclear rep	porting of dropout rates								
Analysis us	ed logistic regression, exposu	ire (as such	length of	follow-up)	standa	rdised			
D. Detectio	on bias (bias in how outcome	s are ascer	tained, dia	agnosed or v	verified	1)			
<u>D1</u>	The study had an	Yes							
	appropriate length of								
	follow-up								
<u>D2</u>	The study used a precise	Yes							
	definition of outcome				TT 1				
<u>D3</u>	A valid and reliable				Uncle	ear			
	determine the outcome								
D4	Investigators were kept			No					
<u>D1</u>	'blind' to participants'			110					
	exposure to the								
	intervention								
D5	Investigators were kept			No					
	'blind' to other important								
	confounding and								
	prognostic factors								
Based on y	our answers to the above, in	your opini	ion was de	etection bias	prese	nt? If so, wh	at is the		
likely dire	ction of its effect?	• 1	1						
T 11 1 1*	Unclear/unknown r	lsk							
Cutcome	ction of effect:	alidity and	roliabilit	7					
Outcome as	participants and care provide	re	renability	•					

1.6.8 Lee 2012

Bibliographic reference:										
Lee S, Gray	R, Gournay K. Co	mparing the outcome	s of th	e applicat	tion of C&R (general serv	vice) and			
SCIP in the	management of d	isturbed behaviour in	menta	al health c	are. Journal c	of Mental He	ealth.			
2012;21:307	-17.	n 1 n								
Guideline	topic: Violence	Review question: R	Q 2.8							
and aggres	sion	Cala								
Checklist c	ompleted by: Keb	ecca Gate	Cinc	lo or highl	ight 1 option	for each an	oction			
A Soloction	n hias (systematic	difforances between	tho of	ie or nigni	igni i option	lor each qu	estion:			
A. Selectio	The method of al	llocation to		mparison	No					
<u>A1</u>	treatment groups	s was unrelated to								
	potential confou	nding factors (that								
is, the reason for participant										
	allocation to trea	tment groups is not								
	expected to affec	t the outcome[s]								
under study)										
A2 Attempts were made within the No										
	design or analysi	is to balance the								
comparison groups for potential										
confounders										
<u>A3</u>	<u>3</u> The groups were comparable at Unclear									
	baseline, includi	ng all major								
- 1	confounding and	l prognostic factors								
Based on y likely dired	our answers to the ction of its effect?	e above, in your opini	ion wa	as selectio	n bias presei	nt? If so, wh	hat 15 the			
				High risk	s of bias					
Likely dire	ction of effect:									
Cohort desi	ign (non-controlled	d); sequence generation	n and	allocatior	n is not applic	cable.				
Comparabi	lity of groups at ba	aseline unclear whilst	the w	ards were	described as	'similar' no)			
information	n was provided on	demographics etc.								
B. Perform	ance bias (systema	atic differences betwe	en gr	oups in th	e care provid	led, apart fi	rom the			
1nterventio	n under investiga	<u>tion)</u>	1			TT 1	1			
<u>B1</u>	The comparison	groups received the				Unclear				
	intervention(a) at	rom the								
R)	Participanta roco	iving care wore kept			No					
<u>D2</u>	'hlind' to troatme	iving care were kept			INO					
B3	Individuals adm	inistering care were			No					
kept 'blind' to treatment allocation										
Based on v	Based on your answers to the above, in your opinion was performance bias present? If so, what is									
the likely d	lirection of its effe	ect?					,			
				High risk	of bias					
Likely dire	Likely direction of effect:									
Unclear rep	oorting of interven	tion and control ward	condi	tions.						
Non-blind	participants and ca	are providers.								

C. Attrition	C. Attrition bias (systematic differences between the comparison groups with respect to loss of							
participant	s)							
<u>C1</u>	All groups were followed u equal length of time (or ana adjusted to allow for differe length of follow-up)	p for an lysis was ences in	Yes					
<u>C2</u>	a. How many participants d	lid not com	plete treat	ment in eac	h group? Unk	nown		
	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			
<u>C3</u>	a. For how many participan	ts in each g	group were	e no outcom	e data availab	le? Unclear		
	b. The groups were compar- respect to the availability of data (that is, there were no i or systematic differences be groups in terms of those for outcome data were not avai	able with outcome important tween whom lable)			Uncle	ear		
Based on v	our answers to the above, in	vour opini	ion was at	trition bias	present? If so	, what is the		
likely direc	ction of its effect?	J I			I	,		
	Unclear/unknown r	isk						
Likely dire	ction of effect:							
No informa	tion reported for attrition rat	es.						
D. Detectio	on bias (bias in how outcome	s are ascer	tained, dia	agnosed or v	verified)			
<u>D1</u>	The study had an appropriate length of follow-up	Yes						
<u>D2</u>	The study used a precise definition of outcome	Yes						
<u>D3</u>	A valid and reliable method was used to determine the outcome				Unclear			
<u>D4</u>	Investigators were kept 'blind' to participants' exposure to the intervention			No				
<u>D5</u>	Investigators were kept]	No				
	'blind' to other important							
	contounding and							
Based on W	prognostic factors	vouronini	ion was de	taction bia	procont? If c	a what is the		
likely direc	ction of its effect?	your opini	ion was de	stection blas	s present: if s	o, what is the		
	Unclear/unknown r	isk						
Likely dire	ction of effect:							
Unclear sur	vival rates – check.							
Non-blind	participants and investigators	5.						

