

# Appendix A

## Interview Schedule

### Interview One

#### Psychological Assessment Interview

- |     |                                |                     |
|-----|--------------------------------|---------------------|
| 1.  | Code:                          | Date of admission:  |
| 2.  | Date of birth                  | Date of interview:  |
| 3.  | Gender:                        | Name of counsellor: |
| 4.  | Marital status:                |                     |
| 5.  | Children:                      |                     |
| 6.  | Educational level:             |                     |
| 7.  | Present occupation:            |                     |
| 8.  | Reason for referral:           |                     |
| 9.  | Chief complaint:               |                     |
| 10. | History of presenting problem: |                     |
|     | 10.1 Age of onset:             |                     |
|     | 10.2 Pattern of use:           |                     |
|     | 10.3 Consequences of use:      |                     |
|     | 10.4 Previous treatments:      |                     |
|     | 10.5 Blackouts:                |                     |
|     | 10.6 Tolerance levels:         |                     |
|     | 10.7 Withdrawal symptoms:      |                     |

11. Family history:

11.1 Father and stepfathers:

11.2 Mother and stepmothers:

11.3 Siblings

11.4 Other relatives with noteworthy psychopathology

11.5 Emotional atmosphere at home growing up:

11.6 Genogram:

12. Schooling:

12.1 Primary school:

12.2 High school:

12.3 University/ college:

12.4 Learning difficulties:

12.5 ADHD

12.6 Ritalin

13. Occupational history:

14. Gambling history:

15. Sexual history:

16. Physical abuse:

17. Sexual abuse:

18. Relationship history:

19. Social support networks:

20. Spiritual orientation:

21. Legal issues:

22. Depression:
23. Anaemia/ trace element deficiency (esp. fe)
24. Suicide attempts
25. Parasuicide, cutting, etc.
26. Mania
27. Anxiety
28. Eating disorder
29. Appetite
30. Sleeping pattern
31. Pain
32. Epilepsy (TLE)
33. Medical history:
  - 33.1 Illness:

**Appendix B**  
**Consent Form**

# Addiction Recovery Centre CC

CK 2002/034897/23

## Resident's Agreement

I, \_\_\_\_\_ of \_\_\_\_\_ on this  
\_\_\_\_\_ day of \_\_\_\_\_ 200\_\_ agree to:

1. Not leave the premises without the expressed permission of a counsellor.
2. Not to use drugs or alcohol in any form during my stay.
3. Not to bring or be party in bringing drugs or alcohol onto the premises.
4. Not to get involved in sexual or romantic relationships with other clients, ex-clients or staff.
5. Not to use or threaten to use violence against property, or other people.

I realise that should I break any of the above rules, I am placing my fellow residents lives at risk and will immediately agree to leave the house of my own accord, failing which I will be asked to leave Addiction Recovery Centre by my peers and/or staff. This is my recovery and I am here for myself, but I understand that I am part of a therapeutic community and there are certain expectations in that regard in order for the community to function.

- I therefore agree to show willingness to participate in all groups and activities.
- I will be punctual with assignments, for meals, groups and activities.
- I will be downstairs by 07H30.
- I will clean up after myself at all times, make my own bed and keep my bedroom tidy.
- I will maintain an attitude conducive to recovery and have consideration for other people's feelings, wellbeing, comfort, peace and serenity.
- I will maintain a socially acceptable level of personal hygiene, appearance and behaviour.
- I will keep channels of communication open and be accessible to everyone.
- I will not go into the kitchen unless I am on duty.
- I will not smoke upstairs at any time.
- I realise that men and women may not enter each others bedrooms.
- I will not associate myself with any place or person viewed by management or staff as being detrimental to my recovery.
- I hereby consent to allow any information given by me and/or contained in my file to be used for research purposes. My anonymity will be protected at all times.

Should I become aware of the above agreement being dishonoured in any way by a client or ex-client, I realise that it is my responsibility to inform a senior resident or staff member. I am aware of the gravity of the consequence of my failure to honour the above agreement. I must take my recovery seriously. I am aware that my disease could be fatal.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C

### Other Disorders Diagnosed

The following disorders were diagnosed in the sample, in addition to the disorders mentioned in the results and discussion: abnormal sexuality, sexual dysfunction, gender identity disorder, and sleep disorder. These disorders were considered as a group because of the small number of people who were diagnosed with them individually. The following tables show the frequency of these other disorders.

Frequency table for the prevalence rate of other disorders

<b>Other</b>				
Other	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	<b>222</b>	<b>93.28</b>	<b>222</b>	<b>93.28</b>
Yes	<b>16</b>	<b>6.72</b>	<b>238</b>	<b>100.00</b>

Frequency missing=1

7% of the Houghton House COD sample was diagnosed in the other category of disorder, including abnormal sexuality, sexual dysfunction, gender identity disorder, and sleep disorders.

Frequency table for the prevalence rate of the gender of the clients with other disorders

<b>Gender for other</b>				
Gender	Frequency	Percent	Cumulative Frequency	Cumulative Percent
F	<b>7</b>	<b>43.75</b>	<b>7</b>	<b>43.75</b>
M	<b>9</b>	<b>56.25</b>	<b>16</b>	<b>100.00</b>

The gender of the sample diagnosed as having the other category of disorder was relatively equivalent.

**Appendix D**  
**Ethics Certificate**

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)  
R14/49 Fabricus

CLEARANCE CERTIFICATE

PROTOCOL NUMBER IH050905

PROJECT  
Dependence

Dual Diagnosis and Recovery from Substance

INVESTIGATORS

Miss V Fabricus

DEPARTMENT

Human & Comm Development/Psychology

DATE CONSIDERED

05.09.07

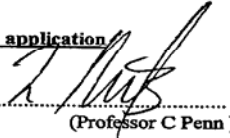
DECISION OF THE COMMITTEE\*

Approved In-House

This ethical clearance is valid for 2 years and may be renewed upon application

DATE            06.08.23

CHAIRPERSON.....



(Professor C Penn)

\*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor :            Dr K Wilson  
   Human & Comm Development

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DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress report.

This ethical clearance will expire on 1 February 2007

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES