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Implementation of the risk of relapse screening tool within substance use populations

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Implementation of the Risk of Relapse Screening Tool Within Substance Use Populations

A Doctoral Experiential Capstone Project Final Report

Presented to the Faculty of Western New England University

In Partial Fulfillment of the Requirements for the

Entry-Level Doctorate

in

Occupational Therapy

by

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July 2023

Implementation of the Risk of Relapse Screening Tool Within Substance Use Populations

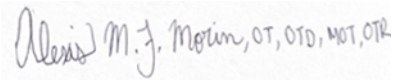
A Doctoral Experiential Capstone Project Final Report

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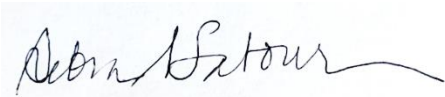


Alexis M. F. Morin, OT, OTD, MOT, OTR

Date: 7/25/2023

Faculty Mentor

APPROVED BY:



7/26/2023

Debra Latour, OT, PP-OTD, M.Ed., OTR

Date:

Doctoral Experiential Coordinator

Abstract

Occupational therapy aims to promote healthy lifestyles and informed decision-making across a diverse range of individuals. Originally titled the Risk of Opioid Overdose Screening Tool, the Risk of Relapse Screening Tool (RORST) was developed to be more inclusive and relevant to various substance users beyond opioids. The RORST questionnaire was constructed based on the Transtheoretical Model of Change, allowing for personalized interventions corresponding to an individual's readiness to modify behavior. The present situation highlights an unmet need for successful community transition for individuals with substance use disorders due to a lack of education and communal resources. The RORST was administered to five participants, ages 16 and 17 years, who were residing in a residential substance use treatment facility to determine its relevance, readability, and efficacy in determining risk of relapse. Implications of the RORST indicate that this screening tool can be utilized as an intake/outtake tool at various rehabilitation centers to address client needs for relapse prevention.

Keywords: Transtheoretical Model of Change, successful community transition, substance use, education, communal resources

Implementation of the Risk of Relapse Screening Tool Within Substance Use Populations

Introduction/Background

The transition of individuals with substance use disorders from rehabilitation centers to the community is often associated with a high relapse rate, estimated at 40-60% (NIH, 2020). The state of Massachusetts has witnessed a significant number of overdose-related deaths due to relapse rates, misguidance, and inadequate education. Roughly 46.6% of teenagers engage in substance use related activities (NDCA, 2023). Between October 2021 and March 2023, there have been 2,310 confirmed overdose-related deaths in the state (U.S Census, 2023). Existing literature emphasizes the risk of substance use and relapse, particularly among the youth population, which severely impacts their ability to engage in meaningful activities. Moreover, the lack of educational and communal resources further hinders the support for this client base. Effective addressing of substance use and relapse necessitates collaborative interprofessional interventions at the social, community, and environmental levels to mitigate risks.

As part of this Doctoral Experiential Capstone project, the development and implementation of the Risk of Relapse Screening Tool questionnaire were undertaken to assess the risk factors related to relapse comprehensively. Additionally, an educational resource website was created, offering valuable information and resources for relapse prevention. This website includes substance-related details mentioned in the RORST questionnaire, useful worksheets, and guides for successful recovery and relapse prevention. The RORST questionnaire is designed to address individualized needs during rehabilitation.

Doctoral Experiential Project Overview

Research

The research question for the Doctoral Experiential Capstone Project was as follows:

Does the Risk of Relapse Screening Tool (RORST) questionnaire effectively assesses the needs of individuals struggling with substance abuse during their transition back into the community?

This study involved the development and implementation of the Risk of Relapse Screening Tool (RORST) questionnaire, along with relevant materials, at the Center for Human Development's (CHD) Goodwin House, a residential rehabilitation center. Participants for the study were selected using convenience sampling, and both quantitative and qualitative data were collected. The study design encompasses mixed methods, focusing on evaluating the RORST questionnaire's efficacy and gathering feedback through focus group sessions with clients and staff.

Activities during the doctoral process included building one-on-one rapport with clients, attending narcotics/alcoholics' anonymous groups, and providing youth assistance and support during their transitions. Group interventions were also conducted, addressing various topics such as healthy relationships, relapse prevention, life skills, coping strategies, and healthy alternatives to substance use. The structured schedule at CHD's Goodwin House facilitated the guidance of teenage boys towards a healthy recovery, with additional therapeutic approaches like outdoor play, conversations, and structural support being beneficial considering the population's age.

Results

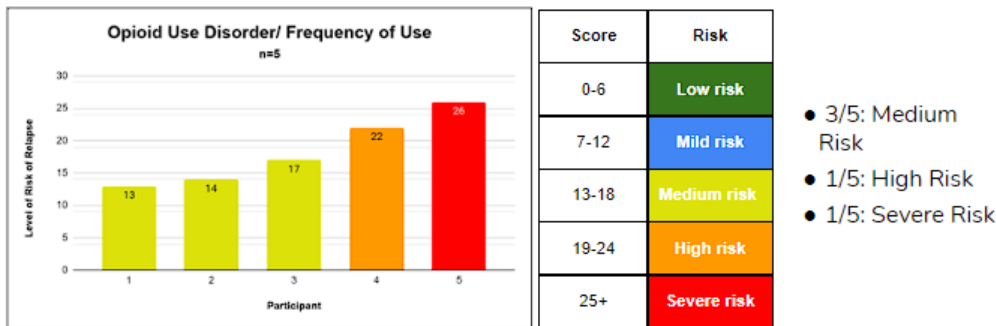
This researcher examined the following six subsections included within the RORST, and the quantitative data is presented in this section: Opioid Use Disorder and Frequency of Use,

Self-Perception, Supports and Barriers to Treatment, Supports to Recovery, Influential Factors and Values, and the Transtheoretical Model of Change and Limiting Factors. The total overall scoring for each of the participants is also presented within this section. The study's results indicate that the Risk of Relapse Screening Tool is a suitable instrument for assessing client needs to achieve successful recovery. The RORST questionnaire effectively addresses influential factors that impact relapse, including self-regulation, readiness to change, treatment support and barriers, community support, factors hindering recovery, and client values.

Quantitative Data. For section B (OUD & frequency of use), there were three participants who scored as medium risk, one high risk, and one severe risk. Participants' results in this area reveal their overall substance use throughout their day places them at a greater risk for relapse. Please refer to Figure 1 for a visual depiction.

Figure 1

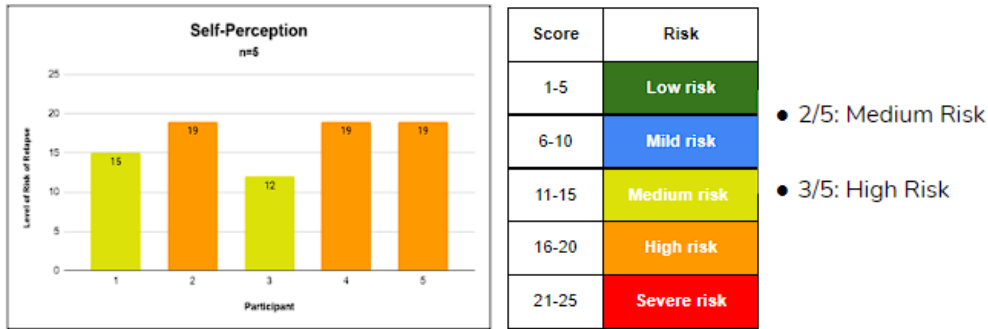
Opioid Use Disorder & Frequency of Use



For section C (self-perception), there were two participants in medium risk, and three in high risk. This section guides the understanding of the individuals' self-perception as it relates to their motivational patterns. Participants' results in this area indicate they have a greater risk for relapsing. Please refer to Figure 2 for a visual depiction of participants' self-perception regarding their risk of relapse.

Figure 2

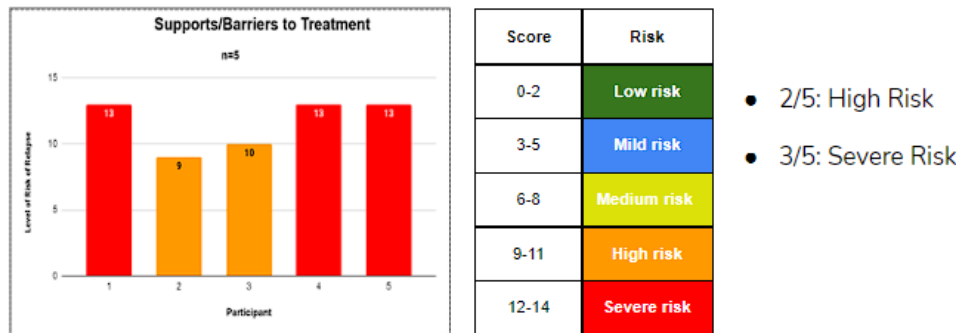
Self-Perception



For section D (supports & barriers to treatment), there were two participants in high risk, and three in severe risk. This section addresses weaknesses, barriers, self-control, and motivational factors that contribute to individuals’ making a positive change towards their substance use. Please refer to Figure 3 for a visual depiction of participants’ supports & barriers to treatment towards their recovery.

Figure 3

Supports & Barriers to Treatment

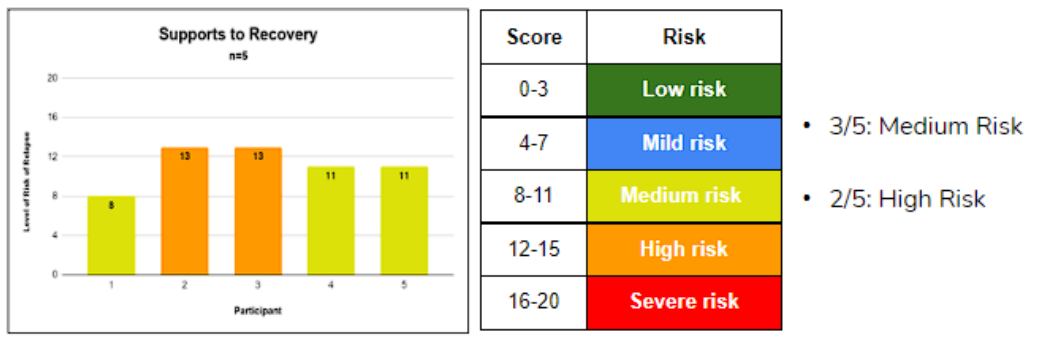


For section E (supports to recovery), there were three participants in medium risk, and two in high risk. This section gathers information about the individuals’ social support,

residential support, financial support, and personal support for their substance use. This section also gathers information about substance use effects activities of daily living, instrumental activities of daily living, individual roles, and values. Please refer to Figure 4 for a visual depiction of participants’ supports & barriers to treatment towards their recovery.

Figure 4

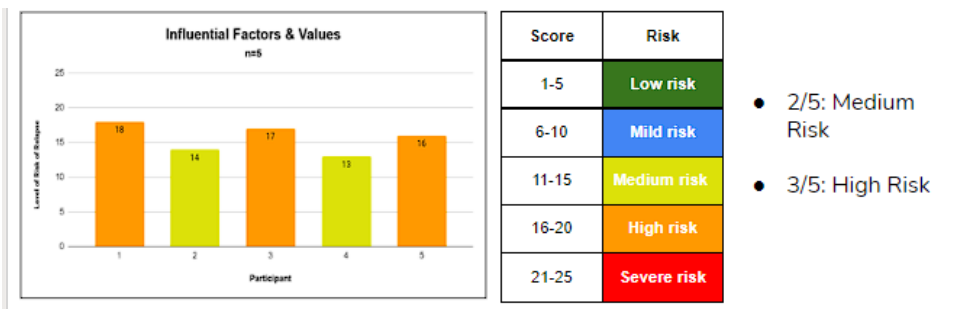
Supports to Recovery



For section F (influential factors & values), there were two participants in medium risk, and three in high risk. This section addresses influential factors that enhance substance use such as financial status, living arrangements, community involvement, and environmental factors that may contribute to substance use. Please refer to Figure 5 for a visual depiction of participants’ influential factors & values.

Figure 5

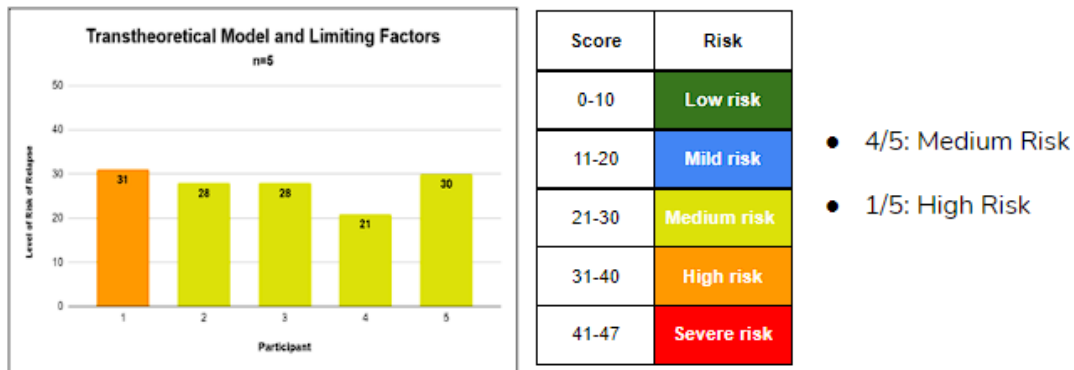
Influential Factors & Values



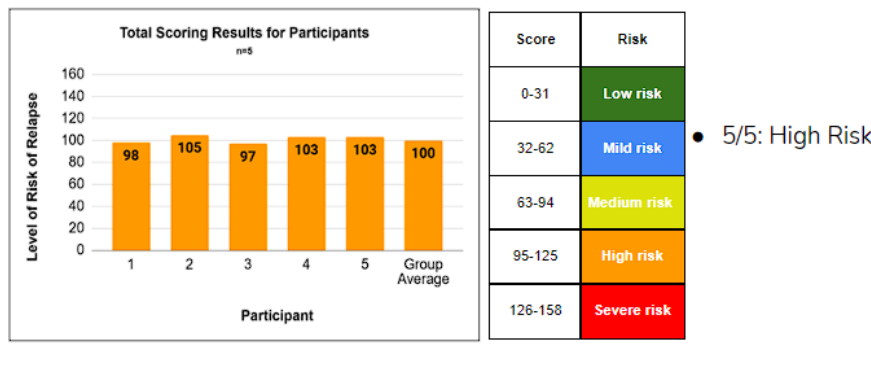
For section G (transtheoretical model of change & limiting factors), there were four participants in medium risk, and one in high risk. This section provides an understanding of the individuals’ readiness to change and readiness to accept assistance for substance use. Please refer to Figure 6 for a visual depiction of participants’ readiness to change and accept assistance.

Figure 6

Transtheoretical Model & Limiting Factors



This section depicts the overall, raw scoring of the RORST and indicates the participants fell into the high risk of relapse range. This section combines the six sections of the RORST questionnaire to gather a total score relevant to level of risk of relapse. Please refer to Figure 7 for a visual depiction of participants’ total scoring.

Figure 7*Total Scoring Results*

Qualitative Data. Qualitative data for this study was collected during a feedback group session involving both staff and participants. From this session, four themes emerged. The first theme highlighted the need to revise the screening tool's questions and overall format. Participants felt the questionnaire was too lengthy and became distracted after question thirty. Additionally, question twenty-seven was unclear to them. The second theme focused on participants' understanding of the instructions and wording used in the questionnaire. They found the questions easy to comprehend and relevant to their personal experiences with substance use. The third theme addressed influential factors not covered in the questionnaire that contribute to relapse, such as financial and parental status, which participants mentioned as reasons for past substance use to cope with external stressors. The fourth theme pertained to triggering factors, with participants noting that although the current questionnaire did not trigger them, future individuals taking the survey might find certain questions triggering based on their past or current situations.

Discussion & Recommendations

Strengths of the study lie in the literature support for the need to allocate resources for the target population and the inclusion of a scoring manual, instruction manual, and educational resource website. The strengths of this study guided the research process and assisted with the development and administration of the RORST questionnaire. However, the study also has limitations, including a small sample size (five participants), limited client availability due to school and extracurricular activities, three participants being discharged before feedback groups were conducted, and the study's exclusive focus on male participants. The limitations of this study affected the accuracy of the questionnaire, and the feasibility of the questionnaire.

Future implications for the target population involve implementing the screening tool in other rehabilitation facilities to address client needs and provide client-centered care. Examining the results of individuals' scores on the RORST questionnaire will provide the most updated needs to allocate necessary resources to guide transition to the community and prevent relapse. The RORST screening tool can foster interprofessional collaboration by guiding various professions in offering client-centered care and determining necessary resource allocation for specific individuals.

Regarding occupational therapy, future implications encompass using the RORST questionnaire in community centers, prisons, and other rehabilitation facilities. The questionnaire could also be integrated into the Goodwin House as a potential intake or outtake form to monitor client progress throughout the program. Furthermore, the study offers opportunities to educate other practitioners, including occupational therapists and mental health professionals, about relapse prevention tools through the educational website and RORST questionnaire.

Learning Outcomes

The Risk of Relapse Screening Tool that was implemented at the Goodwin house for the 14-week capstone project provided necessary information to guide successful community re-entry, and relapse prevention. For additional details regarding learning objectives and accomplishments, please refer to Appendix E for more information about the learning objectives accomplished throughout the 14-week capstone project.

Additional information

Along with the development and implementation of the RORST questionnaire, the researcher also developed an educational website. This website includes three sections. The first section includes various worksheets and activities that can help guide individuals to a successful recovery. The second section includes community resources for individuals to utilize. These resources include community programs, healthy alternatives to substance use, healthy relationships, and various community leisure activities. The third section includes psychoeducation materials based on the substances that were included within the RORST questionnaire. This website is open to both clients and staff. It is encouraged for those who utilize this website to reach out to the researcher with any updated and relevant materials that may be applicable for this population.

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Appendices

Appendix A: Final Doctoral Experiential Capstone Project Reflection

OTD Student: Jacob Dugard

Faculty Mentor: Dr. Alexis Morin OT/R

Site Mentor: Daniella Grimaldi

Doctoral Experiential Site: Center for Human Development Goodwin House

Dates of Doctoral Experiential Placement: 4/10/2023 - 7/14/2023

The Doctoral Community Experiential site for me was located at the Center for Human Development's Goodwin House in Chicopee, MA. Goodwin House is a residential rehabilitation center catering to teenage boys aged 13-18 with a diagnosis of substance use disorder, behavioral disorder, or both. Initially, I had some uncertainties about what to expect since the site was chosen later in the preparation process for the Doctoral Experiential (DEx) project. However, after an interview with my site mentor Daniella Grimaldi and faculty mentor Alexis Morin, I gained a better understanding of the Goodwin House and its daily/weekly schedule. Initially, I focused on building rapport with the clients, assisting staff and clients with activities and transitions within the house, and expected to work individually with clients to develop post-discharge care plans. However, my role evolved throughout the DEx project as the Goodwin House already had a dedicated staff and community support system to determine clients' care plans. Nevertheless, I provided resources and information to promote healthy recovery within the community. The development and implementation of the Risk of Relapse Screening Tool (RORST) questionnaire, the primary goal of my DEx project, benefited from the insights gathered while working with the clients and staff. The Goodwin House surpassed my initial expectations, as staff were friendly, knowledgeable, and empathetic. Overall, the entirety of my DEx capstone project exceeded my expectations. Personally, I have had a lifelong experience of witnessing a close friend succumb to substance use. I have always desired to assist him, but I

have never located the proper resources to do so. During this DEx placement, I was able to allocate resources and provide client-centered care while working towards the completion of my project.