1.6.9 Papageorgiou 2004

Bibliographic reference:								
Papageorgi	ou A, Janmohame	d A, King M, Davidso	n O, Dawson]	J. Advance dir	ectives for pa	atients		
compulsori	ly admitted to hos	pital with serious mer	ntal disorders:	directive cont	ent and feed	back from		
patients and	l professionals. Jo	urnal of Mental Healtl	n. 2004;13:379-	-88.				
Guideline	topic: Violence	Review question: R	Q 2.9 and 3.1 [CMHS]				
and aggress	sion							
Checklist c	ompleted by: Reb	ecca Gate						
			Circle or hig	hlight 1 optior	n for each qu	estion:		
A. Selection	n bias (systematic	differences between	the compariso	on groups)				
<u>A1</u>	The method of a	llocation to			Unclear			
	treatment group	s was unrelated to						
	potential contour	nding factors (that						
	is, the reason for	participant						
	allocation to trea	tment groups is not						
	expected to affect	t the outcome[s]						
	under study)	1 +.1 + .1						
<u>A2</u>	Attempts were n	hade within the			Unclear			
	design or analys	is to balance the						
	comparison grou	ips for potential						
	confounders	11 .			TT 1			
<u>A3</u>	The groups were comparable at Unclear							
	baseline, includi	ng all major						
	confounding and	l prognostic factors	1.		10.16			
Based on ye	our answers to the	e above, in your opini	on was select	ion bias prese	nt? If so, wh	at is the		
likely direc	Lineleen w	al. of hiss						
Tileslan dine	Unclear r	ISK OF DIAS						
Allocation	ction of effect:	lance comparison are	une not report	ad for the even	orimontal ar	~		
following th	and attempts to ba	lance comparison gro	ups not report	eu for the exp	erimentai ari	,		
B Porform	ne original KC1.	tic differences betwe	on ground in	the care provi	dad apart fr	om the		
interventio	n under investige	tion)	en groups m	the care provi	ueu, apart fi	om me		
R1	The comparison	groups received the			Unclear			
<u> 71</u>	same care apart	from the			Cilcical			
	intervention(e)	ndied						
B2	Participants rece	iving care were kent		No				
<u></u>	'blind' to treatme	nt allocation						
B3	Individuals adm	inistering care were		No				
<u>20</u>	kept 'blind' to tre	atment allocation						
Based on ve	our answers to the	above, in your opini	on was perfor	rmance bias p	resent? If so	what is		
the likely d	irection of its effe	ect?	on thus period	p		,		
y w	Unclear/1	unknown risk						
Likelv dire	ction of effect:							
Comparabi	lity of care unclear							
Non-blind.	5							

C. Attrition bias (systematic differences between the comparison groups with respect to loss of									
participant	s)								
<u>C1</u>	All groups were followed u equal length of time (or ana adjusted to allow for differe length of follow-up)	p for an lysis was ences in	Yes						
C2	a. How many participants d	lid not com	plete treat	ment in ea	ch group?	2			
	b. The groups were		<u>r</u>		Unclear	•			
	comparable for treatment								
	completion (that is, there								
	were no important or								
	systematic differences								
	between groups in terms								
	of those who did not								
complete treatment)									
<u>C3</u>	a. For how many participan	ts in each g	group were	e no outcor	ne data av	ailable? 2			
	b. The groups were compar	able with			t	Jnclear			
	respect to the availability of	outcome							
	data (that is, there were no	important							
	or systematic differences be	tween							
	groups in terms of those for	lablo)							
Based on v	our answers to the above in	vour opini	on was at	trition bias	nresent?	If so what	t is the		
likely direc	tion of its effect?	your opin			present.	11 50, Wild			
	Unclear/unknown r	isk							
Likely dire	ction of effect:								
2 individua	ls were lost at follow-up, unc	lear report	ing of attri	tion loss (t	hat is, whi	ch group)			
D. Detectio	on bias (bias in how outcome	s are ascer	tained, dia	ignosed or	verified)				
<u>D1</u>	The study had an	Yes							
	appropriate length of								
	follow-up								
<u>D2</u>	The study used a precise	Yes							
	definition of outcome								
<u>D3</u>	A valid and reliable	Yes							
	method was used to								
D4	determine the outcome			NT					
<u>D4</u>	Investigators were kept			NO					
	avposure to the								
	intervention								
D5	Investigators were kent		1	No					
20	'blind' to other important								
	confounding and								
	prognostic factors								
Based on ye	our answers to the above, in	your opini	ion was de	etection bia	s present?	? If so, wh	at is the		
likely direc	tion of its effect?								
	Unclear/unknown r	isk							
Likely dire	ction of effect:								
Investigator	rs were non-blind.								
Attempts w	vere made to increase reliabili	ty of repor	ting (inter-	rater reliab	oility).				

1.6.10 Srebnik 2008

Bibliographic reference:									
Srebnik DS,	, Rutherford LT, P	eto T, Russo J, Zick E,	Jaffe C, et al. T	he content an	nd clinical ut	tility of			
psychiatric	advance directive	s. Psychiatric Services	. 2005;56:592-98	8.		-			
Guideline	topic: Violence	Review question: R	Q 2.9 and 3.1						
and aggress	sion								
Checklist c	ompleted by: Reb	ecca Gate							
			Circle or high	light 1 option	for each qu	estion:			
A. Selection	n bias (systematic	differences between	the compariso	n groups)					
<u>A1</u>	The method of al	location to		No					
	treatment groups	s was unrelated to							
	potential confour	nding factors (that							
	is, the reason for	participant							
allocation to treatment groups is not									
expected to affect the outcome[s]									
under study)									
A2 Attempts were made within the No									
	design or analysi	s to balance the							
	comparison grou	ps for potential							
	confounders N. (
<u>A3</u>	<u>3</u> The groups were comparable at Not								
	baseline, includi	ng all major				applicable			
D 1	confounding and	prognostic factors	• 1 .•	1.	(2.16	1 1			
likely direc	ction of its effect?	e above, în your opin	ion was selecti	on bias prese	ent: If so, w	nat is the			
			High risl	k					
Likely dire	ction of effect:								
Cohort desi	gn (non-controlle	d); sequence generation	on and allocatio	on is not appli	cable.				
B. Performa	ance bias (systema	atic differences betwo	een groups in t	he care provi	ded, apart f	from the			
interventio	n under investiga	tion)							
<u>B1</u>	The comparison	groups received the				Not			
	same care apart f	rom the				applicable			
	intervention(s) st	rudied							
<u>B2</u>	Participants rece	iving care were		No					
	kept 'blind' to tre	atment allocation							
<u>B3</u>	Individuals adm	inistering care were		No					
	kept 'blind' to tre	atment allocation							
Based on ye the likely d	our answers to the lirection of its effe	e above, in your opin ect?	ion was perfor	mance bias p	resent? If so	o, what is			
	Unclear/1	unknown risk							
Likely dire	ction of effect:								
Non-blind	participants and ca	are providers.							

C. Attrition bias (systematic differences between the comparison groups with respect to loss of								
participant	s)					_		
<u>C1</u>	All groups were followed u	p for an	Yes					
	equal length of time (or ana	alysis was						
	adjusted to allow for differe	ences in						
	length of follow-up)							
<u>C2</u>	a. How many participants of	did not con	nplete treat	tment ir	n each grou	ıp? 27		
	b. The groups were				Uncle	ear		
	comparable for treatment							
	completion (that is, there							
	were no important or							
	systematic differences							
	between groups in terms							
	of those who did not							
<u>C</u> 2	a For how many participar	te in each		0 00 011	teomo data	availabla	2.27	
<u>C5</u>	b The groups were compare	ablo with	group wer			Uncloar		
	respect to the availability of	f				Unciear		
	outcome data (that is there	were no						
	important or systematic dif	ferences						
	between groups in terms of	those for						
	whom outcome data were	not						
	available)							
Based on y	our answers to the above, in	your opin	ion was at	ttrition	bias prese	nt? If so, w	hat is the	
likely direc	ction of its effect?							
	Unclear/unknown r	risk						
Likely dire	ction of effect:							
Twenty-sev	ven individuals was excluded	l, unclear r	eporting of	f attritio	on loss (tha	t is, which	group)	
D. Detectio	on bias (bias in how outcome	es are ascer	rtained, di	agnosed	d or verifie	ed)		
$\underline{D1}$	The study had an	Yes						
	appropriate length of							
	The stude used a sussian	Vaa						
<u>D2</u>	definition of outcome	res						
D3	A valid and reliable				Uncle)))r		
<u>D5</u>	method was used to				Uncie	al		
	determine the outcome							
D4	Investigators were kept		ז	No				
	'blind' to participants'							
	exposure to the							
	intervention							
<u>D5</u>	Investigators were kept		1	No				
	'blind' to other important							
	confounding and							
	prognostic factors							
Based on y	our answers to the above, in	your opin	ion was d	etection	bias pres	ent? If so,	what is the	
likely direc	ction of its effect?							
T *1 1 1	Unclear/unknown r	isk						
Likely dire	ction of effect:		n to name t		uto uro al co			
Content and	a clinical utility of ratings in	compariso	n to narrat	live repo	orts unclea	r.		
investigato	rs non-blind.							

1.6.11 Steinert 2008

Bibliographic reference:									
Steinert T, H	Eisele F, Goeser U,	Tschoeke S, Uhlmann	C, Schmid P. S	uccessful inte	erventions o	n an			
organisatio	nal level to reduce	violence and coercive	e interventions in	n in-patients	with adjust	ment			
disorders a	nd personality dis	orders. Clinical Practic	ce and Epidemic	ology in Men	tal Health. 2	.008;4:27.			
Guideline t	topic: Violence	Review question: R	Q 2.6, 2.7						
and aggress	sion								
Checklist c	ompleted by: Reb	ecca Gate							
			Circle or highl	ight 1 option	for each qu	estion:			
A. Selection	n bias (systematic	differences between	the comparison	groups)					
<u>A1</u>	The method of a	llocation to		No					
	treatment groups	s was unrelated to							
potential confounding factors (that									
	is, the reason for	participant							
	allocation to trea	tment groups is not							
	expected to affect	t the outcome[s]							
	under study)								
<u>A2</u>	Attempts were n	nade within the			Unclear				
	design or analys	is to balance the							
	comparison grou	ips for potential							
	confounders								
<u>A3</u>	The groups were	comparable at			Unclear				
	baseline, includi	ng all major							
	confounding and	l prognostic factors							
Based on yo	our answers to the	e above, in your opini	on was selectio	n bias presei	nt? If so, wh	at is the			
likely direc	tion of its effect?			<u></u>					
- • • • • • •			High risk	s of bias					
Likely dire	ction of effect:	1) (*	1 11 (*	1.	1.1				
Conort desi	gn (non-controlled	a); sequence generatio	n and allocatior	i is not applic	cable.				
Marginal di	fferences noted be	etween pre-interventio	on and post grou	1ps.	1.1				
B. Performa	ance blas (systema	tion)	en groups in th	le care provid	ied, apart fi	om the			
Interventio	n under investiga	tion)			Theleen	1			
<u>D1</u>	The comparison	groups received the			Unclear				
	intervention(a) at	rom me							
BO	Darticipanta roco	iving care wore kent			Uncloar				
<u>D2</u>	'blind' to trootmo	wit allocation			Unclear				
B 2	Individuals adm				Uncloar				
<u>D5</u>	kont 'blind' to tr	atmost allocation			Unclear				
Based on w	Nepi villu to tre	annent anotation	on was perform	ance hise pr	acont? If co	what is			
the likely d	irection of its off	e above, in your opini act?	on was perform	lance blas pr	esent: II SO	, what is			
the likely u	Unclear/1	inknown risk							
Likely dire	ction of effect								
Unclear rep	orting of interven	tion and control ward	conditions						
Staff memb	ers reported as be	ing 'unaware' of study	; no reporting of	of blinding					

C. Attrition bias (systematic differences between the comparison groups with respect to loss of								
participant	s)							
<u>C1</u>	All groups were followed u	p for an	Yes					
	equal length of time (or ana	lysis was						
	adjusted to allow for differe	ences in						
	length of follow-up)							
<u>C2</u>	a. How many participants d	lid not com	plete trea	tment i	n each g	roup? 57 (pre) 22	(post)
	b. The groups were	Yes						
	comparable for treatment							
	completion (that is, there							
	were no important or							
	systematic differences							
	between groups in terms							
	of those who did not							
	complete treatment)							
<u>C3</u>	a. For how many participan	ts in each g	group wei	e no ou	itcome d	lata availat	ole? 57,	22
	b. The groups were compar	able with	Yes					
	respect to the availability of	outcome						
	data (that is, there were no	important						
	or systematic differences be	tween						
	groups in terms of those for	whom						
	outcome data were not avai	lable)						• • •
Based on y	our answers to the above, in	your opini	on was a	ttrition	bias pre	esent? If so	, what	is the
likely direc	ction of its effect?	• 1		1 • 1	(1)			
Low risk of	bias <u>Unclear/unknown r</u>	<u>15K</u>		gh risk	of bias			
Likely dire	ction of effect:	iccing date						
No systema	the differences reported for in	ussing data	l. Lainad di		d or ror	:د: مع)		
D. Detectio	The study had an		taineu, ui	lagnose		meuj	- T	
	appropriate length of	ies						
	follow-up							
D2	The study used a precise	Vos						
	definition of outcome	105						
D3	A valid and reliable				I.	Inclear		
	method was used to					incical		
	determine the outcome							
D4	Investigators were kept			No				
<u><u>D1</u></u>	'blind' to participants'			110				
	exposure to the							
	intervention							
D5	Investigators were kept			No				
	'blind' to other important			110				
	confounding and							
	prognostic factors							
Based on v	our answers to the above, in	your opini	ion was d	etection	n bias pi	resent? If s	o, wha	t is the
likely dired	ction of its effect?	J -1			r			
	Unclear/unknown r	isk						
Likely dire	ction of effect:							
Limitation	in quality noted in relation to	o outcome	measure					

1.6.12Swanson 2008

Bibliograp	Dibliographic references						
Swanson IV	V. Swartz MS. Elbo	ogen EB. Van Dorn RA	V. Wa	gner H. M	oser LA, et al	. Psychiatric	advance
directives and reduction of coercive crisis interventions. Journal of Mental Health. 2008;17:255-67.							
Guideline	topic: Violence	Review question: R	C 2.9	and 3.1 [C]	MHS]		
and aggres	sion	1	~	L			
Checklist c	ompleted by: Reb	ecca Gate					
			Circ	le or highl	ight 1 option	for each qu	estion:
A. Selection	n bias (systematic	differences between	the co	omparison	groups)		
<u>A1</u>	The method of al	location to			No		
	treatment groups	s was unrelated to					
	potential contour	nding factors (that					
	1s, the reason for	participant					
	allocation to trea	tment groups is not					
	under study)	t the outcome[s]					
<u>A2</u>	Attempts were n	nade within the	Yes				
	design or analysi	s to balance the					
	comparison grou	ps for potential					
	confounders						
<u>A3</u>	The groups were	comparable at				Unclear	
	baseline, includi	ng all major					
Dese 1 euro	confounding and	l prognostic factors		1		- (2 TC	at in the
likely direc	ction of its effect?	above, in your opini	on w	as selectio	n bias presei	nt: 11 so, wh	lat is the
	Unclear b	ias					
Likely dire	ction of effect:						
Cohort desi	ign (non-controlled	d); sequence generatio	n and	l allocatior	n is not applic	able.	
Unclear rep	orting of baseline	demographics for bot	h gro	ups. Signif	icant differer	ices in basel	ine PAD
completion	and CCI outcome	; potential for bias was	s add:	ressed in n	nultivariable	regression a	inalysis.
B. Performa	ance blas (systema	tic differences betwe	en gr	oups in th	le care provid	ied, apart fr	om the
R1	The comparison	aroups received the				Uncloar	
	same care apart f	From the				Unclear	
	intervention(s) st	ndied					
B2	Participants rece	iving care were kent			No		
	'blind' to treatme	nt allocation			110		
B3	Individuals adm	inistering care were			No		
	kept 'blind' to tre	atment allocation					
Based on y	our answers to the	e above, in your opini	on w	as perforn	hance bias pr	esent? If so	, what is
the likely c	lirection of its effe	ect?					
				High risk	of bias		
Likely dire	ction of effect:						
Unclear rep	orting of interven	tion and control ward	cond	itions.			
Non-blind participants or care providers.							

C. Attrition	C. Attrition bias (systematic differences between the comparison groups with respect to loss of						
participant	s)		I.	0.1			
<u>C1</u>	All groups were followed u	p for an	Yes				
	equal length of time (or ana	lysis was					
	adjusted to allow for differe	nces in					
	length of follow-up)						
<u>C2</u>	a. How many participants d	id not com	plete treati	ment in eac	h group	o? Unclear	
	b. The groups were				Uncle	ar	
	comparable for treatment						
	completion (that is, there						
	were no important or						
	systematic differences						
	between groups in terms						
	of those who did not						
	complete treatment)						
<u>C3</u>	a. For how many participan	ts in each g	group were	e no outcom	ne data a	available? N	ot
	reported	111				** 1	
	b. The groups were compare	able with				Unclear	
	respect to the availability of	outcome					
	data (that is, there were no i	mportant					
	or systematic differences be	tween					
	groups in terms of those for	whom					
Bacad on w	outcome data were not avai	iable)	on was att	rition bias	nrocon	12 If co what	tic the
likely direc	tion of its effect?	your opin	1011 Was all	1111011 0145	presen	t: 11 SU, WIId	is the
inkery unce			Hio	h risk of hi	36		
Likely dire	ction of effect: Intervention		1116		<i></i>		
Systematic	differences between attrition	rates in con	mparison g	roups note	d at 6 m	onths (high	۲c
retention ra	tes for PAD completers)						-
D. Detectio	n bias (bias in how outcome	s are ascer	tained, dia	gnosed or	verified	1)	
D1	The study had an	Yes		0		,	
	appropriate length of						
	follow-up						
<u>D2</u>	The study used a precise	Yes					
	definition of outcome						
<u>D3</u>	A valid and reliable	Yes					
	method was used to						
	determine the outcome						
<u>D4</u>	Investigators were kept		1	No			
	'blind' to participants'						
	exposure to the						
	intervention						
<u>D5</u>	Investigators were kept		1	No			
	'blind' to other important						
	confounding and						
	prognostic factors	•					
Based on y	our answers to the above, in	your opini	ion was de	tection bia	s presei	nt? If so, wh	at 1s the
likely direc	tion of its effect?						
Likalu dira	ction of offect:	ISK					
Non blind	invostigators						
I NOII-DIIIIa I	investigators.						

