The Impact of Adolescence initiated Alcohol and Cannabis Abuse/Dependence on the level of Activity Participation in Adult Males suffering from a Psychotic Disorder.

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<u>List of Corrections</u>

Examiner 1:

1. 1.1 (page 1 & 2) Introduction was elaborated on to clarify gaps in the literature and provide observations from practice in order to support the purpose of the study.
2. 1.4 (pages 2) Hypothesis was reviewed and edited to clarify application to the study
3. 1.5 (page 3) The objectives were edited to include more specific and better understanding of the purpose of the study.
4. Additional references was added to section 2.4, 2.4.1 (pages 7 &8)
5. A reference was added to 2.2 (page 5)
6. 3.4.2. (page21 & 22) Additional explanations were included to explain the determination of the sample size.
7. Unclear understanding of whether the population included those who used substances or those who initiated in adolescence. Criteria put forward in 3.4.4.1 (page 23) for inclusion criteria: "The initiation of alcohol or cannabis took place between the ages of 12 – 18 years. The participants met the criteria for either cannabis or alcohol abuse or dependence according to the DSM-IV, at some point between their age of onset of using alcohol or cannabis to their current age."
8. 3.4.4.1 (page 23) The Inclusion criteria were elaborated on to explain how the initiation of alcohol and cannabis was determined. It was determined by the occupational therapist conducting a personal interview with the participant and correlating this information with collateral information from his family.
9. Vancouver style of referencing was used for the research study
10. The researcher checked the correlation between in text sources and sources on the reference list.
11. Translation of the consent and data collection forms was not required.

Examiner 2:

1. 1.6 (page 3) The justification and purpose of the study was elaborated on
2. A definition of substance abuse was added to the nomenclature (page VI)
3. 2.1 (page 5) An explanation as to why the researcher selected cannabis and alcohol as the substances of focus in the study.

4. 4.2 (page 32) The descriptive statistics included a description for the total number of participants that were included in the final sample size.
5. Inclusion criteria for group one: Presented in point 7 from supervisor 1
6. 3.5 (page 25) Inclusion of the reliability and validity of the MOCA as well as a description as to how the MOCA was used to level the client on the APOM
7. 3.6 (page 27) Detail was provided as to why one standard activity was not selected for the assessment process. The researcher found that one activity would not be within all the participants' frame of reference and thus would be an inaccurate reflection of their occupational performance.
8. 3.8 (page 30) A brief explanation was given, that the participants at the time of the assessment were able to provide consent for the study as they were apsychotic, not under the influence of substances and were cognitively able to understand the purpose of the research.
9. 5.2 (page 43) The statement that an increased number of participants presented with a mood disorder was indicated by the referring psychiatrists and confirmed by recent literature.
10. The expectation of participants having a lower level of functioning when diagnosed with a dual diagnosis was not supported in the research. The dual diagnosis participants actually achieved a higher level of activity participation than the individuals diagnosed with only Schizophrenia. This is discussed in 5.10 (page 50)
11. 6.1 (page 53) The researcher included that she did feel the study had achieved the objectives.
12. 6.2 (page 54) It was included in the conclusion, that this research may be useful in community prevention programs as the APOM allows for an easy to understand representation of the consequences of substance abuse on life skills.
13. Permission from Gauteng Department of Health was not necessary but the permission letter from Baragwanath Hospital was included as Appendix G (page 84, 85 7 86).
14. The name of the appendix when a specific form was mentioned was included throughout the report.
15. The referral form completed by the psychiatrist was included as Appendix C (page 74 & 75).

Head of Department:

1. Included nomenclature of definitions on (page VI)
2. Removed alternate hypothesis (page 3)
3. Inclusion of more in text referencing throughout chapter 2 literature review

4. Change of order of headings throughout chapter 2
5. 2.7 (page 11) Included an introductory paragraph to activity participation before discussing the impact of alcohol and cannabis
6. Included more detail in 2.9 (page 15, 16 & 17) on the treatment of dual diagnosis
7. Included more detail in 2.10 (page 18) for the conclusion of the literature review
8. 3.3 (page 20), the population was more clearly defined
9. 3.4.4.1 & 3.4.4.2 (page 23) Inclusion and exclusion criteria was clarified and made more specific
10. 3.5 (page 24) Interviewing the family for collateral information was included in the assessment process
11. 3.5 (page 25) Additional information was provided on the APOM including the domains, reliability and validity
12. 3.5 (page 26) Clarity was provided on the use of additional therapist to correlate results from the APOM with the researcher
13. 3.6 (page 28) Explanations were included as to why forms were not translated into different languages
14. 3.8 (page 30) Ethical considerations for being under influence of substances was elaborated on
15. Table 4.2 & 4.3 (page 36) The percentages were calculated by using the total number of participants.
16. Title axis were added to figure 4.4 (page 37)
17. 4.3 (page 39) The rejection of the null hypothesis was elaborated on
18. 5.5 (page 45) A positive argument to the distinction between abuse and dependence was included
19. 6.2 (page 5 & 54) The conclusion was elaborated on to clarify gaps between substance abuse and dual diagnosis.
20. Original documents for appendix A (pages63-72) and appendix B (page73) were included
21. Technical editing of the whole report