Reflecting on the experience, I recommend that future students undertaking a Doctoral Experiential Capstone at this site remain adaptable and mindful of changes. Given the vulnerability of this population due to societal, familial, and community influences, it is essential to understand client triggers and coping mechanisms while providing professional guidance on healthy coping strategies. Avoiding triggers is equally important.

I observed that these young boys become addicted due to a lack of education about alternative healthy behaviors, using substances as a coping mechanism, and succumbing to pressure from family or peers. Among all else, these boys were significantly impacted by their environment. This experience highlighted the challenges faced by young teenagers in dealing with the stigma surrounding substance use. It is crucial for this population to find the right peer group, but they can be influenced by environmental factors such as living situations, friends, and family. They may feel trapped and unaware that they can fit in without resorting to substance use.

Prior to starting my DEx at this site, I suggest that students read scholarly articles on teen substance use disorder and review relevant information from the OTD-524 Adult and Aging Practice III course, which covers topics such as trauma-informed care, emotional regulation, substance abuse, behavioral issues, and occupational therapy interventions for these populations.

My previous fieldwork experience at After Incarceration Support Services (AISS) prepared him to work in this setting, where he met individuals who had been incarcerated due to

crimes and drug use. Relevant coursework for his Doctoral Experiential Capstone included OTD-514 Adult & Aging Practice I, OTD-524 Adult and Aging Practice III, and OTD-630 Needs Assessment/Program Development.

Both my site mentor, Daniella Grimaldi, and faculty mentor, Alexis Morin, were instrumental in the successful completion of his Doctoral Experiential Capstone. Daniella's extensive knowledge about the population and her assistance with the project, scheduling, and guidance proved invaluable. Dr. Alexis Morin provided timely and useful feedback, aided with assignments, and went above and beyond as a mentor. Despite being a first-time mentor for a DEx group, she displayed exceptional expertise and support. I truly commend Dr. Morin's mentorship, hard work, and dedication throughout the project.

The overall implementation of my DEx project was guided by Daniella Grimaldi's expertise and Dr. Alexis Morin's mentorship. As a result, the process of implementation went smoothly. I had no issues with scheduling times to provide my in-service presentation, training staff, implementing the questionnaire, and receiving feedback within feedback groups. It was essential that I communicated with both Daniella and Dr. Morin to maintain structure and feasibility for my project. While my capstone project wasn't a program per se, I was able to provide occupational knowledge and recommendations to the Goodwin House to improve one-on-one therapy, group therapy, and life skills activities to promote a healthy recovery while including the prevention of relapse.

Currently, suggestions I have about the OTD program for the future include being more communicable in relation to assignments, feedback, and what is required from students. Moreover, another suggestion I have for this program is to provide optimal and accessible fieldwork placements. My fieldwork placements were not optimal, however I completed them.

For future cohorts, I would recommend accommodation for their needs/wants when it comes to fieldwork experiences.

Appendix B: The Risk of Relapse Screening Tool Questionnaire

Caregiver Form: Modified Risk of Relapse Screening Tool

IF YOU ARE A CAREGIVER OF INDIVIDUAL/S WITH SUBSTANCE USE DISORDER, PLEASE COMPLETE THIS QUESTIONNAIRE WITH THE INDIVIDUAL/S YOU ARE CARING FOR TO THE BEST OF YOUR ABILITY. PLEASE ASK THE FOLLOWING QUESTIONS VERBALLY TO THE INDIVIDUAL YOU ARE CARING FOR. PLEASE BASE THE ANSWERS ACCORDING TO RESPONSES YOU RECEIVED ABOVE.

SECTION A:

Check the following that apply to you

- I am a family member
- I am a friend
- I am a drug user
- I am an athlete
- I am a son
- I am a student
- Struggled with mental health

What substance does the individual you are currently caring for use, want to use, or has used in the past?

- a. Opioids/Narcotics
- b. Illegal drugs (heroin, crystal meth, crack cocaine, marijuana etc.)
- c. Benzodiazepines
- d. Stimulants (Adderall, Ritalin)
- e. Antidepressants
- f. Prescription medication
- g. Psychedelics (acid, mushrooms)
- h. Alcohol
- i. Other drugs (over the counter, steroids, performance enhancing drugs)

Other roles can be listed here (i.e., these can include any occupational roles the individual engages in):

SECTION B:

The first set of questions will help gather information about the frequency and severity of the individual's substance usage. Please note that these should be simple answers that are subjective to everyone.

1. I use substances
 - a. Yes
 - b. No

2. I have used substances for approximately...
 - a. Less than 1 year
 - b. 1-2 years
 - c. 3-5 years
 - d. 6-9 years
 - e. 10 or more years

3. I use 2 or more substances at the same time...
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always (everyday use)

4. In a **week**, I typically use substances...
 - a. 0-4 times per week
 - b. 5-9 times per week
 - c. 10-14 times per week
 - d. 15-19 times per week
 - e. 20+ times per week

5. During the course of a **day**, I typically use substances...
 - a. 0-1 time per day
 - b. 2-3 times per day
 - c. 4-5 times per day

- d. 6 times per day
 - e. 7 or more times per day
6. I plan my daily routine around using substances...
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always

SECTION C:

The following questions gather information about the individual's self-perception such as self-esteem, motivation, self-regulation, confidence, and resilience.

7. I consider myself a genuine person (**self-esteem**)
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
8. I set goals for myself and accomplish them (**motivation**)
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
9. I keep track of my goals (**cognition and organization**)
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always

10. I trust myself when making decisions (**confidence**)

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

11. I become stronger after a tough situation (**Resilience**)

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

SECTION D:

The following questions capture personal weaknesses, barriers, self-control and motivational factors contributing to making a positive change.

12. I find my friends/family/people I socialize with allow me to use substances.

- a. Yes
- b. No

13. I find a lack of knowledge about the substances I am using is preventing me from making a positive change to my lifestyle.

- a. Yes
- b. No

14. I feel, if I am open about my substance use, I will be judged negatively.

- a. Yes
- b. No

15. I find transportation (or lack of) is preventing me from doing what I need to be sober.

- a. Yes
- b. No

16. My actions prevent me from making a positive change for my substance use.

- a. Yes
- b. No

17. I find a lack of motivation to change from my current use prevents me from making a positive change for my substance use.

- a. Yes
- b. No

18. Receiving help will not make a positive change for my substance use.

- a. Yes
- b. No

SECTION E:

The following questions gather information about the individual's social support, residential support, financial support, and personal support for their substance use. The following questions also gather information about the individuals ADL's, IADL's, roles, and values and how substance use affects them.

In the past year...

19. I had a safe and secure living arrangement. **(residential support)**

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

20. I have enough money to support my basic needs (food, water, shelter).

(financial support)

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

21. I can rely on sober people in the community to spend time with me. **(social support)**

- a. Never

- b. Rarely
- c. Sometimes
- d. Often
- e. Always

22. I use healthy strategies in addition to using substances. **(personal support)**

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

SECTION F:

23. Living arrangements have an influence on my substance use.

- a. Yes
- b. No

24. Money has an influence on my substance use.

- a. Yes
- b. No

25. Family/friends/people I socialize with have an influence on my substance use.

- a. Yes
- b. No

26. Different seasons (spring, summer, fall, winter) have an influence on my substance use.

- a. Yes
- b. No

27. Community involvement and particular environments have an influence on my substance use.

- a. Yes
- b. No

28. Please rank the questions 23-27 in order from the most influential factor to the least influential factor.

- a. Living arrangements ____
- b. Financial stability ____
- c. Family/friends/people I socialize with ____
- d. Different seasons ____
- e. Community involvement ____

29. I can complete basic activities of daily living (bathing, dressing, toileting, eating, hygiene) with little difficulty while using substances.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

30. I consider myself an active member of the community.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

31. I find pleasure/interest in activities while using substances

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

SECTION G:

The following questions ask about the individual's readiness for change and readiness to get help for their substance use. The following questions follow the transtheoretical model of change.

32. I have thought about seeking treatment for substance use...

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

33. I have an understanding of what kind of treatment I want to receive for my substance use.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

34. I have received assistance about how to seek out treatment for my substance use....

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

35. I have received treatment for my substance use....

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

36. Treatment for my substance use has led to less usage of substances.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often

e. Always

37. Positive environments have a positive influence on my substance use.

a. Never

b. Rarely

c. Sometimes

d. Often

e. Always

38. Family financial stability allows me to engage in positive behaviors and not use substances.

a. Never

b. Rarely

c. Sometimes

d. Often

e. Always

39. I find there are resources for me to find beneficial treatment options for my substance use.

a. Never

b. Rarely

c. Sometimes

d. Often

e. Always

40. I do not believe I would benefit from further treatment services to reduce my substance

a. Never

b. Rarely

c. Sometimes

d. Often

e. Always

41. A team of professionals or an individual team member may contact me and provide me with resources for potential treatment options.

a. Yes

b. No

Appendix C: Instructional Manual/Scoring Sheet for RORST

INSTRUCTIONAL MANUAL FOR RORST

This scoring chart is strictly based on results given by the individual being interviewed. Scores should **ONLY** be based on the client's answer. Answers should be given with honesty to allow for the questionnaire to be accurate and thorough. Please circle the answers given by the individual answering the questionnaire on the paper copy.

Section A

This section will not be applied to the scoring sheet. This section consists of basic information that is needed throughout the questionnaire. The purpose of this section is to develop a basic occupational profile of the individuals. *Section A* identifies what drugs are being used, have been used, or have been desired to use. Items are individualized and include OUD (type of drugs used and usage), self-perception, support/barriers to treatment, external/internal influential factors, and transtheoretical model/limiting factors.

Section B

This section delineates the individual's overall usage and how daily routines are planned around drug use.

Section C

This section is guided towards understanding the individual's self-perception as it relates to their drug use and how it affects their motivational patterns. Each question in this section is related to a particular factor in the individual's overall self-perception. These factors will be in bold on the questionnaire for the administrator to understand what each question addresses.