1.6.13Vaaler 2005

Bibliographic reference: Vaaler AF, Morken G, Linaker OM, Effects of different interior decorations in the seclusion area of a								
psychiatric acute ward. Nordic Journal of Psychiatry. 2005;59:19-24.								
Guideline f	topic: Violence sion	Review question: R	Review question: RQ 2.6					
Checklist c	ompleted by: Reb	ecca Gate						
Circle or highlight 1 option for each question:								
A. Selection	n bias (systematic	differences between	the co	omparison	groups)			
<u>A1</u>	The method of al	location to			No			
	treatment groups	s was unrelated to						
	potential contour	nding factors (that						
	is, the reason for	participant						
	allocation to trea	tment groups is not						
	under study)	t the outcome[s]						
<u>A2</u>	Attempts were n	nade within the				Unclear		
	design or analysi	s to balance the						
	comparison groups for potential							
A 2	confounders		V					
<u>A3</u>	The groups were	comparable at	Yes					
	confounding and	ng an major						
Based on v	our answers to the	above in vour opini	on w	as selectio	n hias presei	nt? If so wh	at is the	
likely direc	tion of its effect?	ubove, in your opini	011 111	is selectio	n blub preser	II 50, WI		
	Unclear ri	sk of bias						
Likely dire	ction of effect:							
Quasi-rand	om sequence gene	ration used based on a	altern	ation betw	veen next ava	ilable seclus	ion rooms	
No significa	ant differences not	ed in baseline demogr	aphic	s or reason	ns for seclusion	on.		
B. Performa	ance bias (systema	tic differences betwe	en gr	oups in th	e care provid	led, apart fr	om the	
interventio	n under investiga	tion)			[1		
<u>B1</u>	The comparison	groups received the	Yes					
	same care apart f	rom the						
Po	Intervention(s) st	udied			No			
<u>D2</u>	'blind' to treatme	nt allocation			INO			
<u>B3</u>	Individuals adm	inistering care were			No			
	kept 'blind' to tre	atment allocation						
Based on y	our answers to the	e above, in your opini	on wa	as perform	nance bias pr	esent? If so,	, what is	
the likely d	irection of its effe	ect?						
Tileal-s dime	Unclear/1	INKNOWN TISK						
Care appear	red equivocal							
Non-blind 1	participants and ca	re providers.						

C. Attrition bias (systematic differences between the comparison groups with respect to loss of							
participant	s)						
<u>C1</u>	All groups were followed u	p for an	Yes				
	equal length of time (or ana	lysis was					
	adjusted to allow for differe	ences in					
	length of follow-up)						
<u>C2</u>	a. How many participants d	lid not com	plete treati	ment in eac	h group	?1	
	b. The groups were				Unclea	ır	
	comparable for treatment						
	completion (that is, there						
	were no important or						
	systematic differences						
	between groups in terms						
	of those who did not						
	complete treatment)				1.	.1.1.1.0.4	
<u>C3</u>	a. For how many participan	ts in each g	roup were	no outcom	ie data a	vailable? I	
	b. The groups were compar	able with				Unclear	
	respect to the availability of	outcome					
	data (that is, there were no i	Important					
	or systematic differences be	tween					
	groups in terms of those for	lablo)					
Based on v	our answers to the above in	vour opini	on was att	rition bias	nresent	? If so wh	at is the
based on your answers to the above, in your opinion was attrition dias present? If so, what is the likely direction of its effect?							
	Unclear/unknown r	isk					
Likely dire	ction of effect:						
1 individua	l was excluded, unclear repo	rting of attr	rition loss (that is, whi	ch grou	p)	
D. Detectio	n bias (bias in how outcome	s are ascer	tained, dia	gnosed or	verified)	
<u>D1</u>	The study had an	Yes		0			
	appropriate length of						
	follow-up						
<u>D2</u>	The study used a precise	Yes					
	definition of outcome						
<u>D3</u>	A valid and reliable				Unclea	ar	
	method was used to						
	determine the outcome						
<u>D4</u>	Investigators were kept		1	No			
	'blind' to participants'						
	exposure to the						
	intervention			-			
<u>D5</u>	Investigators were kept		1	No			
	'blind' to other important						
	confounding and						
Deced on a	prognostic factors			to sting his		12 If an and	
likely direc	our answers to the above, in this effect?	your opini	on was de	tection bia	s presen	t: If so, w	hat is the
	Unclear/unknown r	isk					
Likely dire	ction of effect:						
Patient pref	ference scale administered im	mediately	following s	seclusion, a	uthors n	oted 'subs	tantial
symptom pressure'.							

1.6.14 Van der Schaaf 2013

Bibliographic reference: van der Schaaf PS, Dusseldorp E, Keuning FM, Janssen WA, Noorthoorn EO. Impact of the physical environment of psychiatric wards on the use of seclusion. British Journal of Psychiatry, 2013;202:142-						
49.						
Guideline	topic: Violence	Review question: R	026			
and aggress	sion	action question a	Q			
Checklist c	ompleted by: Reb	ecca Gate				
			Circle or highl	ight 1 option	for each au	lestion.
A. Selection	n bias (systematic	differences between	the comparison	n groups)		
A1	The method of a	llocation to		groups)		Not
	treatment group	s was unrelated to				applicable
	notential confour	nding factors (that				upplicubic
	is the reason for	participant				
	allocation to trea	tment groups is not				
	expected to affect	t the outcome[s]				
	under study)	t the outcome[0]				
A2	Attempts were n	nade within the	Yes			
<u></u>	design or analys	is to balance the	100			
	comparison grou	ins for potential				
	confounders	ipo ioi potentiai				
A3	The groups were	comparable at			Unclear	
110	haseline includi	ng all major			Officieur	
	confounding and	l prognostic factors				
Based on your answers to the above, in your opinion was selection bias present? If so, what is the						
likely direc	tion of its effect?	e ubove, in your opin		on one press		
	Unclear r	isk of bias				
Likely dire	ction of effect:					
Sequence g	eneration and allo	cation not applicable.				
Attempts w	ere made to accou	int for patient, staff ar	nd general demo	ographics in	analysis – u	nclear if
significant of	differences in base	line demographics.		- 8 F		
B. Performa	ance bias (systema	atic differences betwo	een groups in t	he care provi	ided, avart f	from the
interventio	n under investiga	tion)		· · · · r ·	,	
B1	The comparison	groups received the			Unclear	
	same care apart	from the				
	intervention(s) s	tudied				
B2	Participants rece	iving care were				Not
	kept 'blind' to tre	eatment allocation				applicable
B3	Individuals adm	inistering care were				Not
	kept 'blind' to treatment allocation applicable					
Based on y	our answers to the	e above, in your opin	ion was perform	nance bias p	present? If so	o, what is
the likely d	lirection of its effe	ect?	•	•		
	Unclear/1	unknown risk				
Likely dire	ction of effect:		÷			
Unclear cor	nparability of adn	nission and non-admi	ssion wards.			
Non-blind participants and care providers.						

C. Attrition	bias (systematic difference	s between	the comp	parison	groups v	with respe	ct to l	oss of
participant	s)	6						
<u>C1</u>	All groups were followed u	p for an						Not
	equal length of time (or ana	lysis was						applicable
	adjusted to allow for differe	ences in						
	length of follow-up)		-				_	
<u>C2</u>	a. How many participants c	lid not com	nplete tre	atment	: in each g	group? Und	clear	
	b. The groups were							Not
	comparable for treatment							applicable
	completion (that is, there							
	were no important or							
	systematic differences							
	between groups in terms							
	of those who did not							
<u> </u>	complete treatment)	1 1				1 1 .	11.21	т 1
<u>C3</u>	a. For how many participar	its in each g	group we	ere no c	outcome c	lata availa	ble? L	nclear
	b. The groups were compar	able with						Not
	respect to the availability of							applicable
	outcome data (that is, there	were no						
	important or systematic diff	terences						
	between groups in terms of	those for						
	whom outcome data were f	lot						
Deced on re	available)						la	t is the
likely direc	our answers to the above, in	your opin	ion was	attritio	n blas pr	esent: If so	J, WII	at is the
likely ullet	Lindor (unknown r	ick						
Likely dire	ction of effect:	15K						
Unclear rer	porting of attrition bias							
D Detectio	on bias (bias in how outcome	es are ascer	tained o	liagnos	sed or ver	rified)		
D1	The study had an	Yes				iiiicu)		
<u> </u>	appropriate length of	100						
	follow-up							
D2	The study used a precise				U	nclear		
	definition of outcome					incicui		
D3	A valid and reliable				U	nclear		
20	method was used to					itereur		
	determine the outcome							
D4	Investigators were kept			No				
	'blind' to participants'							
	exposure to the							
	intervention							
D5	Investigators were kept			No				
	'blind' to other important							
	confounding and							
	prognostic factors							
Based on y	our answers to the above, in	your opin	ion was	detecti	on bias p	resent? If	so, wł	nat is the
likely direc	tion of its effect?							
	Unclear/unknown r	isk						
Likely dire	ction of effect:							
While atten	npts were made to improve t	he reliabilit	ty of outo	come re	eporting (such as a s	econd	l rater), the
validity of t	he outcomes was questionab	le given th	e range o	of outco	omes repo	orted by the	e auth	iors.
Investigators were non-blind.								

1.6.15 Whitecross 2013

Bibliograpl	nic reference:						
Whitecross	F, Seeary A, Lee S	. Measuring the impac	cts of	seclusion o	on psychiatry	inpatients a	ind the
effectivenes	s of a pilot single-	session post-seclusion	coun	selling int	ervention. In	ternational J	ournal of
Mental Health Nursing. 2013;22:512-21.							
Guideline	Guideline topic: Violence Review question: RQ 2.6						
and aggress	sion						
Checklist c	ompleted by: Reb	ecca Gate					
			Circ	le or highl	ight 1 option	for each que	estion:
A. Selection	n bias (systematic	differences between	the co	omparison	groups)		
<u>A1</u>	The method of al	location to			No		
	treatment groups	s was unrelated to					
	potential confour	nding factors (that					
	is, the reason for	participant					
	allocation to treat	tment groups is not					
	expected to affect	t the outcome[s]					
	under study)						
<u>A2</u>	Attempts were m	hade within the				Unclear	
	design or analysi	s to balance the					
	comparison grou	ps for potential					
	confounders						
<u>A3</u>	The groups were	comparable at	Yes				
	baseline, includin	ng all major					
	confounding and	prognostic factors					
Based on ye likely direc	our answers to the tion of its effect?	e above, in your opini	ion w	as selectio	n bias presei	nt? If so, wh	at is the
	Unclear ri	sk of bias					
Likely dire	ction of effect:						
Quasi-rand	om sequence gene	ration used based on a	altern	ation betw	veen wards.		
No significa	ant differences not	ed in baseline demogi	aphic	s or reason	ns for seclusion	on.	
B. Performa	ance bias (systema	tic differences betwe	en gr	oups in th	e care provid	led, apart fr	om the
interventio	n under investiga	tion)					
<u>B1</u>	The comparison	groups received the				Unclear	
	same care apart f	rom the					
	intervention(s) st	udied					
<u>B2</u>	Participants recei	ving care were kept			No		
	'blind' to treatme	nt allocation					
<u>B3</u>	Individuals admi	inistering care were			No		
	kept 'blind' to tre	atment allocation					
Based on ye	our answers to the	e above, in your opini	ion w	as perforn	nance bias pr	esent? If so,	what is
the likely d	irection of its effe	ect?					
				High risk	<		
Likely dire	ction of effect:						
Care appea	red equivocal.						
It is unclear	if the difference n	oted in levels of seclu	sion ł	petween th	e wards resu	lted from the	e
intervention or from general differences in ward care.							

Non-blind participants and care providers.

C. Attrition	C. Attrition bias (systematic differences between the comparison groups with respect to loss of						oss of
participant	s)		_		-	_	
<u>C1</u>	All groups were followed u	p for an	Yes				
	equal length of time (or ana	lysis was					
	adjusted to allow for differe	ences in					
	length of follow-up)						
<u>C2</u>	a. How many participants d	lid not com	plete treat	ment in eac	ch group	?1	
	b. The groups were				Unclea	r	
	comparable for treatment						
	completion (that is, there						
	were no important or						
	between groups in terms						
	of those who did not						
	complete treatment)						
C3	a. For how many participan	ts in each g	roup were	e no outcon	ne data a	vailable? 1	
	b. The groups were compare	able with	<u> </u>			Unclear	
	respect to the availability of	outcome					
	data (that is, there were no i	important					
	or systematic differences be	tween					
	groups in terms of those for	whom					
	outcome data were not avai	lable)					
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the							
likely direc	tion of its effect?	• 1					
Tileslandian	Unclear/ unknown r	ISK					
1 individua	the overladed unclear report	rting of attr	ition loss	(that is wh	ich groui	2)	
D Detectio	n bias (bias in how outcome	s are ascer	tained dia	agnosed or	verified)	<u>)</u>	
D1	The study had an	Yes		191105Cu 01			
	appropriate length of	100					
	follow-up						
<u>D2</u>	The study used a precise	Yes					
	definition of outcome						
<u>D3</u>	A valid and reliable				Unclea	r	
	method was used to						
	determine the outcome						
<u>D4</u>	Investigators were kept]	No			
	'blind' to participants'						
	exposure to the						
	intervention			. .			
<u>D5</u>	Investigators were kept			No			
	confounding and						
	prognostic factors						
Based on v	our answers to the above in	vour onini	on was de	etection bia	s presen	t? If so wh	at is the
likely direc	ction of its effect?	your opin	on mub de		Present		
	Unclear/unknown r	isk					
Likely dire	ction of effect:		·				
Limitations	noted on the IES-R scale.						
Investigator	rs non-blind.						

