

**STRATEGIC APPROACH TO PSYCHOTHERAPEUTIC INTERVENTION
WITH MALE INSTITUTIONALIZED WHITE ADOLESCENTS
TO CONTROL ABSCONDING**

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CONSTRAINTS

Upon request an edited recording of the transcriptions included in this report will be made available to the examiners. The audiotape has not been submitted routinely for two reasons, viz.,

- (1) Absconding contravenes the regulations of the school selected for the study. The possibility of voice identification is slim. Nevertheless, the researcher is concerned about confidentiality and believes that there could be detrimental consequences for the subjects should there be a breach of security with respect to the audiotape.
- (2) The school is a custodial institution. Both senior staff members and the representative of the Department of Education and Culture, House of Assembly, have requested that every effort should be made to protect the identity of the subjects to avoid compromising future social and vocational opportunities.

An undertaking has been given to the subjects and the Department of Education and Culture, House of Assembly, that the audiotape will be destroyed as soon as the report has been examined.

Absconding, i.e., escaping from a distressing situation by way of least resistance, is a primitive response, particularly if there is no definite aim or well-planned route ... absconding has become a veritable plague.

W.A. Willemse (1938:45)

The method described is to have the therapist accept and take over the delinquent behaviour within an institutional setting. The youth is not advised to give up his delinquent behaviour, such as a plan to escape, rather he is encouraged to talk about his plan with the therapist. The therapist then points out how inadequate this plan is and suggests changes to help him escape more successfully. However, he draws a line at personal participation. He will not provide a key, pointing out that he is not fool enough to get actively involved in this endeavour and jeopardise his position. ... The result is the abandonment of unsocial behaviour and a rather intense involvement of the youth with his therapist so that more traditional therapeutic techniques can be used.

Haley (1963:65)

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ABSTRACT

Using a systems theoretical orientation, the objective of this study was to implement a strategic approach for psychotherapeutic intervention with six male institutionalized white adolescents at a local custodial school. It was hypothesized that a strategic approach would control absconding for the duration of the investigation.

Surveys of the literature were undertaken to provide the background to psychotherapeutic intervention with adolescents in custodial institutions, strategic psychotherapy and absconding. Absconding was selected as the condition for evaluating the interventions because it was an unambiguous indicator of school-based recidivism, viz., the adolescent was either on the property or he was not.

The study was structured as a design-and-demonstrate investigation. Audiotape recordings were made during the sessions. Transcriptions of characteristic procedures and sequences of the strategic approach to psychotherapeutic intervention were presented, inter alia,

- paradoxes
- reframing
- metaphors
- rituals
- the declaration of therapeutic impotence

Evaluation of the interventions was based on follow-up interviews with the subjects and a qualitative analysis of risk of absconding over the course of the intervention process. At the end of the investigation there was some evidence which suggested that five out of the six subjects were not as committed to absconding as they had claimed to be at the beginning of the study.

The design of the study did not allow for the conclusion that the strategic approach for controlling absconding was of greater merit than any other form of intervention or no intervention at all. It was noted, however, that twelve of the eighteen potential subjects for the study indicated that they would abscond as soon as the opportunity arose. Therefore it was recommended that the issue of absconding be given priority in therapy on the admission of each new pupil.

Given a strategic approach to addressing the issue of absconding in therapy, attention was drawn to a major aim of this type of intervention, viz. , to generate a sense of personal autonomy. Hence a further recommendation was that once a pupil had made a commitment not to abscond, his sense of autonomy would need to be supported by an expeditious transfer to one of the more open hostels.

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CHAPTER ONE

APPROACH TO AND AIMS OF THE STUDY

1.1 Introduction - Strategic Approaches to Psychotherapeutic Intervention

A distinctive feature of the various approaches to strategic therapy is that the interventions are specifically designed to solve a particular problem. There is an emphasis on clarification and negotiation for attainable goals. The client-configuration (individual or family) is a significant partner in this goal-setting process. The designed interventions are usually indirect. Straightforward injunctions are deemed to be ineffective because of previous failed interventions. In sum, the objective of the strategic approach, generally based on the therapeutic paradox, is to achieve the same goals using indirect methods.

1.1.1 Haley and Madanes

Strategic therapy as espoused by Haley (1963, 1967, 1976, 1980, 1984) and Madanes (1981) is rooted in the work of Milton Erickson. In the introduction to Erickson's teaching seminar, Zeig notes that "Erickson's work was characterized by indirection" (Erickson, 1980 : xxvi). Using anecdotes, storytelling and deliberate modulation of non-verbal cues, Erickson communicated with his clients on multiple levels. That is, Erickson's work is based on the premise that, to be effective, "Therapeutic communication does not have to be clear, concise and direct" (Erickson, 1980 : xxviii). The aims of the intervention are precise and explicit; this is not necessarily the case for the methods used to meet those goals.

Haley (1963:179) rejects the assumption that insight is a necessary, if not sufficient, condition for therapeutic change.

He cogently argues that "many types of psychotherapy - such as the conditioning methods and some styles of hypnotic and directive therapy - do not include encouraging self-understanding at all. It would appear that the 'cause' of psychotherapeutic change has not been explained to everyone's satisfaction". In Haley's opinion "the 'cause' of change resides in what all methods of therapy have in common - the therapeutic paradoxes which appear in the relationship between the psychotherapist and patient".

In his later work, Haley (1976, 1984) elaborated on the relationship aspect and the use of the paradox in therapy. The therapeutic relationship and the setting is emphasized to define the encounter as one in which change will be facilitated. This metamessage, however, is contrary to directives given to increase or to merely observe the problem. That is, the message of the directive for 'no change' is qualified by the metamessage that change is the goal of therapy.

Detailed analysis of the use of the paradox in therapy is reserved for discussion in chapter three. A distinction will be drawn between relationship, communications, interactional and behavioural paradoxes.

1.1.2 The Milan School

The Milan school, as exemplified by the work of Palazzoli and her colleagues, Checchin, Prata and Boscolo (1978,1984), focusses on strategic interventions with family systems. Therapists of the Milan school subscribe to the view that "the family system is more than the sum of its parts, and that the (family) system as a whole can be the focus of therapy. The symptoms of individual members of the family thus become simply manifestations of the way the family system is functioning. Concentrating on them, rather than on the wider systems issues, will not bring about their resolution" (Barker, 1986 : 171).

Commenting on school-based interventions, Palazzoli (1984:299) nevertheless conceded that a research group working under her auspices experienced considerable difficulties in "trying to provoke changes in the school by means of similar interventions to those developed ... in the therapy of families". Therefore, for this study, methods such as the counterparadox, 'positive connotation' when reframing so that symptomatic behavior is redefined as a potential asset, the prescribing of rituals and the 'declaration of therapeutic impotence' (Palazzoli et al., 1978) were used despite the contention of the Milan school that the 'symptoms' of an individual require a systems intervention if the problem is to be addressed adequately.

1.1.3 MRI Brief Therapy Model

Ursana and Hales (1986:1507) state that "Brief psychotherapy is distinguished from long-term treatments by the time limits placed on the endeavour. The time limit in brief psychotherapy gives unique characteristics to the treatment and distinguishes it from long-term psychotherapy and psychoanalysis". Brief therapy, as practised at the therapeutic centre of the Mental Research Institute (MRI) has a problem-solving bias in which the "aim is to produce behavior change" (Weakland et al., 1977 : 287). The approach, however, is not behavioristic in the sense of using structured contingencies to modify symptomatic responses. Rather the problem is conceptualized from the perspective of a dynamic 'systems of interactions' in which "problem behavior persists only when it is repeatedly reinforced in the course of social interaction between the patient and other significant people ... moreover it is often just what the patient and these others are doing in their efforts to deal with the problem ... that is most important in maintaining it" (1977 : 285).

A reluctance to become involved in precipitous change, regular 'homework', paradoxical instructions in which the behavior

prescribed would seem to defeat the therapeutic goals and the use of interpersonal influence are characteristic of MRI Brief Therapy Model. In accord with an observation of Madanes (1981:5) the approach of the MRI is not dependent on the people who attend the sessions. Weakland et al. (1977:291-292) state that "even when we see only the identified patient, we see the problem in terms of some system of relationships ... Our point is that effective intervention anywhere in the system produces changes throughout, but according to what the system offers, one person or another may be more accessible to us, more open to influence, or a better level for change in the system".

The issue of using a relational perspective for the conceptualization of the problem, albeit the therapist is restricted to working with an individual, was a crucial consideration for this study. The selected school is a custodial institution. Hence, working with the adolescents' family system was not a viable option. Further, taking cognizance of Palozzoli's (1984) finding that strategic interventions derived from family therapy were somehow inadequate for intervening in school systems, the study was based on interventions, using strategic methods, at the level of the individual. A major assumption shared with the Haley-Madanes and MRI approaches outlined above is that intervention at the level of the individual has implications for all the other relevant structures and processes in the adolescents' interactional system.

1.2 Orientation to the Study

1.2.1 The School

The selected school is the only institution in South Africa that accepts white adolescents who have been sentenced by the court to participate in a programme for full-time rehabilitative intervention.

The programme offered by the school emphasizes the structuring of the pupil's daily routine so that basic physical (housing, clothing, safety), educational (academic, vocational) and recreational (sport, cultural activities) needs are met. Further, social and emotional needs are catered for by a low pupil-to-staff ratio (approximately 3:1), and the creation of a predictable environment. Despite uniformity with respect to many aspects of the pupils' lifestyle, however, a sincere effort is made to view each pupil as an individual who requires a unique management approach.

The staff's approach to individualized intervention is two-fold. First, class placements, curriculum and subject choice, and promotion, are negotiable throughout the year. Second, academic and hostel staff are trained to be responsive to the pupils' requests for help with their problems. In addition, formal psychological intervention offers several options, inter alia, psychodynamic therapy, behavior modification, reality therapy and client-centred counselling.

1.2.2 Motivation for the Study

Pupils at the school approach the psychologists for help with a wide variety of problems. However, premature withdrawal from therapy, due to absconding, is a consideration that the therapist has to bear in mind during all interventions. Given the client population, this study arose out of a review of the literature to find an approach in which the 'need to defy' (Herbert, 1987: 119) could serve as a basis for intervention. The strategic orientation, which aims to enhance personal autonomy, was deemed to be the most suitable approach for this purpose.

1.3 Problem Statement

Although the structured programme of the school is intended to

facilitate personal growth and compliance with socio-cultural norms it would seem that the programme and setting may in some way be inadequate for controlling absconding and/or that many of these adolescents could be refractory to change for autonomous inhibition of the urge to abscond. The issue arose of whether an approach to psychotherapeutic intervention, which accommodated the interactional style of the 'tumultuous growth' subgroup of adolescents (Kaplan and Sadock, 1981:843; Erikson, 1968) could be effective for controlling absconding.

The strategic approach suggested itself for this purpose because emphasis is placed on actively working with non-compliance by 'going with the client's resistance', and the 'one down' power position of the therapist (Frankl, 1960; Haley, 1963, 1976, 1980, 1984; Weeks and L'Abate, 1982). In brief, by focussing on the personal power of the client, strategic interventions aim to facilitate second order change, i.e. change of control structures and interactional dynamics, as opposed to first order change, i.e. change based on information input to facilitate client problem-solving (Watzlawick et al., 1974). Assuming that the strategic orientation could promote second order change, it was hypothesized that such interventions would control absconding for the duration of the study.

1.4 Aims of the Study

1.4.1 Primary Aims

To explore and report on the strategic approach to short-term psychotherapeutic intervention with six white male institutionalized adolescents to broaden the intervention options for controlling absconding.