Section D

This section addresses weaknesses, barriers, self-control, and motivational factors that contribute to the individual making a positive change. This section includes "yes/no" questions. Refer to the **score** section for information on how to score these questions.

Section E

The following questions gather information about the individual's social support, residential support, financial support, and personal support for their substance use. The following questions also gather information about the individuals ADL's, IADL's, roles, and values and how substance use affects them. Each question in this section will have information bolded to allow the administrator to understand what each question addresses.

Section F:

This section addresses influential personal factors including money, living arrangements, community involvement, and environment that may contribute to their substance use.

Section G

The following questions ask about the individual's readiness for change and readiness to get help for their substance use. These questions follow the transtheoretical model of change. Resources will also be provided in an educational pamphlet based on the individual's answers.

Scoring chart

The **Item** section addresses overall factors that may be influential towards the individual's substance usage. These sections will be divided into subsections that are discussed below.

The theme of each question gives information as to what the question addresses are in the **Theme** section. The **Theme** section involves dividing each general topic into subsections to gain a better understanding of the individuals' usage patterns. The subsections also gauge the individuals' readiness to change, identifies supports/barriers to treatment/reintegrating into the community, self-perception including motivation, and limiting factors. An educational pamphlet will be provided for each subsection to provide resources for clients to use based on their responses.

Scoring for each question will be in the **“Score”** section. Each scoring section is numbered 1-5, or 1-2; 1 being a low risk, 5 being high risk. For questions with “yes or no” answers, a score of 1 will be given to a “no” answer and a score of 2 will be given to a “yes” answer. For the “yes/no” questions, an answer of “yes” will automatically put the individual at a mild level of severity. For questions with a 5-part response, the **score** will be directly correlated with the letter that is circled on the questionnaire.

The **Level** section on the scoring chart is directly correlated with the scoring section. This section gains an understanding of the severity of the individual's substance use. For example, a **Level** of “L” correlates with a score of 1 and means the individual has a low risk of relapse. This also means that the individual will have less difficulty transitioning back to the community.

The **Overall** section is an overall score of the individual's responses that are added up after the questionnaire is finished. The level of relapse severity is at the end of the scoring sheet where the totals of each section are added up and scored based on the individual's RAW score.

IMPORTANT: please note that question 28 will not be scored on the scoring chart due to the nature of the question. This question is used to gauge what influential factor is most important to

the individual and will not be included in the scoring sheet because it is not scalable, and it is subjective to everyone.

SCORING SHEET FOR RORST

Item	Theme	Score	Level	Overall
Section B: OUD		a. b. c. d. e.		Score: ____/27
1.	General OUD	1 2	L Mi	Level of Severity: ____
2.	Lifetime Use	1 2 3 4 5	L Mi M H S	
3.	Combination Drug use	1 2 3 4 5	L Mi M H S	
4.	Frequency (weekly)	1 2 3 4 5	L Mi M H S	
5.	Frequency (daily)	1 2 3 4 5	L Mi M H S	
6.	Daily routine	1 2 3 4 5	L Mi M H S	
Section C: Self-Perception		a. b. c. d. e.		Score: ____/25
7.	Self-esteem	5 4 3 2 1	S H M Mi L	Level of Severity: ____
8.	Motivation	5 4 3 2 1	S H M Mi L	
9.	Cognition & organization	5 4 3 2 1	S H M Mi L	
10.	Confidence	5 4 3 2 1	S H M Mi L	
11.	Resilience	5 4 3 2 1	S H M Mi L	
Section D: Supports/Barriers to Treatment		a. b.		Score: ____/14
12.	Social	2 1	Mi L	Level of Severity: ____
13.	Knowledge	2 1	Mi L	
14.	Weakness	2 1	Mi L	
15.	Transportation	2 1	Mi L	
16.	Self-action	2 1	Mi L	
17.	Self-motivation	2 1	Mi L	
18.	Readiness to change	2 1	Mi L	

Section E: Supports		a. b. c. d. e.		Score ____/20 Level of Severity: ____
19.	Residential	5 4 3 2 1	S H M Mi L	
20.	Financial	5 4 3 2 1	S H M Mi L	
21.	Social	5 4 3 2 1	S H M Mi L	
22.	Personal	5 4 3 2 1	S H M Mi L	
Section F: Influential Factors & Values		a. b.		Score: ____/25 Level of Severity: ____
23.	Living	2 1	Mi L	
24.	Finances	2 1	Mi L	
25.	Social	2 1	Mi L	
26.	Seasonal	2 1	Mi L	
27.	Environmental, Community	2 1	Mi L	
28.	n/a	a. b. c. d. e.		
29.	ADL's	5 4 3 2 1	S H M Mi L	
30.	Involvement	5 4 3 2 1	S H M Mi L	
31.	IADL's	5 4 3 2 1	S H M Mi L	
Section G: Transtheoretical Model and Limiting Factors		a. b. c. d. e.		Score: ____/47 Level of Severity: ____
32.	Precontemplation	5 4 3 2 1	S H M Mi L	
33.	Contemplation	5 4 3 2 1	S H M Mi L	
34.	Preparation	5 4 3 2 1	S H M Mi L	
35.	Action	5 4 3 2 1	S H M Mi L	
36.	Maintenance	5 4 3 2 1	S H M Mi L	
37.	Environment	5 4 3 2 1	S H M Mi L	
38.	Finances	5 4 3 2 1	S H M Mi L	
39.	Resources	5 4 3 2 1	S H M Mi L	
40.	Future treatment	5 4 3 2 1	S H M Mi L	
41.	Resource mgmt	1 2	L Mi	

RAW SCORE: ____/158

Low risk	Mild risk	Medium risk	High risk	Severe risk
0-31	32-62	63-94	95-125	126-158

Section B

0-6= low risk
6-12= mild risk
13-18= medium risk
19-24= high risk
25+ = severe risk

Section C

1-5= low risk
6-10 = mild risk
11-15 = medium risk
16-20= high risk
21-25= severe risk

Section D

0-2 = low risk
3-5= mild risk
6-8= medium risk
9-11= high risk
12-14= severe risk

Section E

0-3= low risk
4-7= mild risk
8-11= medium risk
12-15= high risk
16-20= severe risk

Section F

1-5= low risk
6-10 = mild risk
11-15 = medium risk
16-20= high risk
21-25= severe risk

Section G

0-10= low risk
11-20= mild risk
21-30= medium risk
31-40= high risk
41-47= severe risk

Appendix D: IRB Application (Includes parental consent form, Assent form for minors, CITI Trainings, Feedback group template, Recruitment Email, Supporting letter, Adolescent Interview template)

IRB Application Form

**WESTERN NEW ENGLAND UNIVERSITY
INSTITUTIONAL REVIEW BOARD (IRB) SUBMISSION FORM
FOR PROPOSAL TO USE HUMAN PARTICIPANTS IN RESEARCH
FWA00010736
Last Modified September 21, 2022**

Information regarding the annual meeting schedule of the Institutional Review Board, submission deadlines and requirements, and contact information may be found on the IRB section of the Academic Affairs website located at: <https://www1.wne.edu/academic-affairs/institutional-review-board.cfm>

Date of Application: (MM/DD/YYYY)

1. Responsible Project Investigator **Phone No.:**
(Note: students/residents cannot serve as PIs):

Address (Campus address, including box #, if available): **E-mail:**

2. Investigator (e.g., Graduate Student) **Phone No.:**
(Note: Please list any additional investigators in Appendix):

Address (Campus address, including box #, if available): **E-mail:**

3. Collaborations: No Yes **Please specify:**

Does this project involve any collaborators not part of the faculty/staff at WNEU?

4. Title of Project:

5. Submission Type: New Renewal Amendment

6. Anticipated Project Duration:

From MM/YYYY: To MM/YYYY:

NOTE: Any research project that undergoes full board review and continues for longer than one (1) calendar year requires annual renewal.

7. Non-Technical Synopsis:
(Please provide a brief abstract in non-scientific terms.)

The nature of this research is to establish the clarity, readability, and relevance of the Risk of Relapse Screening TOOL (RORST) towards individuals with substance use issues transitioning to the community. The RORST is a modified tool derived from the Risk of Opioid Overdose Tool (ROOST). The research conducted will be beneficial towards the development of a modified version of the RORST that is geared towards the adolescent population. This is a qualitative study design consisting of two group feedback interview sessions. Participants will be selected using a convenience sample. The benefits to the

8. Background:
(Please provide a brief narrative review of the literature and basis of the study.)

The review of literature for SUD indicates that there are various factors that play a role in relapse or future substance use. The basis of this project is to gauge the extent of the importance of each factor in the participant's lives. Obtaining this information will provide specific information as to what can be improved in the participants' lives to assist with a successful transition into the community.

9. Objective:
(Briefly state the objective of the research.)

This study seeks to modify the Risk of Relapse Screening Tool questionnaire by gearing it towards adolescents and to determine the readability, accuracy, and client-centeredness of the tool in relation to the targeted population.

10. Type of research participant (Include all that apply.) **Indicate the approximate number in each category.**

Undergraduate WNE student (18 years old or older) #

Undergraduate WNE student (less than 18 years old) #

Graduate or Law WNE student #

WNE employee (18 years old or older) #

WNE employee (less than 18 years old) #

Minor not otherwise specified (less than 18) #

Off-campus participants (specify including age and #)

Special population (e.g., prisoner, pregnant, disabled) (specify including age and #)

Other (specify including age and #)

11. Recruitment of participants (Check all that apply.)

Unpaid classroom volunteer

Paid classroom volunteer

Unpaid nonclassroom volunteer

Paid nonclassroom volunteer

Other (Please specify)

How will participants be recruited (please attach any flyers, email content, etc.)? Please list all inclusion/exclusion criteria.