1.7 METHODOLOGY CHECKLIST: QUALITATIVE STUDIES

1.7.1 Sutton 2013

Bibliographic reference:							
Sutton D, Wilson M, Van Kessel K, Vanderpyl J. Optimizing arousal to manage aggression: a pilot							
study of sensory modulation. International Journal	of Mental Health Nursing. 2013;22:500-11.						
Guidance topic: Violence and aggression	Key research question/aim: RQ 2.7 and 2.8						
Checklist completed by: Rebecca Gate							
Section 1: theoretical approach							
Is a qualitative approach appropriate? <i>For example:</i> • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	<u>Yes</u> The study is a qualitative exploration of the acceptability and implementation of a new sensory modulation room.						
Is the study clear in what it seeks to do? <i>For example:</i> • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	<u>Unclear</u> While a brief explanation is offered of the underpinning theory, the aims and research questions of the study are only briefly outlined.						
Section 2: study design							
 2.1 How defensible/rigorous is the research design/methodology? <i>For example:</i> Is the design appropriate to the research question? Is a rationale given for using a qualitative approach? Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Is the selection of cases/sampling strategy theoretically justified? 	<u>Unclear</u> Use of a qualitative design and sampling strategy is not clearly justified. Data analysis techniques are fully described.						

Section 3: data collection	
3.1 How well was the data collection carried out?	
	Clear
For example:	
• Are the data collection methods clearly	Data collection was appropriately described, all
described?	interviews were audio-recorded and then
• Were the appropriate data collected to address	transcribed in a systematic manner.
the research question?	, ,
• Was the data collection and record keeping	
systematic?	
Section 4: validity	
4.1 Is the role of the researcher clearly described?	No
4.1 is the fole of the researcher clearly described:	<u>NO</u> Role of researcher and relationship to the
For example.	noticipante was not reported
• Has the relationship between the researcher and	participants was not reported.
the participants been adequately considered?	
• Does the paper describe how the research was	
evolution of and presented to the participants?	
explained and presented to the participants.	
4.2 Is the context clearly described?	
For example:	<u>Unclear</u>
• Are the characteristics of the participants and	Context and characteristics of participants were
• More charged in a sufficient variate	briefly described.
of circumstances?	
• Was context bias considered?	Bias was noted, but not addressed.
• Was context bias considered?	
4.3 Were the methods reliable?	
For example:	
• Were data collected by more than 1 method?	No
• Is there justification for triangulation, or for not	1 research method was used, no attempts at
triangulating?	triangulation were made.
• Do the methods investigate what they claim to?	
Castion Examplesia	
5 1 Is the data analysis	Peacenably clear
5.1 Is the data analysis sufficiently rigorous?	<u>Reasonably clear</u> Procedure for deriving themes and concents was
For example.	avplicit and described to some extent
• Is the procedure explicit - is it clear how the	explicit and described to some extent.
data were analysed to arrive at the results?	
• How systematic is the analysis is the	
procedure reliable/dependable?	
• Is it clear how the themes and concepts were	
derived from the data?	
derived from the data?	

 5.2 Are the data 'rich'? <i>For example:</i> How well are the contexts of the data described? Has the diversity of perspective and content been explored? 	<u>Unclear</u> While attempts were made to make the sample representative – no participants were available from CAMHS service and all participants were volunteers. Responses did not appear to be sufficiently
 How well have the detail and depth been demonstrated? Are represented and contracted across 	compared and contrasted.
groups/sites?	
5.3 Is the analysis reliable?	<u>Unclear</u>
 For example: Did more than 1 researcher theme and code transcripts/data? If so, how were differences resolved? Did participants feed back on the transcripts/data? (if possible and relevant) Were negative/discrepant results addressed or ignored? 	3 researchers conducted coding. No information was reported on the process for resolving differences; participants were not asked for feed back on their transcripts.
 5.4 Are the findings convincing? <i>For example:</i> Are the findings clearly presented? Are the findings internally coherent? Are extracts from the original data included? Are the data appropriately referenced? Is the reporting clear and coherent? 	<u>Convincing</u> Findings are clearly presented and argument is supported with appropriately referenced data.
5.5 Are the findings relevant to the aims of the study?	Yes
5.6 Are the conclusions adequate?	Adequate
 For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Does this study enhance understanding of the 	Links between data and conclusions are adequate; implications and limitations of research are discussed briefly. Alternative explanations are not fully discussed.
research subject?Are the implications of the research clearly defined?	
• Is there adequate discussion of any limitations encountered?	
Section 6: ethics	

6.1 How clear and coherent is the reporting of	
ethical considerations?	<u>Unclear</u>
	Informed consent noted, no further description.
For example:	
 Have ethical issues been taken into 	
consideration?	
 Are ethical issues discussed adequately – do 	
they address consent and anonymity?	
 Have the consequences of the research been 	
considered; for example, raising expectations,	
changing behaviour?	
 Was the study approved by an ethics 	
committee?	

1.8 METHODOLOGY CHECKLIST: RANDOMISED CONTROLLED TRIALS

Rapid tranquillisation

	Sequence generation	Allocation concealment	Blinding (performance and detection bias)		Missing Selective outcome outcome reporting data (cases		Other bias	Funding		
			Particip- ants	Providers	Outcome Assessors	not included in analysis)	Trial registration no.			
Alexander 2004	L	L	Н	Н	U	U		L	U	Intramural research grants from Fluid Research Fund (Christian Medical College, Vellore) and Cochrane Schizophrenia Group general fund
Allen 2011b	U	U	U	U	U	L	NCT 00369577	Η	Η	Alexza Pharmaceuticals, Inc.
Baldacara 2011	L	U	L	L	L	U		U	U	N/R
Battaglia 1997	L	U	L	L	L	U		U	U	A grant from Wyeth-Ayerst Research (now Pfizer)
Battaglia 2002	U	U	L	L	L	Н		L	Η	N/R
Bieniek 1998	L	U	U	U	U	L		U	U	N/R
Breier 2001	U	L	L	L	L	Н		U	Η	Trial sponsored by drug company
Bristol Myers 2004	U	U	U	U	U	L		Н	Н	Conducted by drug company (Bristol-Myers Squibb)
Bristol-Myers 2004f	U	L	U	U	U	Н		Η	Н	N/R
Bristol-Myers 2005b	U	U	Н	Н	L	U		Η	Η	N/R

Brook 1998a	L	U	Н	Η	Н	L		Η	Н	Sponsored by drug
										company
Chan 2013	U	L	L	L	U	U	ACTRN 12607000E014E0	L	U	The study was supported
							12607000391439			by the Morson Taylor
										Research Award 2007 and a
										project grant from the
										National Health and
										Medical Research Council,
			-	-	-	-				Australia.
Chouinard 1993	U	U	L	L	L	L		U	Н	N/R
Dorevitch 1999	L	U	U	U	U	L		U	U	N/R
Eli 2004	U	U	U	U	U	Н		Η	Н	Sponsored by the
										manufacturers of
										olanzapine.
Fitzgerald 1969	U	U	L	L	U	U		U	U	No clear interested
										funding.
Foster 1997	U	U	U	U	U	U		U	U	A grant from the National
										Alliance for Research on
										Schizophrenia and
			_	_		_		_		Depression
Fruensgaard 1977	U	U	L	L	L	L		L	U	N/R
Garza-Trevino	U	U	Н	Η	Н	U		U	U	N/R
1989										
Guo 2007	U	U	Н	Η	Н	L		Н	U	N/R
Han 2005	U	U	U	U	U	U		Η	U	N/R
Higashima 2004										N/R
Hsu 2010	U	U	U	U	L	L		Η	U	N/R
Huf 2007	L	L	Н	Η	Н	L		L	U	N/R
Hwang 2012	L	U	U	U	U	U	NCT	U	U	N/R
							00797277			
Katagiri 2013	U	U	U	U	U	L	NCT	L	U	Trial carried out by drug
							00970281			company
Kewala 1984	U	U	U	U	U	L		U	Н	Grant from Roerig

Kwentus 2012	L	U	L	L	U	L	NCT	U	U	Alexza Pharmaceuticals,
							00721955			Inc.
Lerner 1979	U	Η	U	U	U	Н		U	U	A grant from the Gralnick
										Foundation, H Point
	_	_				_				Hospital, Port Chester, NY
Lesem 2011	L	L	L	L	U	L	NCT	U	Н	Alexza Pharmaceuticals,
T 1 0 00 C		T T	**				00628589	* *		Inc.
Li 2006	U	U	U	U	U	L		U	U	N/R
Man 1973	Н	U	U	U	U	Н		L	Н	N/R
Meehan 2001	U	U	U	U	U	L		U	Н	Study sponsored by Eli
										Lilly and Company – Lilly
										Resesarch Laboratories,
										Lilly Corporate Center,
NCT00216228	TT	TT	TI	TT	TT	т	NCT		LI	Trial anapaged by drug
INC100310230	0	U	U	U	U	L	NCI 00316238		п	company (Eli Lilly)
	TT	TT	т	т	т		00310230			company (En Emy)
NC100640510	U	U	L	L	L		NCI 00(40E10			
Nobay 2004	т	т	т	Т	т	т	00640310	т	ц	NI/P
Nobay 2004			L						11	N/R
Paprocki 19/7	U	U			U	U			п	N/K
Qu 1999	U	U	U	U	U	U		U	U	N/R
Raveendran 2007	L	L	H	H	H	U		U	U	N/R
Reschke 1974	U	U	U	U	U	L		L	U	N/R
Resnick 1984	U	L	L	L	U	L		L	Н	N/R
Ritter 1972	U	U	L	L	U	L		Н	U	N/R
Salzman 1991	U	U	Н	U	U	Н		U	U	Wyeth Laboratories
Shu 2010	U	U	Н	Η	L	U		U	Н	Sponsored by drug
										company
Simeon 1975	U	U	L	L	U	L		Н	U	N/R
Stotsky 1977	U	U	L	L	L	L		L	Н	Sponsored by drug
										company
Subramaney 1998	U	U	U	U	U	L		U	U	N/R
Taymeeyapradit 2002	U	U	Н	Н	U	L		L	U	N/R

TREC 2003	L	L	Н	Н	Η	L		L	L	Jointly funded by Fundação
										Oswaldo Cruz, the
										Cochrane Schizophrenia
										Group, the British Council,
										CAPES (Coordenação de
										Aperfeiçoamento de
										Pessoal deNível Superior)
										and FAPERJ (Fundação de
										Amparo à Pesquisa do
										Estado do Rio de Janeiro)
Tuason 1986	U	U	U	Н	L	Н		Н	U	N/R
Veser 2006	U	U	U	U	U	Н		U	U	Funded by a grant from
										Janssen Pharmaceutica
Wang 2004	L	U	Н	Н	Η	Н		L	U	N/R
Wright 2001	U	L	U	U	U	U		U	U	Trial sponsored by
										manufactures of olanzapine
										intramuscular
Yang 2003	U	U	U	U	U	L		Η	U	N/R
Zimbroff 2007	U	U	U	L	U	L		Н	Н	DL Zimbroff has received
										research grants from
										Bristol-Myers Squibb
										Company
<i>Note</i> . H = high; L = low; N/R = not reported; U = unclear.										

Non-pharmacological interventions

	Sequence generation	Allocation concealment	Blinding (performance and detection bias)			Missing Selective outcome outcome reporting data (cases			Other bias	Funding
			Particip- ants	Providers	Outcome Assessors	not included in analysis)	Trial registration no.			
Barrett 2013	L	L	Н	Н	U	L	ISRCTN11501328	U	L	Medical Research Council, National Institute for Health Research
Bergk 2011	L	U	Н	Н	U	L		U	Η	N/R
Bowers	L	L	U	L	L	U		U	L	National Institute of of Health Research
Huf 2012	L	L	Н	H	H	L		U	L	National Institute of Quality Control in Health – Oswaldo Cruz Foundation, University Hospital Clementino Fraga Filho – Federal University of Rio de Janeiro and Instituto Philippe Pinel.
Putkonen 2013	U	U	Н	Н	U	U		U	L	National Institutes of Health and Welfare
Ruchlewska 2014	L	U	Η	L	U	L	7.109	U	L	Dutch organisation for heath research and development (ZonMw) and BavoEuropoort
Swanson 2006	L	U	Н	Н	L	L		U	L	NIMH and Independent Research Scientist Career Award
Note. H = high; L =	low; N/R = no	ot reported; U =	unclear.							