1.4.2 Secondary Aims

To provide input to the senior staff of the school on the strategic approach to psychotherapeutic intervention.

1.5 Research Method

1.5.1 Approaches to the Investigation

The investigation was a pilot study and was structured as design-and-demonstrate research. The descriptive format was used for reporting on the investigation. Permission was granted by a representative of the Department of Education and Culture, House of Assembly, to undertake the study.

1.5.2. Literature Reviews

A review of the literature for approaches that fall under the rubric of strategic therapy was conducted. A computer-assisted survey of the literature was undertaken in order to establish the rate of absconding for adolescents placed in custodial institutions. A second computer-assisted survey of the literature was undertaken to locate available studies which referred to the use of strategic therapy with adolescents.

1.5.3 Case Material

Audiotape recordings were made of all the sessions. Therapeutic interventions that illustrated selected strategic procedures and sequences were transcribed for inclusion in the report. Odendaal (1983:27) has noted that for the pubescent child "confidentiality is regarded as suspect". For the subjects of this study confidentiality was a major issue because absconding is a punishable offence at the school. Therefore, the contract with

the subjects included a clause that, other than the selected excerpts, taped material from the sessions would be destroyed on a weekly basis. Social welfare reports were used to check the biographical details of the subjects. No other material from these report was used during the investigation.

1.5.4 Evaluation

An evaluation of the interventions was based on follow-up interviews with the subjects. Further, a qualitative evaluation of risk of absconding over the course of the investigation was undertaken. It was beyond the scope of this study to evaluate the effectiveness of the strategic approach for controlling absconding in comparison with other types of intervention.

1.6 Organization of the Study

- 1.6.1 Chapter One: Approach to and Aims of the Study
- 1.6.2 Chapter Two: Theoretical Orientation;
Literature Review
- 1.6.3 Chapter Three: Theoretical Exposition:
Strategic Approaches to Intervention
- 1.6.4 Chapter Four: Implementation of the Interventions
- 1.6.5 Chapter Five: Limitations and Recommendations
- 1.6.6 Bibliography
- 1.6.7 Addenda

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL ORIENTATION

2.1 Systems Theory

Von Bertalanffy (1968) has defined a 'system', at its simplest level, "as a complex of interacting elements" (Barker, 1986:37). No distinction is made between living and non-living systems. Closed systems are those in which the system is separated, by means of an impermeable boundary, from the larger systems of the environment. In contrast, open systems have semi-permeable boundaries which allow for system-environment links. Hence changes in the environment can alter processes and the relationships of the parts to the whole of the open systems contained within it. Similarly, changes in an open system can impact on the environment.

2.1.1 Historical and Philosophical Background

General systems theory, as outlined by von Bertalanffy (1968), Miller (1969) and others, was based on "a complex of mathematical propositions about the properties of systems" (Barker, 1986:38). Systems theory as elaborated on in the work of Gregory Bateson (1979), Fritjof Capra (1975) and Humberto Maturana (1970, 1978), found these mathematical models to be of limited usefulness. Nevertheless, they have explored the properties of living systems in an attempt to develop a more comprehensive way of thinking about the interrelationships between organic parts and processes.

Bateson (1979) has postulated that matter (e.g. neural structures) and mind (e.g. language based cognitive processes) are dual facets of the same phenomenon. He argues that "biological patterns and communication patterns (are) the same 'stuff'", viz., the transformation of matter into energy and

energy into information (Plas 1986:12). Bateson, therefore, expands on the Aristotelian notion of body and mind as an inseparable nexus in which structure reflects function and function reflects structure. For Bateson, however, neither body nor mind is regarded as having an independent existence. Rather they are transformed end-states of the same entity.

A vital feature of Bateson's view is that biological phenomena cannot be understood in isolation. These phenomena are embedded in a complementary interplay of transformations in which there is mutuality of influence between structures and processes. Further, in living systems theory this mutuality principle has been generalized and is held to be characteristic within and between all systems. That is, physical, psychological and social phenomena are assumed to be framed by the interdependent relationships, interactions and transformations in which they occur.

Capra (1975) has drawn attention to the continuities between the unity postulate of eastern philosophy, viz., all phenomena are connected and inter-related, and developments in modern physics. An essential premise of the phenomenological perspective proposed by Capra is that "all reality ... can only be known through a description of its relationship to other phenomena" (Plas, 1986:14). An epistemological axiom derived from this perspective, in conjunction with Heisenberg's 'uncertainty principle' of physics, is that there is an interdependent relationship between observing and the phenomenon being observed. In sum, there is a unity between the observer and the observed for the scrutiny of shared experience.

The contribution of the unity axiom to systems thinking is two-fold. First, nothing can be known objectively and/or independently. In the act of observing phenomena on-going processes are disrupted. Second, to report on these observations, language is used to structure experience. Language itself, however, has no objective existence. Semantics and

syntax are a created artifact to facilitate shared meaning in communicating about observations. That is, language does not reflect a fundamental reality. On the contrary, reality is a negotiate "life world" (Valentine, 1982:157) in which language bridges the gap between the observer and the observed, and the observer and another, binding them together in a unified, if time-limited, whole.

Maturana (1970,1978) concurs with the views of Capra on the nature of reality but he extends the argument. Maturana (1978) rejects the assumption that external features of an objective world determines how we perceive it, "We are fundamentally incapable of perceiving the world objectively. Worse, we can have no valid grounds for contending that there is an objective reality that exists independent of us". He maintains, instead, "our structure determines how we perceive or bring forth our world" (Dell, 1986:229). In short, Maturana is suggesting (1) that objectivity is a 'myth', and (2) structural limitations will determine how we construe our shared reality which has no descriptive existence other than in our shared perceptions and explanations.

The implications of the foregoing arguments are substantive. Psychology as a discipline had its origins in philosophy. Early twentieth century developments, however, led to a positivist frame of reference. It was believed that if sufficient scientific rigour was applied, psychology could emulate the progress being made in the natural sciences using an empirical approach for examining phenomena.

Despite the significant contribution made by experimentalists to our understanding of human functioning, systems thinking challenges the limitations of the positivist approach for examining issues such as multiple causality, the emergent properties of the dynamically related parts of a social network and the validity of various frames of reference for organizing experience (Mouton, 1988:37-39). Similarly, Wassenaar (1987a:28)

has concluded that an empirical approach may be incompatible for research of phenomena conceptualized from the systems perspective.

2.1.2 Assumptions and Postulates

Systems theory "provides us with a series of related definitions, assumptions and postulates about all levels of systems According to Miller (1969), systems are bounded regions in space and time, involving energy-interchange among their parts which are functionally related. A system consists of a number of part aspects or elements which are interdependent. Such interdependence implies interaction, organization and integration." (van Heerden, circa 1974:4).

Major assumptions of systems theory are:

- A system is more than the sum of its parts. It has emergent properties that are unique and which cannot be inferred from the characteristics of its parts.
- The parts of a system are dynamically related and interact reciprocally with one another.
- A change in one significant part of a system, structural and/or functional, will lead to a dynamic reorganization of other parts of the system.

Major postulates of systems theory are:

- Systems are nested within environmental suprasystems. Further, these systems have elements, termed subsystems.
- Systems are governed by rules that order the relationships and patterns of interactions between the parts.

- Communication within and between systems is maintained by cybernetic feedback and feedforward loops for the transfer of energy and information. Information is coded as signs or symbols to represent objects, events and/or processes.
- The dynamic complexity of systems requires an interdependent and multivariate approach to causality in which the relationship between these variables is deemed to be circular.
- In a closed system the boundary is impermeable and there is no energy interchange across the boundary. An entrophic state is reached when energy differentials between the element are levelled and a static state is arrived at. In open systems the boundary is permeable or semipermeable and there is a dynamic interchange of energy across this boundary. Energy differentials are maintained in a negentropic steady state for a high degree of organization and information interchange.

2.1.3 Major Theoretical Concepts

From the systems perspective complex social phenomena are regarded as a 'gestalt' in which the relations of the parts to the whole, and the properties of the whole, are examined holistically. Observation of patterns and rules, analysis of circular causality and descriptions of regulatory mechanisms, then, are some of the essential characteristics of the systems paradigm.

(a) Patterns and Rules

Plas (1986:173) defines a pattern as "an identifiable arrangement of relationships. It can be a theme or a form. Patterns have recognizable gestalts; that is, the arrangement of the relationships within a pattern produce an organization that is

experienced as a whole". Rules are defined as "patterns of behavior that are formally or informally prescribed. They are codes or customs. Rules regulate the patterns of relationships within human systems". Essentially rules are patterns of a special type which govern codes of conduct for transactional relationships within and between social systems. Patterned sequences of behavior, based in rules, tend to be repetitive, self-perpetuating and generally follow a typical progression given activating cues.

Repetitions of parts or the whole of behavioral sequences gives rise to redundancies. That is, behavioral sequences with no unique attributes. These redundancies allow for the identification of the particular patterns and rules of any given system. The focus of concern on interactions between the parts of the system may vary. The format of these interactions, however, is usually characteristic. This format determines the channels of energy and information exchange on the basis of inter and intra-system relationships.

An impasse is reached when interactional strategies are continually redundant and when there is no way of exiting from the system. Such redundancies prevent the system from moving to a new level of organization. Thus, a nonprogressive steady-state is maintained in which there is minimal behavioral variation and attempts at problem-solving are of the 'more of the same' genre (Watzlawick et al., 1974:31).

(b) Circular Causality

Circular causality is premised on the mutuality of influence between the parts and processes of a system. Linear causality, in contrast, excludes the possibility of reciprocal effects. That is, an antecedent event A can cause a subsequent event B. Event B, however, has no rebound causative implications for event A. A light blow with a reflex hammer can elicit a knee-jerk but a knee-jerk cannot activate the hammer. Circular causality, on

the other hand, "is the term used for the situation that exists when event B does effect event A. Thus, if person A tells another person B to do something, and that person does it, this in turn will affect the behavior of person A - who, for example, may then be more likely to ask B to perform the task again when the need arises" (Barker, 1986:39).

It is apparent that a significant distinction between linear and circular causality is that circular causality involves teleological considerations. In the second example above, person B would have had to consider the purpose and consequences, not necessarily in awareness, of compliance or non-compliance. In either event, person B's response may causally influenced person A's demands in the future.

The example of circular causality can be extended by assuming that person B delegated the task so that it was carried out by another person C. In this instance the influence of person B on person A would have been mediated by the response and influence of a third party. It is thus conceivable that a multitude of intervening events could create such a 'distance' between person A's demand and the mutual causal influence of person B's response, that the relationship between the two would be obscured and each would consider themselves as autonomous and acting independently of the other. Given this possibility, van Heerden (circa 1974:6-7) imparts the following caution "To talk of a system (or an element of a system) in terms of autonomy or even relative autonomy is logically incompatible with systems theory".

(c) Regulatory Mechanisms

Early work in the field of cybernetics was based on the study of sophisticated mechanical and electronic systems. The approach attempted to delineate the mechanisms by which these systems modulate themselves. The concept of feedback loops was first mooted by Weiner (1948). He suggested that systems are

characterized by an input - central processing - output sequence. It was hypothesized that this sequence was regulated by multiple control circuits which served to integrate the structures and processes of the system for optimal functioning. McFarland (1971) expanded on Weiner's work to include feedforward as well as feedback mechanisms. McFarland argued that feedforward was an essential construct for including descriptions of the goal-attainment feature of living systems (Barker, 1986:35-36).

Van Heerden (circa 1974:9-10) notes that "The interaction of complex living systems with its suprasystem must inevitably rely on the operation of a cybernetic cycle. If we postulate that a system tends towards a certain equilibrium or end-state (goal) and if we assume that the use of information is available to the system in effecting such an end-state, then it logically follows that the interplay between information-input and energy-outputs constitutes a control (regulatory) system".

This interplay has been summarized by van der Hoorn (1987:13) as follows:

- The steady state of the system is disturbed (input).
- Energy-output is required to return the system to either its former (morphostasis) or a new (morphogenesis) steady state. This energy-output takes the form of goal-directed behavior.
- By means of information feedback the system is able to determine whether the desired steady state (goal) has been achieved. If not, a further energy-output will follow.

A distinction is made between negative and positive feedback. Negative feedback "negates the deviant behavior of the system". That is, "it causes a system to return to a state of equilibrium". Positive feedback, in contradistinction, "will cause the system to deviate progressively from the desired end state ... (positive) feedback 'affirms' deviant behavior instead

of negating it" (van Heerden, circa 1974:10-11). In sum, negative feedback is an inhibitory mechanism by means of which the system maintains self-regulated control, whereas positive feedback leads to the disinhibition of regulatory processes.

Cybernetic theory posits that one consequence of the disinhibition of control is that the system would be destabilized. The resultant disequilibrium could subsequently lead to the 'runaway phenomenon'. That is, attempts at regulating deviant processes by means of negative feedback could entail over-correction, contributing to further disequilibrium until negative feedback was no longer an effective mechanism for restabilization. Under such circumstances the system is likely to become highly disorganized. Further interactional strategies are liable to remain recursive, thereby preventing manoeuvres for both morphostasis and morphogenesis.

In its colloquial sense the system will be 'stuck' as evidenced by minimal behavioral variation and restricted problem-solving. van Heerden (circa, 1974:11) emphasizes this point, "we must realize that the factor which causes a self-regulating system to maintain or to lose control, is its potential for corrective strategic moves, and not the feedback per se. Strictly speaking it is not the feedback which is either negative or positive, but the cybernetic cycle as a unit".

2.1.4 Theories of Change

For this paper two models of change will be considered. First, the cybernetic feedback loop model of Phillips and Weiner (1966) and the metacybernetic model as outlined by Keeney and Ross (1983). Second, the model of first and second order change as proposed by Watzlawick et al., (1974).

The prototype model of cybernetic change of Phillips and Weiner (1966) "suggests that by changing one or two small elements in

the (feedback) loop ... a self-defeating or entrophic loop may be corrected without having to analyze unconscious processes" (van Heerden, circa 1974:29). It is assumed that if a small number of loop changes can disrupt the feedback sequence, then the subsequent behavioral progression will be altered. Reversing the negative trend of a vicious cycle by means of specific and unilined interventions (i.e. feedback loop disruption) exemplifies this approach.

In contrast to this lineal perspective of cybernetic change, Keeney and Ross (1983:377) propose that the relationship between systemic change and stability is complementary. That is, systems "must change to maintain stability or, as seen from the other direction, remain stable in order to change". From this complementary perspective, a higher order of cybernetic change emerges. Higher order cybernetics emphasizes that change is not simply a matter of intervening to reverse or replace maladaptive feedback loops with adaptive ones. On the contrary, one task of when precipitating change is to conserve the stability of the system as a precondition for that change, and to ensure that the intervention for change will facilitate, ideally, a new order of stability.

In terms of higher order cybernetics, then, a system is defined as "one which encompasses a recursive, complementary relation between processes of change and stability ... (and) interventions attempt to facilitate a more adaptive pattern of organization ...

FIGURE 1
CHANGE: HIGHER ORDER CYBERNETICS



Where the cybernetic system at time 2 is more adaptive than it was at time 1" (Keeney and Ross, 1983:377).

Watzlawick and his colleagues (1974, 1978) have made major theoretical contributions for an alternative to the cybernetic model for an understanding of the nature of change. Their work is based on a model derived from communications theory: First order change, as conceived of by Watzlawick et al. (1974:10-11), is the outcome of information input to support problem-solving. Although there may be behavioral variations, the system itself remains unchanged. Second order change, on the other hand, aims to alter the structure and interactional dynamics of the system by introducing 'change of change'. "(It) involves a change of attitude, or a reframing of the situation, so that things are perceived differently. It goes beyond the application of logical, rational measures to something much less logical, like laughing at one's earlier attempts to try harder, or even employing a totally paradoxical approach" (Barker, 1986:52). In brief, first order change is based on a 'more of the same' approach in which the focus remains on the initial problem. Second order change attempts to create an alternative reality in which the 'solution becomes the problem' so that changing the solution, not the problem, become the focus for an intervention (Watzlawick et al., 1974:31-39).

In cybernetic terms lineal interventions seem to correspond with Watzlawick's construct of first order change whereas higher order cybernetic interventions suggest some degree of congruence with the construct of second order change. It should be noted, however, that the relationship between the cybernetic formulation for change and Watzlawick's proposal of first and second order change are not regarded as a restatement of the same concepts in different terms. Using Bateson (1979) notion of 'abductive reasoning', the contention is that primary and higher order change is to cybernetic theory what first and second order change is to communications theory.

Watzlawick et al. (1967) have outlined some 'tentative axioms of communication'. Barker (1986:46-49) has summarized them as follows:

- It is impossible not to communicate.
Even in silence messages are conveyed by means of contextual and/or non-verbal cues.
- Communication has relationship aspects, as well as content.
- Punctuation is an important feature of communication.
Punctuation refers to relationship between the initiator and respondent in complex interactional processes in which uncertainty may arise as to what or who instigated the communicative sequence.
- Communication may be divided into digital and analogic varieties.
In digital communication messages are coded into spoken or written words. Analogic communication includes all non-verbal communication such as gestures, posture, facial expression, tone of voice and dress. Congruent digital and analogic messages affirm one another; incongruent messages qualify each other.
- Symmetrical and complementary interaction.
When an interaction is symmetrical the participants are on an equal footing. Complementary interaction occurs on the basis of inequality.
- Communication may be paradoxical.
Watzlawick et al. (1967) defined a paradoxical communication as a 'contradiction that follows correct deduction from consistent premises'.

Examples of paradoxical remarks are, 'I am lying' or 'be spontaneous'.

(Barker, 1986:46-49)

Further reference to these axioms will be made in the theoretical exposition section. For this discussion on the nature of change, however, the distinction between digital and analogic communication is relevant. Watzlawick (1978:23-24) has suggested the following. First order change is expedited by the 'digital language' of the left cerebral hemisphere. That is, logical reasoning and analytic cognitive processes which are serially linked to form linguistically meaningful sequences. Second order change, based on right cerebral hemisphere functioning, is facilitated by the use of 'analogic language'. That is, abductive reasoning for the appreciation of metaphors and puns, and synthetic cognitive processes for a holistic grasp of verbal and non-verbal patterns and gestalts.

While Watzlawick may, himself, be a victim of one of the 'terrible simplifications' (1974:40) of which he writes (i.e., a denial of the complexities of interaction in systems), the distinction between digital and analogical communication does seem to be useful. It draws attention to the incongruence that arises when verbal statements and non-verbal cues qualify one another. Such incongruence is bound to have a profound effect on the interactions involved in a change process.

2.1.5 Evaluation and Implications for this Study

Thus far many multifactorial human problems have proved to be intractable to analysis using current scientific methods. Lilienfeld (1978:8-12) has suggested that the theoretical developments of the systems perspective were derived from what Pepper (1970) has termed 'root metaphors'. Of the six such metaphors described by Pepper, Lilienfeld maintains that the ones of 'contextualism' (i.e., order imposed on chaos by limiting the examination of phenomena to specific contexts) and 'organicism' were the most influential for the orientation towards systems thinking.

The 19th and first half of the 20th century conceived of the world as chaos. Chaos was the oft-quoted blind play of atoms, which, in mechanistic and positivistic philosophy, appeared to represent ultimate reality, with life as an accidental product of physical processes, and mind as an epiphenomenon. It was chaos when, in the current theory of evolution, the living world appeared as a product of chance, the outcome of random mutations and survival in the mill of natural selection. In the same sense, human personality, in the theories of behaviorism as well as of psychoanalysis, was considered a chance product of nature and nurture, of a mixture of genes and an accidental sequence of events from early childhood to maturity.

Now we are looking for another basic outlook on the world - the world as organization. Such a conception - if it can be substantiated - would indeed change the basic categories upon which scientific thought rests, and profoundly influence practical attitudes.

(von Bertalanffy in Lilienfeld 1978:7-8)

It is apparent that von Bertalanffy was referring to the 'organicism' metaphor for his contention that the major feature of systems is their 'organized complexity'. Given the high on infinite number of permutations that can be conceived of, it would seem that systems theory is offering a perspective that is more comprehensive for examining social phenomena than theories based on an ecological model. That is, the systems perspective suggests that an atomistic approach to contextually connected phenomena is untenable because attempts at integrating the findings would still fail to account for the properties of the system as a whole.

Assuming that the transition from the 'contextualism' to the 'organicism' metaphor is the quintessential contribution that the systems approach could make to psychological theory and therapy, the author nevertheless concurs with Barker (1986) that some of the basic tenets of systems theory require empirical validation

and are at present more 'articles of faith' than the "result of the consideration of scientific data" (1986:271).

2.2 Psychotherapeutic Intervention with Institutionalized Adolescents.

2.2.1 Rationale for Custodial Care

Removal of a youth from parental care is a contentious issue. Küpper-Wedepohl (1980:1-2) states that retribution and rehabilitation are two of the major reasons for the institutionalization of anti-social youths. She argues that neither function is well-served by placement in custodial care. Community placement and community service for restitution are suggested as alternatives (1980:13-14). The argument of Gross (1985:29) is similar. McLachlan (1986:352), with specific reference to South Africa, notes, "Despite the choice of several welfare dispositions intended for the benefit of child offenders, in practice these are not sufficiently utilized by the courts. The shortage of probation officers, children's homes, 'places of safety', and reformatories severely curtails the use of these options". In addition, McLachlan raises the objection, "certain options, such as reformatories, are not always an improvement on prisons, and children may spend far longer in reformatories than in prisons for the same offence". From the foregoing statements it is inferred that McLachlan, like Küpper-Wedepohl and Gross, would subscribe to a community treatment programme in preference to custodial care.

McLachlan's contention that a child's stay at a reformatory may extend beyond that of a period of confinement in prison is not in dispute. However, in the author's view, the purpose of custodial care in a reformatory differs substantially from that of holding a child in prison. The former is biased towards rehabilitation, albeit facilities and resources may be limited, whereas the latter emphasizes retribution.

Hoghugh (1978:9) observes that there is a small number of children "who strain and stretch to distraction everyone who tries to cope with them. Because they do not just go away or receive miraculous cures overnight for the troubles they experience and present, they lurch from one receptacle to another until they reach a place (from) whence they may not part". This observation is in accord with the views expressed by Schlebusch (1979b; 1981a). Secure facilities for such children may offend those who believe that restructuring in the community alone can attenuate most, if not all, anti-social behaviour. From the systems perspective a predominantly environmentalist intervention for a complex phenomenon like non-compliance with socio-cultural norms could be regarded as being imbalanced.

Von Bertalanffy, to reiterate, has rejected the 'contextualism' thesis. It is unlikely that he would be in accord with the view that behaviourally disordered children are solely "a chance product of nature and nurture, of a mixture of genes and an accidental sequence of events from early childhood to maturity" (1968:187). The author's interpretation of von Bertalanffy's 'organicism' thesis is that a restructuring of the relationships and dynamics of all of the systems that impinge on the child, as well as attention to the child as a psychophysical system in his own right, would be necessary to address the issues of children with extreme problems.