Participants will be recruited by investigators Jacob Dugard, OT/s and Daniella Grimaldi (program director). The program director will be able to provide the investigators with an email list of potential participants (staff) within the CHD Goodwin House program. Professional participants will be sent a recruitment email by Jacob Dugard,

12. Expected study duration and compensation.

Expected Duration
(e.g., total hours and
length of involvement
(days, months) per
participant):

Professionals:
Consent form: 5-10 minutes
Educational group training on the purpose of the RORST and how to administer it: 30 min

Expected participant compensation (Check all that apply.)

No compensation \$\$ compensation

Other (Please specify) _____

If applicable, please specify \$\$ rate _____

13. Location of the research (Check all that apply)

On-campus On-Line Off-Campus

Please specify site (e.g., Springfield campus, Southborough, specific off-campus location)

Center for Human Development at the Goodwin House, 187 Fariview Ave, Chicopee MA, 01013

Note: If off-campus locations are included, please attach a signed permission from a responsible individual (e.g., business owner, school superintendent, principal) for each location.

14. Will the participants be exposed to more than minimal risk?

Yes No

Please briefly describe any anticipated risks, discomforts, or inconveniences related to participation, and what will be done to minimize these.

Participants will not be exposed to more than minimal risk. Group feedback meetings will occur for participants to express any concerns, challenges, etc. that they may be experiencing in relation to their participation in addition to their thoughts on the modified assessment tool.

15. Describe consent and/or procedure (attach copies of written informed consent form or information sheet and use consent form checklist to ensure that it contains required elements). Who is obtaining consent? Where and when will it be obtained? How will it be obtained from non-English speakers, if relevant? **Attach copies of consent and assent forms.**

CHD staff who express interest in participating in this study following the recruitment email will be provided of a hard copy of the consent form (see Appendix A). Jacob Dugard OT/s and Daniella Grimaldi will have hard copies of the consent forms to distribute to those who are interested. The residents' at the Goodwin House will complete an assent form and their parents will sign a separate consent. The completed consent forms will be stored in a locked

16. Confidentiality and anonymity of information obtained (Check all that apply)

Participants' responses will be anonymous. (Data are collected in a way that no one (including the researcher) can identify the individual associated with any particular result or response, e.g., a survey with no names or other identifying information.)

Participants' responses will be confidential. (Records are maintained in a way that ensures only the researchers have access to any information or results linked to a specific individual.)

Other (Please specify)

17. Does the research involve the use of deception?

Yes No

If "Yes" please elaborate in the space below, describing the deception used and providing a justification of the need for deception.

18. Does the research involve debriefing of participants?

Yes No

If "Yes" please provide an explanation in the space below describing how (e.g., spoken, with written statement) and when the participants will be debriefed. If "No" please provide an explanation of why debriefing is not necessary. Provide a copy of the debriefing statement as an attachment, if relevant.

19. Data collection methods: Describe data collection methods to be used (e.g., survey instruments - **copies must be submitted as attachments**), the types of data to be collected (e.g., electronic, hard copy, video), where it will be stored and for how long, who will have access to the data and any security protections that will be put in place.

This study involves recruiting employees within CHD's Goodwin House program, which is a substance use program for youth and focuses on reducing/terminating their use of substances to successfully reintegrate into the community. One educational in-person training group session for 30 minutes will take place at the start of this study to educate participants (staff) on the purpose of the RORST (see Appendix C & D), benefits of this tool, and how to administer it to clients. Staff will be instructed to administer it to at least one youth in the program. One 20-minute in-person group interviews will be conducted to obtain feedback on their thoughts of the overall questionnaire and their thoughts on the administration process (another 20 minute feedback session will be held for individual's who couldn't attend the first session). Refer to appendix E for the interview template. These interviews will be facilitated by the investigator (Jacob Dugard, OT/s). Investigator, Daniella Grimaldi, will assist by note taking during this process. No video will be used during the interviews.

The adolescents who are interviewed (see above) will participate in a group interview to obtain feedback on their thoughts of the overall questionnaire and interview process.

Interview data will be stored within secure, password protected filing systems on all investigators' computers for 6 years. All collected data will be de-identified without any participant names or identifiers. Hard copies of consent forms (see Appendix A) will be stored in the investigators' office in a locked cabinet for at least 6 years. Only the study researchers will have access to the files. None of the data that we may publish or present in any reports, presentations, or papers will include any information that can identify specific participants in this study.

20. In the space below, please provide a thorough description of the research procedure(s), including design, what specific procedures will be used in each phase of the study, etc.

This mixed-methods study (although primarily qualitative) will include gathering information and feedback on the reliability and relevance of the RORST questionnaire for the adolescent population experiencing challenges with substance use (see Appendix C & D). A parental consent form will be obtained for residents' to participate in this study (Appendix A). A convenience sample consisting of staff at CHD's Goodwin House program (for adolescents experiencing difficulties with substance use) will be recruited to participate in this study via a recruitment email (see Appendix F). Staff who express interest in participating will be provided with a hard copy of the consent form (see Appendix A). A 30-minute group training session will be provided at the start of the study to educate participants on the purpose of the RORST, benefits of utilizing it, and how to administer it to clients. Staff will be encouraged to administer it to at least one youth. No identifiers will be listed on the questionnaire. One, in-person group feedback sessions lasting 20-minutes (another session will occur if needed) will occur to obtain staffs' feedback on the overall layout of the questionnaire, relevance, etc. to the targeted population (refer to Appendix E for guiding interview questions). Their experiences of administering it to one individual will also be discussed.

Another in-person feedback group lasting 20 minutes will occur with adolescents participating in the study to discuss their feedback on the overall content of the interview, relevance, etc. (refer to Appendix I for guiding interview questions).

Once feedback is received, the questionnaire will be modified to accommodate for the feedback. Qualitative data gathered from the feedback sessions will be coded to identify themes by all investigators and any discrepancies will

21. Are you applying for an exemption? Yes No

NOTE: If "Yes" please submit the Exemption Code # in the space below, citing your specific reason. For a listing of reasons, go to <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html> (Refer to 46.104.)

46. 104.d.2.i: All data collected will be anonymous and remain confidential. There will be no identifiers in the data collected.

22. Online Training Requirement

The IRB has a mandatory training requirement prior to protocol approval. Training is conducted through the Collaborative Institutional Training Initiative (CITI) Program. Instructions on how to access this training can be obtained at <https://www1.wne.edu/academic-affairs/institutional-review-board.cfm>. **Please attach a current copy of your certificate to your application submission.**

23. Assurances:

I certify that I have read and followed the the Belmont Principles (<http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>) and the American Psychological Association's* ethical principles concerning research with human participants (<http://www.apa.org/ethics>). I will adhere to the policies and procedures explained therein. Should changes in the procedure or consent form described above (or in related documents) become advisable, I will submit them to the IRB for approval. I understand that the responsibility for the ethical conduct of the study rests with the responsible faculty investigator. I agree to report any participant complaints that may arise to the IRB.

NOTE: It is strongly recommended that all researchers consult the education training materials available on human subjects research protection at: <http://www.hhs.gov/ohrp>.

(*Departments or Colleges/Schools that have established their own Human Subjects Committee may substitute the appropriate professional organization's ethical guidelines for research after approval from the IRB.)

1. Responsible Project Investigator's Signature:	Alexis Morin, OT, OTD, MOT, OTR	Date <input type="text" value="05/30/2023"/>
2. Investigator's Signature, If Different	Jacob Dugard, OT/s	Date <input type="text" value="05/30/2023"/>
3. Investigator's Signature, If Different:	Daniella Grimaldi, Site Supervisor	Date <input type="text" value="05/30/2023"/>
4. Investigator's Signature, If Different:		Date <input type="text" value="05/30/2023"/>
5. Investigator's Signature, If Different:		Date <input type="text" value="05/30/2023"/>

You may not begin conducting any aspect of the proposed study until such time as you have received written approval for the proposal.

Parental Consent Form

Western New England University
College of Pharmacy / Health Sciences
Parental Informed Consent Form

Title of Study:

Application of the Risk of Relapse Screening Tool (RORST)

Primary Investigator/Institution:

Jacob Dugard OT/s, Dr. Alexis Morin, OT, MOT, OTD, OTR, Western New England University

Introduction

We are inviting your child to participate in a research study. This study has been approved by the institutional review board (IRB) at Western New England University (WNEU). Your child is invited by Jacob Dugard, OT/s, to participate in this study to assist in modifying the Risk of Opioid Overdose Screening Tool. The name of the new tool is titled, Risk of Relapse Screening Tool (RORST). This research consent form explains why this research study is being done, what is involved in participating, the possible risks and benefits of participation, and your child's rights as a participant in this study. This study will take place from April 2023 to June 2023 in partnership with the Occupational Therapy Department in the College of Pharmacy & Health Sciences at Western New England University. Please read this form carefully and ask any questions that you may have.

Purpose of the Study

The purpose of the study is to determine the benefits of the Risk of Relapse Screening Tool (RORST) and to modify the questions to target the adolescent population. This form of screening tool has been developed and used to assess the risk factors relating to relapse. The RORST questionnaire has also been developed to assess an individual's readiness to transition to the community after rehab or a community treatment program. If you decide to consent, your child will be interviewed using the RORST and will then take part in a group session to obtain feedback on the interview process. Your child will be asked to give feedback regarding the relevance and structure of the questionnaire. The information given will be evaluated after the interview session.

Description of the Study Procedures

If your child is eligible and consents to participate in this study, you are agreeing to:

1. Be interviewed by a staff member.
2. Provide feedback on what it was like to be interviewed and on the types of questions asked.

Risks or Discomforts of the Study

There are risks to participating in any research study. It is unlikely that your child will be at risk for any physical or psychological harm because your child participated in this study. You may find the questions or the interview to cause distress and/or fatigue. You may decline to answer any questions and you may voice concerns to the investigators at any time.

Benefits of Being in the Study

We cannot promise that your child will benefit from this research study. It is our goal to use the information we gather and use it to improve the ability to properly transition to the community in the substance abuse population, including people taking part in the study. You and your child will receive no payment for participating in the study.

Costs of Being in the Study

There will be no cost for your child to participate in the study. We will not bill your insurance.