Accepting the 'organicism' thesis, simplistic explanations for behavioural deviancy are avoided. The perspective demands consideration of interrelated and multifactorial variables when accounting for destructiveness, violation of the rights of others and cruelty. In addition, the magnitude of the change required, both on the part of the youth and the social systems of origin, is not underestimated; nor is it predicted that such change will be expeditious.

Keeney and Ross (1983:377) have postulated that some stability is

a precondition for change and some change is a precondition for stability. This suggests that, in systems terms, custodial care would be appropriate if the community social systems of the behaviourally disordered youth were destabilized to the extent that morphostasis in the foreseeable future was unlikely or, alternatively, when the conduct of the child was impeding morphogenesis of the systems of origin. The beneficial effect of institutionalization under such circumstances is that the child as a system and the social systems of origin would be given the opportunity to reestablish a steady-state by enforcing regulatory control over information-input and energy-output.

Stated simply, the purpose of custodial care would be to disrupt detrimental cybernetic cycles by creating minimally permeable boundaries between the child in the institution and social systems in the community setting. Consequently, this separation of the youth from his systems of origin should ideally allow for some stability as a precursor for developing more adaptive patterns of organization and interaction in the future. In this regard, Wassenaar (1987b:95) has also noted that the youth "ostensibly behaves in such a way as to alienate him/herself from the family of origin, (but) their deviance actually results in prolonged and intensified engagement with the family".

It has been argued that disengagement by means of custodial care, may be a necessary condition for change. The contention, however, is that such a approach is not sufficient. Herbert (1987:260) comments, "A variety of residential projects have emerged in recent years that adopt a less sanguine view of the permanence and internalization of change ... a growing number emphasize the need for integrated programming with the subject's family and local community to enhance the likelihood of success". That is, it is being mooted that custodial care can be effective in the short-term but suprasystem intervention, within the family, peer and vocational systems, is a prerequisite for the maintenance of change in the long term. It is suggested, therefore, that the mutuality principle and unity axiom which

underpin the 'organicism' perspective are being recognized for intervention with behaviourally disordered children even if this has not yet been fully articulated in the literature.

2.2.2 Psychotherapeutic Intervention

Rutter and Giller (1983) are of the opinion that few studies investigating the efficacy of psychotherapeutic interventions with disruptive adolescents meet acceptable research standards, "While these studies vary in rigour and quality of the intervention, the balance of evidence ... suggested that counselling and psychotherapy are not particularly effective methods of intervention" (1983:284). In discussing features which contributed to the poor quality of many of the studies, Rutter and Giller cite small sample size, lack of or inappropriate control groups and simplistic outcome measures as limiting factors. In addition, they raised the issues of the nature of the interventions and whether the intervention, as planned, actually took place. In short, what was the exact form of therapy and, even given that the treatment plan was outlined in explicit and comprehensive detail, what were the continuities and discontinuities between intervention planning and intervention implementation.

Overall, Rutter and Giller (1983:283) concluded, "Behavioural interventions ... seemed to offer most promise of effective methods of dealing with delinquent behaviour ... to that extent, the claim that 'nothing works' is seriously misleading". A popular form of behavioural intervention for institutionalized adolescents has been the introduction of 'token economies'. Based on operant principles, the approach is favoured because the individual has some choice of reward for his compliant behaviour. Jesness et al. (1975:27-36) compared the outcome for two residential programmes - one based on a token economy and the other in which the psychodynamic approach of transactional analysis was used. The results were equivocal. There was some

indication that unsocialized youths who tended to be passive responded more positively to the token economy programme, whereas the transactional analysis programme was of marginally greater benefit for the manipulative youths. However, the difference of outcome for the two groups was not statistically significant.

Schlebusch (1979:57-60) cogently argues that behaviourally disordered youths are a heterogeneous group. Nevertheless, for practical purposes his taxonomy posits two major subgroups, viz., 'characterological conduct-disordered sub-types' and 'symptom neurotic conduct-disordered sub-types'. The findings of the study by Jesness et al. indicated that the former group may respond marginally better to behavioural interventions whereas this latter group, given their tendency for anxiety and a capacity for introspection, may show some progress using an insight approach to intervention. Schlebusch (1979:65), citing the findings of Levitt (1971), however, concurs with Rutter and Giller, who state that "conduct disorders generally do not respond well to the more traditional treatment procedures" (1983:287).

In particular, Rutter and Giller (1983:284), after extensively reviewing the research, commit themselves to the view that "long-term unfocussed counselling is without value as a method of preventing delinquency". In a footnote they comment that the studies which they reviewed generally regarded counselling as a preventative measure. However, many of the youths had already been convicted before they received the counselling. Therefore, based on subsequent recidivism rates it could be inferred that unfocussed counselling, aimed at exploring the youths' feelings, beliefs and past history as motivating factors underlying their non-compliant behaviour was of dubious efficacy for intervention.

In contrast to the counselling approaches to intervention, Glasser (1965, 1969) focusses on the present rather than on past problems. Glasser's reality approach is premised on the notion that many of the difficulties of behaviourally disordered youths

are related to disturbed social relations, poor problem-solving skills and deficient self-control. In brief, the youths do not take responsibility for their actions and, therefore, cannot establish a 'success identity' based on acceptance by others and feelings of positive self-esteem.

The reality approach does not generally accept that outcome measures of the effectiveness of the approach are appropriate because the aim of the interventions is to enhance personal fulfilment, happiness, and a meaningful contribution to society. Glasser and Zunin (1979) believe that there are no empirical methods for measuring such factors. Thus Corsini (1979:329) comments, "There have been no long-term significant studies on the effectiveness of reality therapy in outpatients. At the Ventura School for Girls (residential), some changes in statistics indicated that the institution of reality therapy in the programme significantly reduced the recidivism rate".

Of note is that reduction in the rate of recidivism is at best only an indicator of those youths who subsequently come to the attention of the authorities because of non-compliant behaviour. At worst, these rates give no indication of continued maladjustment that does not warrant investigation because the youth has reached an age when his actions no longer constitute a statutory offence. It is in this sense that Rutter and Giller (1983) contend that the outcome measures of many of the studies investigating the various intervention methods with behaviourally disordered youths are simplistic. In summing up findings on approaches at the individual level, Cullinan et al. (1983:22) conclude, "At one time or another almost every conceivable type of intervention has been tried with juvenile delinquents. The popularity of efforts to rehabilitate delinquents appears to go through repeating cycles of enthusiasm and disillusionment ... and few intervention programmes have proven value".

Tolan et al. (1986:620), in their review of systems orientated interventions with delinquent adolescents, have also noted that

there is a paucity of sound research in this field, "Much of this research ... has been carried out in a piecemeal fashion and reported in a disparate array of journals, hindering coordination and comparison of subject matter". Nonetheless, they were able to locate eight studies which compared systems interventions, based on family therapy, with various forms of individual therapy. Of the eight studies, however, only three compared an individual with a systems orientation within a residential setting, contributing to their relevance for this study. The findings of these studies were as follows:

TABLE 1
FAMILY THERAPY COMPARED TO OTHER THERAPIES

STUDY	SUBJECTS		INTERVENTIONS ³		RESULTS
	n ¹	CHARACTERISTICS ²	FAMILY THERAPY	COMPARED TO	
Maskin (1971)	60	1st,R,M	Family, communications-orientated treatment for 6	Work orientated program for 6 months, 4 months follow up	Significantly more recidivism among work S's
Springfield (1977)	52	R,D,M	6-26 sessions of family therapy to foster family acceptance of members and develop open communication, group therapy and educational program	Group therapy and educational program only	25% recidivism for family therapy condition vs,43,8% for comparison
Bogard and French (1978)	156	D,R	Behavioural contracts, family sculpting, role playing	Problem solving activities	71% of family therapy S's returned hom vs. 39% of other condition, 44% recidivism for family therapy S's vs. 64% for other condition, family therapy program less costly

1 : Total number of families (treatment and control)
 2 : 1st - first offender, R-residential, M-male, D-delinquent
 3 : Number of sessions and treatment components described according to detail presented in the original manuscript

(Adapted: Tolan et al., 1986:638-639)

Reference was not made to the original papers cited in the tabulations. All the studies, however, were based on an experimental design. Maskin (1971) and Springfield (1977) only used one behavioural outcome measure to evaluate the effectiveness of the intervention, viz., recidivism. Bogart and French (1978) used two behavioural outcome measures, viz., release from custodial care and recidivism. Taking cognizance of the limitations of rate of recidivism as a criterion for claiming that an intervention is successful, the validity of the results of the first two studies in particular is suspect. Further, it is unlikely that the youths acting as controls for Maskin's study would have considered a work orientated programme as therapeutic in the same sense as resolving family issues could be regarded as therapeutic. Rutter and Giller (1983:288) note that there is a distinction between therapeutic and correctional regimes associated with institutional programmes. Work programmes are usually associated with the latter. The findings of the study by Springfield (1977) could have been confounded by using a combination of family, group and educational programmes. Only the educational programme may have been an individual intervention in the sense that each youth was possibly given a personal choice in terms of curriculum planning. In the author's view neither of these studies seems to have any great merit for claiming that family interventions are more effective than individual ones.

Bogart and French (1978) made a clear distinction between the two forms of therapeutic intervention offered to the experimental and control groups. In addition, sample size and the use of the behavioural measures for outcome evaluation lends some credibility to the claim that the family intervention was more successful than the individual intervention. A 71% return of youths to their families is a noteworthy achievement and could prove to be a promising indicator for future research. Unfortunately the tabulated results do not indicate what proportion of the recidivists were of the group that returned

home in comparison with the group that remained in custodial care.

In balance, the survey of the literature by Tolan et al. (1986) suggests that family interventions can offer a viable alternative to individual therapy with behaviourally disordered youths. The focus in this analysis has been on institutionalized adolescents, whereas Tolan et al. considered studies which included work on prevention and research with youths still in the home. Overall they concluded that family interventions seem to address the issue of the generalization of compliance with socio-cultural norms, which is a major limitation of the individual therapy approaches. However, their final summing-up is that "Further elucidation of major systems theories is needed to explain adequately delinquent behaviour as a function of the family system and its context" (1986:636). It is tentatively suggested that a fuller conceptualization of von Bertalanffy's 'organicism' thesis may be a point of departure for examining deviant behaviour and intervention using a paradigm that integrates individual developmental variants, family organization and the impact of sociological suprasystems into a unified perspective.

2.3. Absconding

2.3.1 Definition of Absconding

Definition of what constitutes an act of absconding is confounded by having to accommodate both social custom and legal considerations. Within any given social system one child-rearing task is the transmission of socio-cultural norms. There is the issue of what age a child must be for this no longer to be the prime responsibility of the system of origin. For children placed within a family system, biological and/or reconstituted, civil law works in conjunction with social custom for governing the rights of the child to exit from the system without incurring a penalty. Generally, the child who leaves the family system

before 16 years, of his own volition, is usually regarded as a 'runaway' (Knopf, 1979:387-389). After 16 years there are few social or legal injunctions which can force a youth to return to the system of origin against his will.

For the youth placed in a closed institution, however, criminal as well as civil legal codes govern his placement (Conradie and Cloete, 1982). Technically the youth is regarded as having absconded if he leaves the boundaries of the system before he has met the conditions set by the court for his release. Neither the injunctions of social custom nor civil law may have been violated. Nevertheless, the youth can incur further penalties for 'breaking bounds'. Therefore, for the purpose of this study, the term 'absconding' will refer to a breach by the adolescent with respect to meeting the court's rulings for his committal to the institution concerned. Further, absconding will be operationally defined as any act in which the youth has crossed over the physical boundaries of the property on which the institution is located.