Confidentiality

Research studies have a risk for some loss of privacy. To help prevent the loss of privacy, your name and your child's name will not be recorded on any study documents. We will assign a research identification number to all participants which will be included in all study documentation. All records will be kept strictly confidential. Hard copies will be stored in a locked cabinet in the primary investigator's office for six years. Only the study staff, Dr. Alexis M. F. Morin, Jacob Dugard, OT/s, and Daniella Grimaldi, will have access to the files. None of the data that we may publish or present in any reports, presentations, or papers will include any information that can identify you as a participant in this study.

The results of this research study may be published in a medical book or journal or used to teach others. However, your name and your child's name or other identifiable information will not be used for these purposes without your specific permission. None of the information that we may publish or present in any reports, presentations, or papers will include information that can identify you as a participant in this study.

Right to Refuse or Withdraw

The decision for your child to participate in this study is entirely up to you. You have the right to choose not to sign this form. You can stop being in the study at any time. Tell the research investigator immediately if you are thinking about having your child stop.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study before, during, or after the research. If you have any questions about the study at any time, please contact Jacob Dugard OT/s at 774-262-

3354 or jacob.dugard@wne.edu or Dr. Alexis M. F. Morin at 413-782-1445 or alexis.morin@wne.edu.

If you wish to speak to the Institutional Review Board (IRB), then please contact Dr. Jessica Carlson, Professor of Psychology and Chair of the WNEU IRB, Jessica.outhouse@wne.edu or via telephone at 413-796-2325 or Dr. Minna Levine, College of Pharmacy / Health Sciences, Member of the IRB at minna.levine@wne.edu. This research project has been reviewed and approved by the Western New England University Institutional Review Board.

Statement of Consent

Your signature indicates that you understand this form and you have decided to volunteer for this study. It also indicates you have read and understood the information provided here. You have had a chance to ask any questions you had. You are older than 18 years of age.

You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators. The original signed consent form will be stored in a locked room in a secure location for a minimum of six years.

Parent/Guardian Signature: _____ Date: _____

Your name (Print): _____

Investigator's Signature: _____ Date: _____

Assent Form for Minors

Assent Form for Minors (older children aged 13-17)

Project Title: Application of the Risk of Relapse Screening Tool

Investigator: Jacob Dugard OT/s, Alexis Morin, OT, OTD, MOT, OTR

We are doing a research study about modifying the Risk of Relapse Screening Tool (RORST). A research study is a way to learn more about people. If you decide that you want to be a part of this study, you will be asked to be interviewed by a staff member (about 30 minutes) and attend a group session to provide feedback (about 20 minutes).

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too.

There are some things about this study you should know. This interview will help us to understand if you found the RORST interview helpful and feel it applies to you. This interview will also help us understand your transition to the community.

Not everyone who takes part in this study will benefit. A benefit means that something good happens to you. We think these benefits might include a successful transition to the community.

When we are finished with this study, we will write a report about what was learned. This report will not include your name or that you were in the study.

If you decide you want to be in this study, please sign your name.

I, _____, want to be in this research study.

(Print your name here)

(Sign your name here)

(Date)

Investigator's Signature: _____ Date: _____

CITI Trainings


Appendix B: CITI Training certification

Jacob Dugard



The image shows a CITI Program certification certificate. At the top left is the CITI PROGRAM logo, which consists of a globe icon and the text 'CITI PROGRAM'. To the right of the logo is a world map. Further right, the following information is listed: Completion Date 06-Jul-2021, Expiration Date 05-Jul-2024, and Record ID 43095986. Below the logo and map, the text reads 'This is to certify that:'. Underneath, the name 'Jacob Dugard' is printed in bold. Below the name, it states 'Has completed the following CITI Program course:'. The course details are listed as: 'Biomedical Research - Basic/Refresher (Curriculum Group)', 'Group 2: Biomedical Researchers (Course Learner Group)', and '1 - Basic Course (Stage)'. To the right of the course details, there is a small box with the text 'Not valid for renewal of certification through CME.'. Below the course details, it says 'Under requirements set by:'. The institution name 'Western New England University' is listed below that. At the bottom right, the CITI logo is repeated in a larger font, with the text 'Collaborative Institutional Training Initiative' and the address '101 NE 3rd Avenue, Suite 320, Fort Lauderdale, FL 33301 US, www.citiprogram.org'. At the bottom left, there is a verification URL: 'Verify at www.citiprogram.org/verify/?w472ca405-a16c-45e1-8293-da1a989aa1cb-43095986'.

Daniella Grimaldi



Completion Date 03-Apr-2023
Expiration Date 03-Apr-2026
Record ID 55236111

This is to certify that:

daniella grimaldi


Has completed the following CITI Program course:

Social & Behavioral Research - Basic/Refresher
(Curriculum Group)
Group 3: Social-Behavioral-Educational Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Western New England University

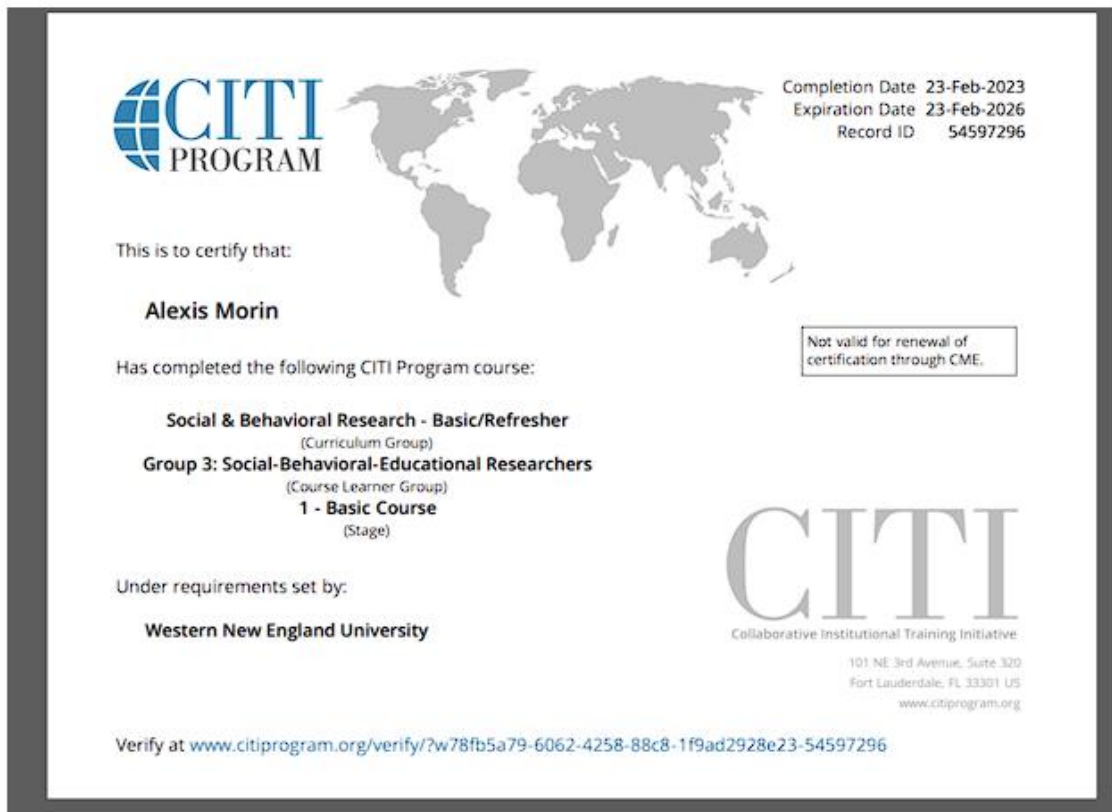
Not valid for renewal of certification through CME.



CITI
Collaborative Institutional Training Initiative
101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?wcd4ffd42-095b-43f7-b158-04df7c24354a-55236111

Dr. Alexis Morin



Feedback Template

1. Did you feel like the questionnaire applies to you?
2. Were you able to read the questionnaire thoroughly?
1. Was the questionnaire concise and accurate?
2. Were any of the questionnaires triggering in any way to you?
3. Any suggestions as to what I should add/take out in the questionnaire?
4. Are there any other factors that were not included that may enforce relapse?
5. Are you satisfied with the questionnaire?
6. Were the instructions clear enough for you to read?
7. Did you feel the questionnaire adequately addresses risk of relapse? If not, what can be improved upon?
8. What triggering factors were not included in the questionnaire that you think should be included?

Recruitment Email

Dear Goodwin House Staff,

My name is Jake Dugard, and I am an occupational therapy student from Western New England University. I am working towards my doctorate in occupational therapy and facilitating a project, which focuses on developing a questionnaire to assess individuals' risk of relapse. This research project has been approved by the University's IRB. This project includes modifying a previously created questionnaire, requesting that staff administer it to at least one youth without any client identification information, and interviewing staff to gain feedback on the questionnaire. All information gathered will be confidential and no names will be included in the findings to the public.

I am interested in interviewing staff members from the program in order to determine the relevance, readability, and clarity of the questionnaire. If you decide to participate in this study, you will take part in a 30-minute training session, two short group sessions to obtain your feedback on utilizing and administering a screening tool I developed titled, Risk of Relapse Screening Tool (RORST). The interviews will be about 20 minutes long and will be performed in-person via two feedback session groups.

Please let me know if you have any questions or would like further information on this study. Please email me affirming your interest in participating in this study at jacob.dugard@wne.edu.

Thank you,

Jacob Dugard OT/s

Supporting Letter

To whom it may concern,

This letter is to inform you that I, Daniella Grimaldi, support Jacob Dugard in completing his capstone research project at CHD's Goodwin House. I give permission for the residents to be given the questionnaire. Mr. Dugard will be allotted an opportunity to meet with both staff and residents to complete his research over the course of his capstone and will collaborate on the development of the Risk of Relapse Screening Tool to support and to support the residents and staff.


Sincerely,

Daniella Grimaldi

Adolescent Feedback Template

1. Did you feel like the questionnaire applies to you?
2. Was the questionnaire concise and accurate?
3. How did you feel during the questionnaire?
4. Is there any topic related to you that should be added to the questionnaire?
5. Was the questionnaire accurate and concise? If not, how can it be?

Appendix E: Learning Objectives

 <p>WESTERN NEW ENGLAND UNIVERSITY WNE</p> <p>COLLEGE of PHARMACY and HEALTH SCIENCES</p>	<p>Department of Occupational Therapy</p>
<p>Doctoral Experiential Capstone Learning and Evaluation Plan</p>	
<p>Document a formal evaluation mechanism for objective assessment of the student’s performance during and at the completion of the doctoral experiential component. The student, the faculty mentor, and the site mentor collaborate to ensure completion of the doctoral experience.</p>	
<p>Student Name: Jacob Dugard, OT/s</p>	
<p>Doctoral Experiential Site and Address: Center for Human Development (CHD), Goodwin House, 187 Fairview Ave, Chicopee MA</p>	
<p>Doctoral Experiential Dates: April 10, 2023 – July 14, 2023</p>	
<p>Doctoral Experiential Site Mentor: Daniella Grimaldi, MS</p>	
<p>Doctoral Experiential Faculty Mentor: Dr. Alexis M. F. Morin, OT, OTD, MOT, OTR</p>	
<p>Doctoral Experience Mentor’s expertise relevant to this Doctoral Experiential: She has worked and done research within the mental health field.</p>	
<p>Description of the Doctoral Experiential: This DEx project focuses on developing a questionnaire/assessment tool (i.e., modifying the ROOST) to target individuals with substance use disorders readiness to change behaviors. This questionnaire will be developed for males, ages, 13-17 years, living in a residential program who are attempting to reduce and terminate substance use. This questionnaire aims to be created in an accurate, concise, and relevant manner to appropriately utilize it with the target population. In addition to identifying their readiness to change, the questionnaire seeks to determine barriers that make recovery difficult and future treatment options. Staff will administer the created questionnaire to the youth in the program. Feedback will be sought about the questionnaire after administration to allow for proper revisions for accuracy. Education and educational materials will also be provided to Goodwin House to help increase quality of life and decrease the risk of relapse of males within this program. Creating a questionnaire that is geared towards this vulnerable population will allow for clinicians to identify barriers to substance use prevention and reduction earlier in the therapeutic process. In turn, this will enhance clinicians’ ability to assist clients with overcoming identified barriers to be successful in their occupational functioning.</p>	

<p>WNE OTD Objective #2: <i>Document a needs assessment for a particular population and use said assessment as the foundation for planning a successful Doctoral Experiential Capstone Project. Additional evidence will include feedback from consumers that indicates the impact of the project on the population they represent.</i></p>	<p>Conduct a needs assessment with clinical and direct care staff members on areas of need via in-person interviewing and share findings with the team by April 28, 2023.</p> <p><i>Evidence of Accomplishment to be completed by student and verified by site mentor.</i></p> <ul style="list-style-type: none"> - Collected data on areas of improvement related to how client barriers to reducing substance use are currently identified within the program and how relevant their current methods for measuring this are. -Met with site mentor, program director, clinicians, and staff to discuss data obtained and analyzed from the needs assessment. -Collaborated with site mentor, clinicians, program director, and staff to identify at least two resources of need for the target population and/or for staff to utilize to better assist clients during the therapeutic recovery process. 	<p>MIDTERM</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention <p>FINAL</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention 	<p>MIDTERM: Jacob has discussed with various staff members about their perceived barriers to substance use treatment and relapse prevention. Jacob has analyzed this data and added it into his needs assessment. Jacob has discussed with site mentor about these barriers.</p> <p>FM: Positive feedback has been received from site mentor regarding his collaboration on all DE related activities and ability to initiate tasks and obtain feedback.</p> <p>FINAL: Throughout the DE process, Jacob collaborated with the site mentor, program director, and staff to discuss data needed for the needs assessment. Within his educational website, he identifies more than two resources of need for the target population to assist clients with the recovery process.</p>
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<p>WNE OTD Objective #3: <i>Demonstrate proficiency and professionalism with the use of personal computers, learning platforms, zoom meetings, etc. to fully document and implement Doctoral Experiential Project for WNE as well as for members of the population served.</i></p>	<p>Develop DE materials (consent form, recruitment email, questionnaire/assessment tool) utilizing technology and in electronic formats to assist with ease of access, use, and administration by April 21, 2023.</p> <p><i>Store</i> obtained information and data from this DE project electronically while following patient and staff security and safety by July 7, 2023.</p> <p>Develop E-portfolio documenting experiential project in progress and share with site mentor by July 7, 2023.</p> <p><i>Evidence of Accomplishment to be completed by student and verified by site mentor.</i></p> <ul style="list-style-type: none"> -Developed DE materials (consent form, recruitment email, questionnaire/assessment tool, etc.) utilizing technology and discussed with site mentor to receive additional feedback. -Stored data collected along with consent forms electronically while ensuring security and safety to prevent potential occurrences for breach of confidentiality. - Included documentation and paperwork from experiential project in E-portfolio and organized materials appropriately in an electronic format. 	<p>MIDTERM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accomplished <input checked="" type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention <p>FINAL</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention 	<p>MIDTERM: Jacob has developed all de materials and revised them with site mentor, however he has been waiting on IRB approval to begin administering the questionnaire and store all information and include information into e-portfolio. He has kept all materials he has created in a stored location and kept everything confidential.</p> <p>FM: He has recently obtained IRB approval and will begin research tasks.</p> <p>FINAL: Jacob developed all DE materials throughout this process. These included the consent form, recruitment email, the RORST questionnaire, the scoring manual/instruction sheet for the questionnaire, and the educational website. Jacob stored this data securely to ensure the safety and autonomy of this study. He implemented the documentation and paperwork into his E-portfolio in an electronic format.</p>
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<p>WNE OTD Objective #4: <i>Recognize and be able to describe the diverse systems of service delivery that are most cost-effective and considerate for health, social, and educational settings, both traditional and nontraditional. Through both clinical and reflective writing, be able to articulate a sensitivity to cultural, linguistic, and other diversities and describe solutions for care disparities.</i></p>	<p>Provide education to staff about the stigma surrounding SUD and what the target population may face when reintegrating into the community by July 7, 2023.</p> <p>Develop assessment tool/questionnaire to identify target population's barriers to substance use prevention utilizing language that best meets the needs of the population by July 7, 2023.</p> <p><i>Evidence of Accomplishment to be completed by student and verified by site mentor.</i></p> <p>-Developed a brochure of inclusivity regarding the substance use population including relaxation strategies and relapse prevention techniques.</p> <p>-Delivered an in-service to staff on the stigma surrounding SUD and how they can best support the population to overcome this challenge.</p> <p>-Designed questionnaire utilizing health literacy concepts and targeting the questionnaire to meet the population's needs.</p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input checked="" type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input checked="" type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM: Jacob is still working on developing the educational brochure and has shared his progress with the site mentor so far. Jacob is still working towards creating an in-service presentation about the stigma surrounding SUD. Jacob did create the RORST questionnaire, however, it has not been implemented yet due to waiting for IRB approval.</p> <p>FM: Jacob worked on the manual, scoring, and RORST questionnaire diligently while awaiting IRB approval. He will be implementing his in-service on 6/7 and begin administering the questionnaire week of 6/5. Educational brochure will be shared with this FM to review and provide feedback by 6/30/23.</p> <p>FINAL: Jacob switched the brochure to a website to be more accessible and organized, however, he included all of the required information such as relapse prevention, healthy alternatives to substance use, etc. He implemented his in-service verbal presentation and will provide the outline of the topics discussed. Jacob completed the RORST questionnaire using healthy literacy concepts gathered from CHD.</p>
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<p>WNE OTD Objective #5: <i>Demonstrate the ability to work with others to identify meaningful objectives, organize, manage, and motivate people and resources, communicate effectively, and oversee action to accomplish stated program or service goals.</i></p>	<p>Engage in interprofessional collaboration by obtaining feedback and input on questionnaire/assessment throughout the DEx process by May 5, 2023.</p> <p>Provide 1:1 direct staff support (education, motivation, etc.) using effective communication to provide any education or answer questions/concerns as they trial the developed tool with clients by June 23, 2023.</p> <p><i>Evidence of Accomplishment to be completed by student and verified by site mentor.</i></p> <p>-Tracked conversations with all staff members and obtained feedback on performance during DEX.</p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input checked="" type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input checked="" type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM: Jacob has engaged with various staff members about what support they may need and will continue to do so. Jacob has engaged in interprofessional collaboration with staff to receive feedback on the questionnaire and assessment tool.</p> <p>FINAL: Jacob has utilized feedback from interprofessional collaboration to answer or provide any education for staff members.</p>
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<p>WNE OTD Objective #6:</p> <p><i>Demonstrate the ability to implement existing programs, and plan for in developing programs, an occupational therapy process that is occupation-based, client-centered, culturally sensitive, and ethically appropriate.</i></p>	<p>Developing the proposed questionnaire will allow for a better understanding of what the individual needs when reintegrating into the community, provide information on the risk of relapse, and provide insight on what relapse prevention techniques may work best for everyone. While doing this, data will be collected on topics relating to substance users and individuals with trauma. This information will be implemented into the currently existing programs.</p> <p>Educate and train staff on how to work with substance users while utilizing an occupation-based approach, being client-centered, culturally sensitive, and ethical by July 12, 2023.</p> <p><i>Evidence of Accomplishment to be completed by student and verified by site mentor.</i></p> <p>- Finished revising and trained staff on how to implement ROOST questionnaire.</p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input checked="" type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input checked="" type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>Jacob is still working towards this goal as he is still collaborating with staff to gain information regarding the need for occupation-based approaches. Jacob has finished revising the RORST questionnaire and will need to educate staff on how to implement it.</p> <p>FINAL:</p> <p>Jacob completed the RORST questionnaire and educated staff on the purpose of the questionnaire. He also completed the scoring manual and instruction manual which he discussed with staff members as well.</p>
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<p>WNE OTD Objective # 7:</p> <p><i>Document an experiential and scholarly project that reflects the literature in restorative justice/community re-entry and use responsive, ethical methods. The scholarly process and results should be made accessible to the college and the community, especially to the population served by the project. A report of the project, presented in a professional format that others can replicate or build upon, will be evidence of accomplishment.</i></p>	<p>Utilize knowledge base and educational levels to create a relapse prevention & community re-entry questionnaire while being ethical. A professional reflection of the program will be developed to share with the community.</p> <p>Disseminate results of DEx components including the effectiveness of the assessment tool developed and resources created for youth with substance use disorders by July 7, 2023.</p> <p>Educate and train staff members on how to sustain developed programming/resources for substance users by July 14, 2023.</p> <p><i>Evidence of Accomplishment to be completed by student and verified by site mentor.</i></p> <p>- Implemented the RORST questionnaire and revised as needed.</p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input checked="" type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input checked="" type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>Jacob has finished revising the questionnaire and scoring manual; however, he has been waiting for IRB approval for implementation.</p> <p>FINAL:</p> <p>Jacob has implemented the RORST questionnaire at CHD with staff. He has taken the results and analyzed the data diligently. This allowed him to revise the questionnaire as needed.</p>
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<p><u>WNE OTD Objective # 8:</u></p> <p><i>Through both clinical and reflective writing, be able to articulate a clear awareness of my own personal and professional strengths and boundaries and identify supports and strategies for goal achievement.</i></p>	<p>Feedback and weekly/biweekly meetings will take place with the site mentor and staff to answer questions, go over the data and what is currently being worked on, and adjust as necessary. Take time each week to assess strengths, areas for personal/professional growth, and progress towards DEX goals.</p> <p><i>Evidence of Accomplishment to be completed by student and verified by site mentor.</i></p> <p>- Discussed with site mentor about my personal goals and what I can improve upon</p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input checked="" type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input checked="" type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>Jacob has met with site mentor formally biweekly with informal meetings every week. Jacob will continue to do this throughout the remainder of the DEX. (see mentorship log)</p> <p>FINAL:</p> <p>Jacob has met with his site mentor biweekly to discuss updates and anything that can be improved upon. (see mentor log). He has also initiated communication with staff throughout this process.</p>
<p><u>Student Objective # 9:</u></p> <p>Create a screening tool that addresses the needs of the target population.</p>	<p>Utilize information gathered from needs assessment to develop ROOST assessment/questionnaire geared towards the target population by April 26, 2023.</p> <p>Provide staff/client group training on administration, scoring, interpretation of score(s), and rationale of ROOST questionnaire by May 12, 2023.</p> <p><i>Evidence of Accomplishment to</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input checked="" type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input checked="" type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>Jacob has developed the RORST questionnaire and will provide staff group training on how to administer and interpret the questionnaire.</p> <p>FINAL:</p> <p>Jacob has completed the RORST questionnaire and educated staff on the purpose of the questionnaire. He also completed the scoring manual and instruction manual which he discussed with staff members as well.</p>

<p>Student Objective #10: Assess accuracy, effectiveness, and relevance of the ROOST assessment to determine strengths and areas of improvement.</p>	<p>Facilitate 1:1 in-person semi-structured interviews with staff to obtain their overall perceptions on the assessment and areas to strengthen by June 30, 2023.</p> <p><i>Evidence of Accomplishment to be completed by student and verified by site mentor.</i></p> <ul style="list-style-type: none"> -Developed questions for semi-structured interviews. -Scheduled and met with site mentor and at least 5 staff to conduct interviews. -Revised questionnaire based on qualitative feedback gathered. -Shared and discussed revisions with site mentor. 	<p>MIDTERM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accomplished <input checked="" type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention <p>FINAL</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention 	<p>MIDTERM: Jacob has developed questions for semi-structured interviews. Students have also discussed with various staff members to conduct interviews. Jacob has made revisions to the questionnaire based on their feedback and shared with site mentor. Jacob will make the last and final revisions to the questionnaire after it has been administered.</p> <p>FINAL: Jacob has met with staff members on behalf of the questionnaire and has adjusted according to their interpretation before the administration of the questionnaire. Jacob also held feedback groups with clients and staff to gather data pertaining to the structure and relevance of the questionnaire. Jacob discussed these findings with his site mentor.</p>
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<p>Student Objective #11: Advocate for occupational therapy's value and role within a substance use recovery program.</p>	<p>Educate staff and clinicians on techniques to assist clients with overcoming barriers to substance use recovery by providing education and verbal explanation of the role of OT by July 1, 2023.</p> <p><i>Evidence of Accomplishment to be completed by student and verified by site mentor.</i></p> <ul style="list-style-type: none"> -Assist with facilitating client life skills activities in 1:1 and/or group settings. -Role model therapeutic use of self and rapport building to staff. -Role model and demonstrate how to implement an occupation-based approach during recovery. -Recommend appropriate ideas for group/1:1 therapeutic session that provide the just-right-challenge and address functioning. 	<p>MIDTERM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accomplished <input checked="" type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention <p>FINAL</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention 	<p>MIDTERM: Jacob has assisted with life skills activities in mostly group settings and has recommended various ideas for therapeutic activities. Jacob has been a role model for building healthy relationships with the staff and the clients at CHD.</p> <p>FM: Jacob has positively engaged with youth and staff at CHD. He has offered unique recommendations to enhance functioning and the staffs' ability to carry out life skills training.</p> <p>FINAL: Jacob has engaged with the youth and staff at CHD while offering therapeutic input and recommendations on how to improve 1:1 interventions and group interventions. He has been a role model for OT throughout these 14 weeks as he assisted facilitate group activities.</p>
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<p>Student Objective # 12: Create an educational, multifactorial brochure/booklet with resources to support clients, families and loved ones overcome identified barriers from the ROOST assessment/questionnaire.</p>	<p>While collaborating with site staff and my faculty mentor, I will develop a booklet that touches upon all aspects of a healthy community transition. This booklet will have contact numbers for individuals to find jobs (if applicable), support groups, and housing. During the project, the booklet will be expanded upon and added to create a diverse connection of resources for substance users, and individuals who have faced trauma and incarceration. This will also be a resource for families and staff to use by July 7, 2023.</p>	<p>MIDTERM <input type="checkbox"/> Accomplished <input checked="" type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL <input checked="" type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM: Jacob has been working on the multifactorial brochure throughout the DEx process and will finish in late June.</p> <p>FINAL: Jacob has developed his multifactorial website that includes resources, educational materials, relaxation techniques, relapse prevention planning, and successful community entry information. He has shared this document with his site mentor.</p>
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Initial Approval by Site Mentor/Student/Faculty Advisor:

I agree with the above stated objectives and feel that all learning objectives are obtainable within the fourteen (14)- week timeframe. I believe that the stated objectives encompass all aspects of the student role in this doctoral experience. I understand that the site mentor or student can add additional objectives at any time as the situation and experience dictate with approval of the faculty advisor. Any objectives that are proposed to be removed will need to be approved by the faculty advisor approval.



Site Mentor Signature	Date	Student Signature	Date
<i>Daniella Grimaldi</i>	5/25/2023	<i>Jacob Dugard</i>	5/25/2023

OTD Faculty Mentor	Date	<i>Alexis Morin</i>	
<i>Alexis M. F. Morin, OT, OTD</i>	5/25/2023	OTD Doctoral Experiential Coordinator	Date _____

Final Site Mentor / Student Evaluation

Site mentor evaluation of student performance (Identify if all objectives have been met. If yes, please comment on students' achievement for each objective. If no, please identify why goal not met):

Jacob did a great job throughout his time here at CHD. Jacob was able to connect with staff & clients. He approached everyone with a

smile and has built great relationships with everyone here at the Goodwin House. It was important to note that being athletic helped him with engaging in client activities such as basketball, football, and other sports/movement activities. Jacob worked diligently on his schoolwork throughout the 14 weeks here at CHD. Jacob was not only motivated and dedicated to working hard on his schoolwork, but he also created a schoolwork: client-work balance. Jacob engaged and implemented himself within the program work instead of strictly just working on school assignments. He has been a wonderful intern and asset to CHD, and we all wish him the best of luck in his career.

All objectives that were set forth have been met over the course of Jacob's time at Center for Human Development's Goodwin House. Jacob has been able to discuss the purpose of the RORST questionnaire, administer it with staff and clients, analyze the data, and make a corresponding educational resource website that he has shared with me in order to support the residents.

Student evaluation of Site mentor, experience and self (Please comment on opportunities provided, supervisory relationship and individual performance):

Daniella Grimaldi has made this experience incredibly valuable. She was there to support me when I needed it, assisted me with working with clients, and assisted me with my project. I am grateful for this opportunity as I worked with staff to facilitate group therapy sessions, assist with intakes, run movement/sport activities, assist with life skills development, assist with transitions, go to AA/NA meetings with clients, and participate in staff trainings at CHD. I also had the opportunity to run an in-service presentation on the development of the Risk of Relapse Screening Tool, administer it, and analyze the data.

Please check one:

- All the learning objectives have been accomplished and I recommend that he student Pass the Doctoral Experience.
- The Student has NOT fulfilled the objectives for the Doctoral Experience and is NOT recommended to pass



Daniella Grimaldi 7/13/2023
Site Mentor Signature Date

Jacob Dugard OT/s 7/13/2023
Student Signature Date

Alexis M. F. Morin, OT, OTD, MOT, OTR

Alexis M. F. Morin 7/14/2023

Alexis M. F. Morin, OT, OTD, MOT, OTR
OTD Faculty Mentor Date: 7/13/2023

OTD Doctoral Experiential Coordinator Date

This form is adapted from those used by the Ohio State University (2018) and Boston University (2018).