2.3.2 Literature Review

The literature on absconding is sparse. Clarke and Martin (1971:15) note that Rose (1967) was only able to locate four studies when he attempted to summarize previous research in the United Kingdom. For their own work on absconding from approved schools (semi-closed systems), Clarke and Martin were only able to find one other study which they regarded as being of sufficient merit to make a meaningful contribution to research in the field.

As a measure of the pervasiveness of absconding from custodial care, Clarke and Martin (1971:9-12) graphically illustrated that the incidence of absconding between 1958-1968 increased by 30,12% while the total population of the approved schools was only marginally higher in 1968 than it was in 1956 (see appendix I).

They conceded that this increase may be attributable to the admission of a more "difficult population" but argued that it was more likely to be a reflection of "changes in the regime of the schools". That is, the transition from relatively closed to relatively open systems. The work of Keogh (1935) is cited by Clarke and Martin (1971:12) in support of this contention. For a Californian training school for boys Keogh recorded an incidence of 4,80% for absconding between 1919-1927 inclusive for the total population. During this period the emphasis was on the school as a closed system for custodial care. As the custodial function of the school was de-emphasized in favour of the rehabilitation of young offenders between 1928-1933 inclusive, the incidence of absconding rose to 17,29% of the total population. A distinction needs to be made when this figure is compared with the incidence of 39% in 1963 (n=886 boys) given by Clarke and Martin (1971:9). In the 1960's, approved schools in Britain were making the transition to the less restrictive approach of the schools as training centres set in the community (Clarke, 1968). In contrast, Keogh's study covers a period in which the transition was within the closed school system itself. The change-over was made from the school as an institution for retribution to an institution for educational and vocational rehabilitation.

In terms of the South African literature, Potgieter (1982:39) notes that for the period November 1981 to April 1982 absconding was the most frequent offence for which a boy was punished at the school under consideration for this study. Reference to the records for this investigation, 1 January to 31 December 1987, indicate that there were 134 incidents of absconding (n=95) during this period. Quantitative analyses were not undertaken to establish the incidence of absconding over the whole year. An accurate figure was not germane to this study. However, on 31 December 1987 there were 214 boys registered at the school. Forty-four boys were recorded as having absconded. That is, 20,56% of the youths were absent without leave on that day. This figure is likely to be somewhat higher than for the rest of the year because of the holiday period. A clear trend is that

absconding decreases just before school holiday leave, leave which is placed in jeopardy if a boy absconds. On 30 November 1987, 15,31% (registered: n=209; absconded: n=32) of the youths were absent without leave. These figures suggest that on any one day between 15-20% of the boys will not be available for the rehabilitative input which the court deemed to be in their best interests. This is commensurate as a range on Keogh's reported incidence of 17,29% for absconding from a closed, albeit supportive, school system.

In their brief review of the literature on absconding, Rutter and Giller (1983:290-292) note that "schools with disproportionately high absconding rates also had the worst re-conviction rates" (1983:290). This concurs with the findings of Cornish and Clarke (1975) and Clarke and Cornish (1978). Further, Rutter and Giller contend that although the rate of absconding has been shown to be systematically related to different management styles within institutions (Sinclair, 1971), the link between absconding and school 'failures' is most probably associated with other factors. As one of these factors, Rutter and Giller suggest that, "an absconder is more likely to get involved in further delinquent acts (stealing to get food or money). In this and other ways absconding itself increases the likelihood of one delinquent behaviour leading to another" (1983:293).

It seems reasonable to assume that a youth who absconds from a closed institution has limited access to resources to take with him. Koorts (1948:179) has observed, "Die wegloper maak baie selde vooraf planne om weg te loop". This suggests that the youth who absconds impulsively may be destitute in terms of meeting his basic physical needs.

A premise of this study was that lack of future planning is one contributory factor in predisposing youths to further anti-social behaviour after absconding which, in turn, has been shown in the research literature to be linked with increased rates of recidivism after release from such schools. In sum, accepting

that there are several negative consequences associated with absconding, the purpose of this study was congruent with the comment of Clarke and Martin, "if methods for reducing absconding could be developed without making the regimes more restrictive there is hope that the effectiveness of ... (the) schools ... would be improved" (1971:3).

2.4 Chapter Summary

A review of systems theory, on which strategic interventions are based, was undertaken. Attention was drawn to the mutuality principle (i.e., all biological, psychological and social phenomena have a mutual interactive effect on one another) and the unity axiom (i.e., all observed phenomena are related to one another). It was argued that these were implicit constructs underlying the theses of von Bertalanffy (1968) that all living systems are characterized by 'organized complexity' and that the 'organicism' metaphor is more appropriate than the 'contextualism' metaphor for the conceptualization of the structures, processes and emergent properties of living systems (Lilienfeld, 1978). The implications of this perspective for relativism, the validity of various viewpoints and a subject-dependent scientific approach were noted.

The major assumptions and postulates of systems theory were outlined, as were related core theoretical concepts, viz., patterns and rules, circular causality and regulatory mechanisms. Two systems-related models of change were presented. First, the cybernetic model which entails feedback and feedforward loops as regulatory mechanisms for living systems was reviewed. In addition, cognizance was taken of the metacybernetic proposal of Keeney and Ross (1983) that the relationship between systemic change and stability is complementary. Second, the model of first and second order change derived from communications theory was discussed (Watzlawick et al., 1974, 1978). Some of the tentative axioms of communication proposed by Watzlawick et al.

(1967) were summarized. Their distinction between 'digital' statements and 'analogic' cues was emphasized as a point of departure for further discussion in the next chapter.

The rationale for the custodial care of behaviourally disordered youths was examined. It was noted that despite the current trend for placing such youths in community settings, there remains a small group for whom institutional care, within a closed system, seems to be appropriate (Hoghugh, 1978). An overview of the literature on systems interventions with delinquent youths in the residential setting was undertaken. In comparison with interventions at the level of the individual, the results seem to be encouraging. Nevertheless, attention was drawn to the limitations of the studies for concluding that system interventions are more effective than traditional psychotherapeutic approaches for the treatment of youths in the custodial setting (Tolan et al., 1986).

The term 'absconding' was operationally defined to refer to any act during which a youth contravenes the terms of his committal order by crossing the physical boundaries of the property on which the school is situated. The literature on absconding was reviewed with particular reference to incidence and rate of absconding. The estimate figures for the school of this study seemed to be commensurate with those for what was then an apparently similar school in California (Keogh, 1935).

The association between rate of absconding and school 'failure' in terms of the re-conviction rate was noted. In addition, however, Rutter and Giller (1983) argue that this 'failure' is likely to be linked to other factors such as further delinquent acts subsequent to absconding. Koorts (1948) has observed that few youths undertake forward planning before they abscond. It was a premise of this study that lack of planning predisposes the youths to continued anti-social behaviour after they have absconded. Therefore, this study introduced pre-planning as an approach to intervention in an attempt to curb impulsive

CHAPTER THREE

THEORETICAL EXPOSITION: THE STRATEGIC APPROACH TO INTERVENTION

3.1 Strategic Therapy: Overview and Relevance for this Study

Barker (1986:73) notes that "There are many forms of strategic therapy, but in all of them the therapist devises a strategy to solve the problems of the client". A crucial feature of the strategic approach is that the intervention designed to bring about change is unique for each case, albeit the presenting problem may be the same over several cases. For this study the 'presenting problem' was an overtly expressed desire by all the subjects to abscond from the school. The purpose of the investigation was to work on planning with the subjects for meeting this goal. The strategies adopted, however, differed from case to case.

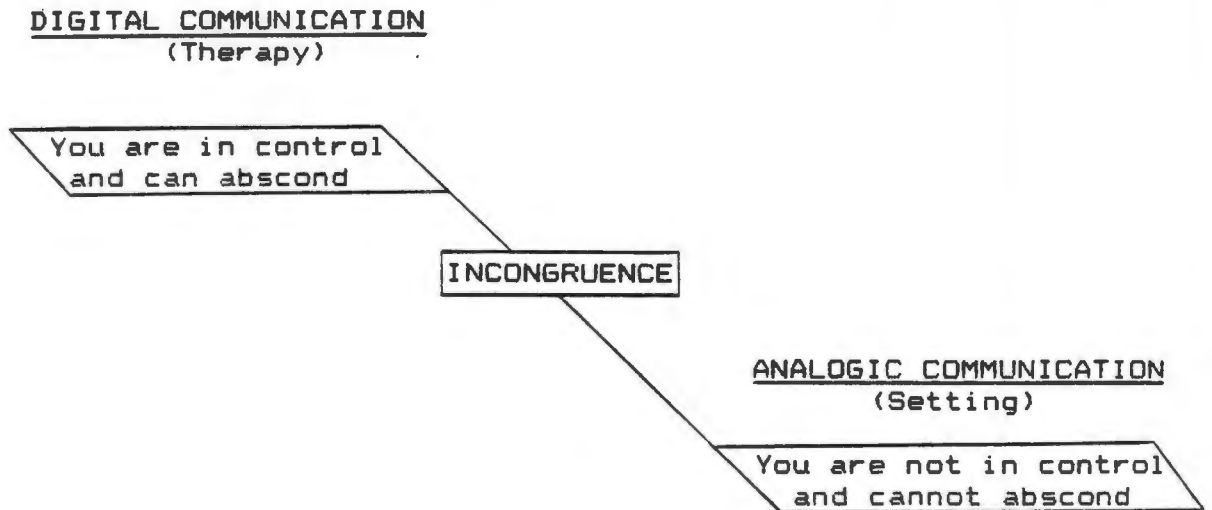
A major characteristic of strategic therapy is the generally paradoxical nature of the interventions. These paradoxes are apparent on many levels. For this study the subjects were presented with two anomalies on initial engagement. The 'digital' communication of the therapeutic interactions suggested to the subject that he was in control. Acquiescing to working with his goal of absconding defined the relationship hierarchically with the client in the 'one-up' position. The 'analogic' communication of the custodial setting, however, qualified this control. Given that he could not leave at will, the qualified message to the subject was that he had legislative, but no executive, control. This contradiction presented the subject with the dilemma of being in control but not being in control. Further, the subject was given permission to engage in planning for a forbidden activity, viz., absconding. Thus, the subject encountered the contradiction of working in therapy on planning for the execution of an act that is forbidden in terms of school regulations. The following model has been

devised to represent the incongruence engendered by these paradoxes:

FIGURE 2

THE PARADOX: DIGITAL AND ANALOGIC INCONGRUENCE

Paradox: You are in control and can abscond but you are not in control and cannot abscond



Unless the subject was able to tolerate the ambiguity of such incongruence, there were four resolutions open to him, viz.,

- (a) I am in control and I can abscond (defiance)
- (b) I am in control but I cannot abscond (acceptance)
- (c) I am not in control but I can abscond (defiance)
- (d) I am not in control and I cannot abscond (helplessness)

Of the four groups it is assumed that subjects whose resolutions

entailed acceptance and helplessness would not have volunteered to be participants. Support for this assumption is derived from the reasons given by five youths who declined to participate in this study.

TABLE 2

INTERVENTION TO FACILITATE ABSCONDING:
REASONS GIVEN FOR DECLINING TO PARTICIPATE

1	I don't want to get into any more trouble.	(<u>acceptance</u>)
2	Ek is klaar met dros ... te veel moeilikheid.	(<u>acceptance</u>)
3	Nee, dis nou verby. Wat help dit? Dan is my vakansie verby.	(<u>acceptance</u>)
4	I've promised myself not to 'dros' again. Six times is enough.	(<u>acceptance</u>)
5	... wil nie weer in die opsluit sit.	(<u>helplessness</u>)

The assumption of defiance on the part of those subjects who wished to participate is justified by their understanding that to abscond would be in direct conflict with the court's orders for their committal to the school. Irrespective of the soundness of any argument put forward as a reason for absconding, the volunteer subjects would violate the conditions of their admission should they cross the boundaries of the school without permission.

The preceding discussion of the paradox has focussed on the contradictions that can be introduced into the therapeutic setting when using the strategic approach. The use of the paradox as a specific intervention strategy will be discussed more fully later in this chapter. Andolfi (1979), however,

captures both in his evaluative summing up of the use of the paradox:

If one reads the not very abundant literature on therapeutic paradox, it seems to be taken for granted that paradoxes are - and should be - unintelligible on all levels. Our experience leads us to believe that this is not true. Often, when an individual ... carries out a paradoxical task, or plans how to carry it out, (he) gain(s) a more-or-less precise insight into the implicit meaning of the task. This is particularly common in therapies with adolescents in the process of achieving autonomy. These young patients easily accept the game of provocation inherent in the task and in the paradoxical approach, although they may discuss the details with great scrupulousness and earnestness. In this way, they in turn communicate how effective this mode of intervention is in activating change without causing them to "lose face."

(adapted: Andolfi, 1979:137)

Collusion with the subjects to meet a goal that is antithetical to the goals of the school system exemplifies the indirect methods of the strategic approach for bringing about change (Haley, 1963:65; Schlebusch, 1981b). By using the 'need to defy' the strategic approach adopted for this study sought to empower the subjects while simultaneously conserving the broader goals of the system, viz., to support their containment within the custodial setting. Herbert (1987:119) offers a plausible explanation for the possible efficacy of this indirect approach, "Non-compliance ... is one of the most common forms of behaviour problems of childhood. ... at times it becomes quite clear that the child is not merely failing to comply, but is doing precisely the opposite of that which is desired of him". Thus, the rationale for this collusion was that the researcher would evoke an oppositional response from the subjects. That is, by cooperating with the subject, the subject's defiance would lead to the 'defeat' of the therapist for facilitating absconding. Consequently, the subject would remain within the system, primarily based on his own volition, and would then be available

for the overall rehabilitative input offered by the school.

This rationale highlights two other features of the strategic approach. First, the interventions were designed to 'change the solution, not the problem'. An assumption of strategic therapy is that direct injunctions for behavioural change are inappropriate if there is already a history of failed interventions (Weeks in Guerin, 1976:124-125). In as much as the population for this study were in the most restrictive school option for custodial care in South Africa, all the subjects had a history of transgressions and numerous interventions. In addition, persistent absconding was often a significant contributory factor in precipitating their referral to the school from less restrictive settings. Therefore, in the researcher's opinion, it seemed unlikely that a 'more of the same' approach would prove to be of greater effectiveness in the present than it had been in the past. Based on the foregoing, the decision was made to facilitate absconding rather than to work in therapy on self control to prevent absconding. Second, by discussing plans to abscond, the act itself was given a positive connotation.

Constantine et al. (1984:313) draw attention to the role of "positive connotation as a necessary precursor to assigning ... the paradoxical task of maintaining present behaviour". By working with the subjects' goal to abscond, and 'labelling' that goal as one that was worthy of serious consideration in therapy, an entry was made on a topic 'absconding' that the subjects usually reserve for discussion in conspiracy with their peers. Consequently, the researcher was able to gain indirect access to the peer subsystem of the subjects. Further, by the accepting the goal of the subjects to abscond, credibility was established for prescribing tasks as the intervention process ensued.

3.2 Brief Therapy Model for Intervention

Time-limited interventions are a hallmark of the strategic approach to therapy. Weakland et al. (1977:277) state, "we do not ... (see) brief treatment as an expedient, nor is brevity itself a goal to us, except that we believe setting time limits on treatment has some positive influence on both therapists and patients". Inter alia, they regard some of these positive influences to be a problem-focussed approach to intervention, working as 'powerfully, effectively and efficiently as possible' for bringing about rapid behavioural change, an ordering of problems so that only the most salient difficulties are attended to and taking whatever is brought into the sessions 'as potential levers for useful interventions by the therapist' (1977:278-288).

Shazer et al. (1986) have developed a brief therapy model which is similar in many respects to the model of Weakland and his colleagues. A specific aim of their approach was to achieve the goal of the intervention in as few sessions as possible. In 1984 five hundred cases were treated in 5 or less sessions (1986:207). However, it is emphasized that it was not the time-limit which defined the interventions as brief. On the contrary, the brevity of the therapeutic process was attributed to the premise of systems theory that if there is a change in one part of the system, the entire system re-organizes because all the parts are dynamically related. Shazer et al. contend, "Only a small change is necessary. Therefore, only a small and reasonable goal is necessary ... no matter how awful and how complex the situation, a small change in one person's behaviour can lead to profound and far-reaching differences in the behaviour of all persons involved" (1986:209).

In support of this contention evaluation results were reported. Follow-up on 28 out of 56 clients indicated that 11 out of the 21 clients who had mentioned a secondary complaint, not explicitly dealt with in therapy, believed that there was improvement in this complaint as well. Further, 15 of the 28 clients reported

improvements in terms of difficulties that were not addressed during the interventions (1986:219-220). In short, Shazer et al. found that the resolution of one problem can have a spill-over effect for problem management outside of therapy.

The brief intervention model of Shazer et al. (1986) is commensurate with the intervention approach of this study. An issue of substantial significance was that for all the subjects absconding was only one among a miscellany of other interrelated problems. In addition, no attempt was made to intervene at the institutional level. Thus, the assumptions were that changes on the part of the subjects would impact on all the subsystems and suprasystems that impinged on them, thereby contributing to a more general re-organization of those systems, and that the resolution of the relatively minor problem of the urge to abscond would affect problem solving in other areas.

3.3. Intervention Process from the Strategic Perspective

In developing the design for the intervention process some reliance was placed on the work of Dulcan and Piercy (1985:692 - see appendix II) who have provided a general structure for brief interventions with children and their families. This structure was adapted to accommodate the strategic perspective and for working with the subjects as representatives of the systems of origin, the peer subsystem and the school system. After the follow-up session, a qualitative evaluation of risk of absconding was undertaken using a procedure outlined by Will and Wrate (1985:139 - see appendix III).

TABLE 3

OUTLINE OF THE INTERVENTION PROCESS AND STRATEGIC OPTIONS

PHASE	INTERVENTION PROCESS	STRATEGIC OPTIONS
Beginning	<p><u>Initial contact</u></p> <ul style="list-style-type: none"> - personal introduction - status of the researcher as an intern - nature of investigation - volunteers for participation <p><u>First session</u></p> <ul style="list-style-type: none"> - history of absconding and interventions - current beliefs about absconding - metaphorical significance of absconding 	<p><u>Group session</u></p> <p><u>Individual session</u></p> <p>Positive connotation Collusion</p> <p>Goal setting</p> <p><u>Individual session</u></p> <p>Goal setting</p> <p>Reframing</p> <p>Contracting</p>
Middle	<p><u>Sessions Two - Four</u></p> <ul style="list-style-type: none"> - formulation of plans to abscond - progress reports on planning agenda - focussed problem-solving - short term goal setting - resources: material <ul style="list-style-type: none"> : peers : system of origin 	<p><u>Individual session</u></p> <p>Reframing</p> <p>Paradox</p> <p>Metaphor</p> <p>Rituals</p> <p>Contracting</p>
Termination	<p><u>Session Five - Six</u></p> <ul style="list-style-type: none"> - implementation of planning - referral to a staff therapist 	<p><u>Individual session</u></p> <p>Reframing</p> <p>Declaration of impotence</p>
Follow up	<p><u>Session Seven</u></p> <ul style="list-style-type: none"> - assessment of risk of absconding - intervention evaluation 	<p><u>Individual session</u></p>

3.4 Strategic Intervention

One objective of most therapeutic interventions is to generate alternatives so that people can "do something different" (Shazer et al., 1984:300). What distinguishes the strategic approach from other approaches is that the interventions are designed to help people 'do something differently' without them ostensibly having to 'do anything that is different'. It is in this sense that strategic interventions are indirect. Working with paradoxes, reframing, metaphors, rituals and the declaration of therapeutic impotence, the interventions "utilize what the clients bring with them to help them meet their needs in such a way that they can make satisfactory lives for themselves" (Shazer et al., 1986:208).

By focussing on what the client has to offer and what he is willing to work with, strategic interventions place little credence on constructs such as resistance, objective reinforcers and homoeostasis (i.e., the system maintaining itself the same) for lack of progress during the intervention process (Dell, 1986:230-232). If an intervention fails to bring about change it is assumed that it is the intervention design, not the client, that requires re-evaluation (Madanes, 1981:19).

In metacybernetic terms the interventions conserve stability for change by conceding to limit change. At the same time, however, they bring about change, using strategic methods, for a new level of stability (Keeney and Ross, 1983 - see page 18).

3.4.1 Paradoxes

Watzlawick et al., (1974:64) give the example of a mother who "wants her child to comply with what she demands of him, not because she demands it, but spontaneously, of his own will ... she demands, 'I want you to want to study'. This requires that the child not only do the right thing (i.e., study), but do the right thing for the right reason (ie., study because he wants to)". The subjects of this investigation encountered an analogous situation within school. One aim of the programme and setting was to inhibit absconding, not necessarily because of legal considerations, but because the authorities wanted the subjects to want the input offered. That is, what was required of the subjects was 'spontaneous compliance', not just conformity in terms of the regulations, to ensure that the rehabilitative process ensued without disruption.

Debate about the issue of social control is beyond the scope of this study. The reader who wishes to pursue the issue will find further discussion in Haley (1976), Chapter Eight. The researcher did, however, make the value-judgement that transfer to an 'open' hostel would be of greater benefit to the subjects than remaining in the closed hostel. Consequently, to facilitate 'spontaneous compliance' the researcher had to work with the paradoxes originally presented by subjects who had volunteered to participate because of non-compliance. The counterparadox was the cardinal initial method adopted to develop a therapeutic alliance with the subjects. Thereafter, the relational, communications, interactional and behavioural paradoxes were used as intervention strategies.

TABLE 4

THE THERAPEUTIC ALLIANCE: PARADOX AND COUNTERPARADOX

PARADOX - SUBJECTS	CLASS OF PARADOX	COUNTERPARADOX - RESEARCHER
Help me without helping me	Relational	I will help you by not helping you
Do what I tell you not to do	Communications	Don't do what I tell you to do
Control me without controlling me	Interactional	I will control you by not controlling you
Change me without changing me	Behavioural	I will not change anything to change you

(a) Relationship Paradoxes

Haley (1963) has argued that when a message (eg., a 'digital' verbal statement: I like you) is qualified by a metamessage (eg., an 'analogic' non-verbal cue: a scowl) then "statements are being made about the relationship" (1963:7) and "whenever a person offers another a class of behaviour which is incongruent with a qualifying class of behaviour, a paradox is posed" (1963:182). In terms of the therapeutic relationship, a paradox is generated if the therapist directs a client to contract for a given number of sessions. The contract, as a condition of the relationship, defines the nature of the relationship as one of the voluntary participation on an obligatory basis. Thus, the terms of the relationship are contradictory. Tabulated below are what Haley (1963:183-188) regards as some of the major contradictions that give rise to paradoxes in the therapeutic relationship. These paradoxes can be used to clarify the hierarchical distinction between the 'helper' and 'helped' and to create positive expectations for change.

TABLE 5

PARADOXES OF THE THERAPEUTIC RELATIONSHIP

MESSAGE CONDITIONS OF THE RELATIONSHIP	METAMESSAGE NATURE OF THE RELATIONSHIP
Voluntary participation	(+) Compulsory attendance
Absolution from blame (Acceptance)	(+) Blamed for the 'symptoms' (Non-acceptance)
Non-domination	(+) Domination
Equal partners	(+) Executive hierarchy
Non-directed	(+) Directed
An ordeal	(+) Benevolence

Further discussion in this section will use the word 'client or person' interchangeably instead of 'subject' because the exposition is based on general principles rather than the specifics of this investigation.

(b) Paradoxical Communication

In as much as paradoxes of the relationship clarify hierarchical confusion so that the therapist has initiative for guiding the intervention process, communication paradoxes use confusion of meaning to clarify the use of personal influence for eliciting compliance, irrespective of the client's response. Paradoxical communication occurs "when one person directs another not to follow his directives ... The receiver cannot obey the directive nor disobey it" (Haley, 1963:17). The contradictory message given to the client is: Obey me by disobeying me. Both compliance and non-compliance fulfill the request of the therapist. Directives to 'react spontaneously', 'be impulsive', and 'don't tell me what you don't want to tell me' are further examples this type of communication.

Haley emphasizes that communication paradoxes are not used in therapy for control over the client. On the contrary, such

directives demonstrate that change can occur and, once such change has been experienced by the client, it is then attributed to the client's effort, not the therapist's influence.

(c) Interactional Paradoxes

Interactional paradoxes occur whenever confusion arises as to whether relationships are symmetrical or complementary (see page 20). The issues of power and control are central to such paradoxes. Accepting that one of the major aims of therapy is to introduce complexity so that alternatives can be generated, interactional paradoxes allow for contradictory messages so that power distribution seems to be flexible. A client is more likely to respond favourably to a directive if he believes that he has control for autonomous decision making. Hence, a paradoxical injunction from a therapist like 'tell me what to do' suggests to the client that he is in control, although in exercising his power by giving the therapist directives, the client is in effect obeying a command given by the therapist.

Positive and negative connotation by the therapist of symptomatic behaviour can also convey contradictory messages with respect to the power structure. If a behaviour, construed by the client as being a problem, is defined as an asset by the therapist, complexity is introduced into the client's beliefs system about the problem. Consequently, the 'one up' position of the client can be reinforced to enhance his sense of personal autonomy.

Relationships and interactional paradoxes often work in conjunction with one another. Thus, distinctions made between the two tend to be theoretical rather than a full reflection of the nature of the transactions between client and therapist.

(d) Behavioural Paradoxes

The major paradoxical intervention designed to resolve impasses

with respect to change, without the client 'leaving the field' by terminating therapy is 'symptom prescription'. Weakland et al. (1977:290) frequently use symptom prescription which "involves prescribing behaviour that appears in opposition to the goals being sought, in order actually to move toward them. ... Acting on such a prescription usually results in a decrease of a symptom which is desirable. But even if the patient makes the symptom increase, this too is good. He has followed the therapist's instructions, and the result has shown that the apparently unchangeable problem can change" That is, a therapeutic double-bind is created whereby either outcome calls for commendation by the therapist. Further, the therapist's command in the relationship is clearly established as a necessary, if not sufficient, condition for client compliance with other strategic directives. Other similar paradoxical methods are directives for incompatible behaviours (eg., 'clap your hands while having a tantrum'), prediction of a relapse and scepticism about the permanency of change (L'Abate, 1985:111-133; Barker, 1985).

(e) Posing Paradoxes

Haley (1976:72-75) has outlined the following stages for a paradoxical intervention:

- Establishing rapport with the client.
- The relationship must be defined as one to bring about change
- The problem must be clearly defined.
- Goals must be clearly set.
- An intervention plan must be offered.
- Current authorities on the problem must be 'gracefully disqualified'.
- The therapist must give the paradoxical directive.

- Observation of the response by the therapist while maintaining a firm stance about implementation of the plan should there be 'rebellious improvement or if the person is upset'.
- The therapist avoids taking credit for the improvement. A way of doing this is for the therapist to be puzzled by the improvement, given symptom prescription, etc.

On the basis of the preceding discussion it is suggested that it is the contradictory terms for the therapeutic relationship that prepares the client for agreeing to carry out what, at times, may be regarded as absurd directives. In addition, that it is the therapist's avoidance of taking credit for the improvement which maintains the change.

3.4.2 Reframing

Reframing involves a change in perspective. It is "the process whereby new meaning is given to a behaviour, a sequence of interactions, a relationship, or some other feature of the current situation" (Barker, 1986:73). The essential contribution of reframing is that when a behaviour, interaction and/or event is perceived from a different viewpoint, there is a reorganization of related associations. A change in attribution of meaning at one level can profoundly influence the attribution of meaning at other levels. Sluzki (1983:474) has noted "process and structure are a dialectical pair, whereas the construction of reality, connected as it may be with the other two, refers to a different semiological - and logical - level".

Accepting that most 'symptoms' have symbolic as well as pragmatic meaning in interactions, reframing allows for intervention at the level of process and structure by means of relabelling. The effects of this relabelling, however, are not limited to the nominalist level. The symbolic significance of the 'symptom' changes at the hermeneutic level for the construction of a different interpretive framework (Valentine, 1982:175-179). Thus

reframing facilitates second order change (Watzlawick et al., 1974 - see page 19), not by asking people to 'do something different'. Rather they are introduced to a way of 'viewing things differently', thus altering the dynamic signalling value of the behaviour, interaction and/or event. In short, reframing of content or context, usually for positive connotation, is a useful precursor for other strategic interventions because the person concedes that alternative perspectives are possible.

3.4.3 Metaphor

Use of the metaphor is related to reframing but intervenes directly at a hermeneutic level. Reframing allows for the relabelling of behaviour, interactions and/or events so that they can be 'viewed differently'. The metaphor, however, addresses itself to the underlying belief system which is used by the person to structure his world-view. That is, the metaphor intervenes directly at the interpretive level by introducing a way of 'organizing things differently'. Stated succinctly, Sluzki (1983:472) maintains "the world view organizes the interface between the individual and his environment". It generally follows that if a metaphor is changed, then the organizing principles for that 'interface' will also change.

L'Abate (1985:124) contends that "inadequate cooperation suggests use of ... metaphoric approaches". Termination of the intervention process is always an option for the client who cannot tolerate the ambiguity and incongruence generated by paradoxes. Stories, anecdotes, epigrams and analogies can allow for cognitive restructuring as a means for bringing about change when such a client fails to execute directives (1985:118). It is assumed that, given a change of metaphor the client will 'interpret things differently'. This could apply to tasks, objects, relationships and/or metaphoric 'symptoms'.

3.4.4 Ritual

Not all tasks prescribed in therapy are rituals but all rituals are tasks imbued with special meaning, which are undertaken repeatedly. Barker (1986:184-187) notes that in strategic interventions such rituals usually have a metaphorical as well as a more practical function and that they are generally associated with developmental and/or process transitions (eg., leaving home, mourning, etc.) that require progression from a position of 'stuckness'. Hansen and Okun (1984:22-23) suggest that 'ritualization' is appropriate when "The failure to perform or complete assigned tasks in itself reveals something about the severity of the problem". Citing Nichols (1984), L'Abate *et al.* (1986:144) observe that "Tasks are assigned on the basis of a belief that change is born of action, not understanding. ... often action that appears illogical ...". This observation is of equal pertinence for rituals. Ritualistic enactment is a strategic intervention designed to move the client, through action, from the perspective that 'things can be interpreted differently' to the belief that 'things are different'. Consequently the transition can be made from the old way of 'doing things' to a new way of 'doing things'. In brief, rituals facilitate acceptance of change.

Barker (1986:187), correctly in the author's opinion, argues that tasks and rituals can be effective even if they are not carried out. First, even the planning of a ritual is a concession on the part of the client that 'something can be done differently'. Second, the ritual itself is based on reframing so that the client will carry it out. Thus the client concedes that it is possible to 'view things differently'. Finally, the ritual introduces the client to the notion that he can 'interpret things differently and act differently'.

It is suggested, therefore, that rituals can encompass reframing, paradoxical directives and metaphorical meaning in a single behavioural sequence to fulfil the injunction often given by

people who have problems, "help me change, but without changing anything" (Andolfi, 1979:123). Given this injunction, the counter-paradoxical response of the therapist is: 'I will not change anything to help you change', which is the essence of the strategic approach to intervention.

3.4.5 Declaration of Therapeutic Impotence

The declaration of therapeutic impotence was of particular significance for this study because it formed an essential part of the termination process. The importance of this declaration was two-fold. The aim was to both facilitate the referral of the subject to a staff therapist, using the justification that the intervention had been a 'failure', and to leave the subjects in a 'one-up' position for engaging in the input that the school-system had to offer. In this sense the declaration of impotence differed from its use by Palazolli *et al.* (1978). The strategy was not required to disrupt a symmetrical relationship impasse between an individual or family and the therapist. The 'one down' position of the therapist had been established at the beginning of the intervention process. It was vital, however, that the subjects be dissatisfied with the intervention in terms of meeting their goal to abscond so that the termination process would not be experienced by the subjects as abandonment. On the contrary, the subjects were freed to reject the therapist in favour of someone who could meet their needs more adequately.

3.5 Chapter Summary

An overview of the strategic approach to intervention for this study was undertaken. It was argued that the subjects were presented with two paradoxical anomalies on initial engagement, viz., that they were in control and they were not in control, and, they could abscond and they could not abscond. These anomalies were attributed to the incongruence that arose when the

'digital' communication of therapy, viz., 'you are in control and you can abscond' was qualified by the 'analogic' communication of the setting, viz., 'you are not in control and you cannot abscond'. It was suggested that unless the subjects were able to tolerate the ambiguity of this incongruence there were four resolutions, two of which would entail defiance.

It was assumed that the subjects who volunteered to participate in the study had a 'need to defy' and that by colluding with the subject for planning to abscond an oppositional response would be evoked. This oppositional response would, in turn, lead to the 'defeat' of the therapist and the 'failure' of the intervention for meeting the subjects' goal of acting-out their plans for absconding. Thus, the subjects would 'decide' to remain within the system for the rehabilitative input that the school had to offer.

The rationale of the brief therapy model for intervention was discussed. Weakland et al. (1977) work on a maximum of 10 sessions and Schazer et al. (1986) have developed a brief model that limits the intervention to 5 or less sessions. In neither case was the time-limit for the interventions the most salient feature of the approach. Rather the emphasis was on working to solve a specific problem, based on realizable goals, for bringing about behavioural change as effectively and efficiently as possible. Follow-up work done by Schazer et al. was cited in support of their contention that therapeutic input on a particular problem seemed to generalise so that clients could resolve other issues. It was noted that this was of substantial significance for this study because absconding, relative to their other difficulties, was not one of the major problems of the subjects. Based on the work of Dulcan and Piercy (1985) an outline of the proposed intervention process and strategic options was presented.

Change is the explicit goal of all strategic interventions. The aim is that people should be able to 'do something different'.

The contributions of the paradox, reframing, metaphors, rituals and the declaration of therapeutic impotence were analyzed. It was suggested that these strategies help people to 'do something different' in the following ways:

- the paradox helps people to concede that 'doing things differently' is possible;
- reframing helps people to 'view things differently';
- the metaphor helps people to 'interpret things differently';
- rituals help people to 'believe that things are different'.

It was suggested that rituals are often able to encompass all of the other strategic interventions for fulfilling the injunction, noted by Andolfi (1979), given to the therapist by many clients, viz., 'help me to change, but without changing anything'. Declaration of therapeutic impotence was discussed in terms of its role during the termination phase of this study.

CHAPTER FOUR

IMPLEMENTATION OF THE INTERVENTIONS

4.1 Sample Selection and Biographical Background

The school offers full-time custodial care and caters only for males.

The subjects were volunteers and had been admitted to the school between 88-06-25 and 88-07-24. First contact was initiated on 88-07-20.

4.1.1 Selection Procedures

On 88-07-20 there were thirteen youths available for a group meeting to outline the nature of the investigation. The youths were given the choice of non-attendance at this meeting but all elected to participate. Personal introductions were limited to name, age and place of origin. No reference was made to the reasons for their referral to the school.

An overview was given of the investigation. It was specified that six volunteers who wished to abscond would be selected as the subjects. Clarification was offered as to the status of the researcher. In particular it was emphasized that the researcher was an intern educational psychologist who derived no income as a staff member of the school. Thus, there was no conflict of interest between working with the subjects' goal to abscond and the researcher's obligations to an employer to restrain them from doing so. The group was informed that the intervention would take place over six weeks with an individual session on a weekly basis. Further, that the intervention would be limited to helping to plan for absconding. No material or other support would be offered.

Members of the group were not asked to commit themselves to participation in front of their peers.

After the group session each of the youths was seen for individual session. Rapport was established by discussion of family background and their response to their referral and placement within the school. Without exception, all members of the group expressed resentment with respect to their placement in the closed hostel. Thereafter, each youth was asked if he was planning to abscond. A decision not to abscond had been made by five youths, two were undecided and six had decided to abscond as soon as the opportunity arose. Up to that stage no audiotape material was recorded. Thereafter, the five youths who had made the decision not to abscond were asked to state their reasons while being taped. All complied with this request. Three of the eight potential absconders consented to having the sessions taped. Commitment to participation and the issue of being taped during sessions was deferred for the next session.

At the next session two of the eight potential absconders had already absconded. Four of the remaining six youths agreed to participate in the investigation while being taped. The two who refused to be taped were excluded from the sample. In the course of the previous week there had been five new admissions. The procedure outlined above was repeated. Of the five youths, four indicated that they wanted to abscond and agreed to being taped. Of the eight volunteers, two were excluded on the grounds that records were not available for the verification of biographical details.

4.1.2 Biographical Details

All biographical details were taken from the social welfare reports available in the administrative file kept for each youth at the school (see appendix IV - all details other than those relevant to this study have been deleted).

TABLE 6

BIOGRAPHICAL DETAILS OF SUBJECTS

S	Date of Birth	Home Language	History of Absconding	Highest Educational Level
1	72-06-21	English	Repeated Attempts	Standard Seven
2	73-08-12	English	Persistent absconding	Standard Five
3	72-01-22	Afrikaans	Persistent absconding	Standard Seven
4	71-10-09	Afrikaans	Once	Spec. Class (Vlak 3)
5	70-08-18	English	Truancy & absconding	Standard Eight
6	71-05-21	English	Persistent truancy	Nat. Certificate 1

The mean age of the subjects on 88-08-25 was 16 years 6 months and 21 days (range: 14y 11m 26d to 17y 11m 20d).

4.2 Intervention Procedures

The intervention procedures were standardized as far as possible for all subjects. However, therapeutic contingencies led to some inconsistencies. Ill-health led to two subjects missing one session each and one subject absconded. The sessions ranged from 30-65 minutes. The time span allocated to the study did not allow for additional sessions.

4.2.1 Number and Length of Sessions

TABLE 7
SESSIONS: NUMBER AND TIME

SESSION NUMBER							
S	1	2	3	4	5	6	TOTAL
1	50 min	50 min	40 min	50 min	40 min	40 min	4h 30m
2	45 min	65 min	60 min	60 min	60 min	60 min	5h 50m
3	50 min	50 min	40 min	sick	65 min	60 min	4h 25m
4	30 min	45 min	sick	40 min	60 min	60 min	3h 55m
5	50 min	45 min	50 min	50 min	absc.	absc.	3h 55m
6	50 min	50 min	50 min	50 min	50 min	65 min	5h 15m
							24h 10m

(See appendix V for record sheet)

The mean time spent with a subject was 4 hours and 31,66 minutes and the mean length of a session was 45,27 minutes.

4.2.2 Setting and Apparatus

All sessions took place in an office allocated to the researcher for the duration of the study. The setting allowed for complete privacy. The subjects were called from class in no specific order. Where possible an attempt was made to have the sessions during non-academic lessons. Provision was made for the re-scheduling of a session if there was class testing. The audiotaping facilities consisted of a small cassette recorder with a microphone attachment. Its placement was unobtrusive, but not hidden. The recorder was activated at the beginning of each session in the presence of the subject. No notes were made during the session nor did the researcher request access to the clinical files of the subjects.

In the first session the subjects were asked to give some background on their history of absconding. Their reasons for absconding were explored, as were their attitudes and beliefs about absconding. The goal of planning for absconding over 6 sessions was verbally contracted for. The researcher reiterated that the intervention would only involve planning for absconding. No further help would be offered. The rationale given for the intervention was the same for all subjects. Namely, that a major difficulty after leaving the school premises would be access to resources (food, clothes and money) until the subjects reached their destination. Therefore, the aim of the intervention was to facilitate problem-solving so that the subjects would not become involved in violations of the law after absconding.

It was emphasized that the researcher was not biased in terms of whether the subjects absconded or not. The prime concern of the researcher was that the subjects should not come before the courts on additional charges. At the end of the session all the subjects were set the task of discussing absconding with three peers who had successfully absconded from the school. The subjects were not to let their peers know that they were working on plans for absconding in therapy. A short-term verbal contract was made that they would not abscond until the following session so that the information gained from their peers could be assessed for its merit in developing their own plans.

All of the subjects were present for the second session. None of the subjects had discussed absconding with three peers but all of them had discussed absconding with at least one peer. Thereafter, the interventions were differentiated on the basis of the material that each subject brought to the sessions. The problem focus for sessions two to four was on access to resources and feedback on information from their peers. During the fifth session, S3 informed the researcher that he had decided to stay at the school. He stated that he had made friends in the hostel and they were not

willing to abscond with him. S3, nevertheless, agreed to come to the final session, as per the original contract for six sessions. S5 absconded after the fourth session.

During sessions five and six the subjects reviewed the feasibility of their plans. S2 reported in the fifth session that he had had his store of food and cigarettes stolen during the week. Bar this, S2 believed that his plan was ready for implementation. The terms of the contract for 6 sessions was restated. It was agreed that S2 would be available for the final session and would replenish the stolen resources in the interim. Neither S1 nor S4 and S6 believed that their plans were adequate at the end of the sixth session. S1 and S4 expressed the reservation that to abscond would jeopardize their December leave privileges and were ambivalent about implementation of the plans to abscond. S1 and S4 were advised to take up the issue of leave privileges with a staff therapist. S6 stated that to abscond was no longer a goal.

The follow-up session was undertaken on 88-10-06. S2 had attempted to abscond but was prevented from leaving the school property. S1, S3, S4 and S6 stated that they no longer wished to abscond because their goal was to be granted leave privileges in December. S5 had been returned to the school.

4.4 Process and Strategic Options: Selected Exemplars

The following excerpts are transcriptions taken from the taped material recorded during the intervention process. For the sake of readability, connecting words and/or phrases will be given in parentheses. In addition, each subject has been allocated a pseudonym as follows:

TABLE 8
PSEUDONYMS FOR SUBJECTS

Subject	1	2	3	4	5	6
Name	Adam	Ben	Chris	Daan	Evan	Fred

Although the home language of four of the subjects was recorded on the social welfare reports as English, all of the subjects were bilingual to a greater or lesser degree. Therefore, switching between English and Afrikaans was a common occurrence. Some of the subjects made use of in-house jargon. Where necessary explanatory terms for this jargon will follow in parentheses. A triple asterisk will indicate the name of some other member of the school. The research will be denoted by the letter "R". A pause will be denoted by ...

4.4.1 Initial Engagement

During the first individual session it was noted that the subjects were uncomfortable until the reasons for their referral to the school had been stated. This seemed to be essential for establishing rapport. Given that the subjects' history of offences were not germane to the intervention, the issues were dealt with as follows:

Example 1 (39,2 seconds)

Verbatim Record

R: OK Chris, um, nou ek het die projek n bietjie met jou bespreek, um, nou kan jy miskien n bietjie van jouself vertel?
Dis nie nodig om te sê hoekom jy hier is.

Strategic Interpretation

Paradox: equal partners for voluntary compliance with compulsory conditions (relational).
Paradox: non-direction (R) of the directed (S) (relational). Message: disobey (communications paradox)

S3: Ek is 16 jaar oud 1972
gebore. Ek het omtrent
1980 begin met diefstal,
meeste van dit was maar dief-
stal van geld gewees en toe
het ek ook van tjeks steel
en gaan wissel en ek is ge-
vang en uit gevonniss. Dit
is in (stad). En toe trek
ons (stad) toe.

Obeying by disobeying
(autonomy)

Discussion continued with
family background.

Example 2 (53 seconds)

R: You're 16 years old. Is that
right? Perhaps you would
just tell me a little bit
about who you are, where you
came from, where you have
been living? I must tell
you that I don't give a damn
why you are here. It
actually makes no difference
to me.

Paradox: Benevolence for
the ordeal of self revela-
tion (relationship)
Paradox: domination (S) by
the non-dominating (R)
(interactional/relational)
Message: disobey
(communications paradox)

S1: No, I stay in (suburb), well
I, ja well I stay with my
mom and dad in (suburb), well
my stepdad.

R: Your mom and stepdad in
(suburb). Is that right?
OK ...

S1: ... and then. I took my dad's
bike one night just for the
fun of it to go out ... and
he caught me and so I got
sent here for that.

Obeying by disobeying
(autonomy)

R: So you actually have come
here for the theft of a
motor-bike or an ordinary
bike.

Reframing: negative conno-
tation (content, fun=theft)

S1: A motor-bike.

R: A motor-bike. OK, um, so
your stepdad laid the
charge against you.

S1: Ja.

R: He must have been pretty angry with you.

S1: Oh, I mean, I don't get along with him. I never have.

Continued discussion about relationship with the step-dad.

4.4.2 First and Second Sessions

Introductory comment: The goals of the first two sessions were to elicit the co-operation of the subjects for planning to abscond. As a precursor for the setting of tasks in later sessions it was necessary to positively connotate the act of absconding. Reframing was used extensively for this purpose, as was gaining control over the 'symptom' so that it was conceded that change was possible.

Example 3 (abridged)

Verbatim Record

R: So perhaps you can just give me some idea here. Is it that you'd like to run so that you can get back into, into the dagga and mandrax? It's different to running away to get home again because you are missing your family ... Which do you think would be more important for you?

S6: I suppose the dagga and mandrax.

R: The dagga and mandrax. Ja, in fact, you know it would be rare if this weren't the case for you. It really seems to be the most important thing ... is to get back to that.

(Queries about previous abscondings).

R: Where did you stay?

Strategic Interpretation

Message: you have a choice (autonomy).

Reframing: positive connotation (content)
Paradox: benevolent acceptance of the non-therapeutic (relational/interactional)

S6: In (suburb)

R: In a flat or ...

S6: Ja

R: Where did you get the cash to ...

S6: No, I stole the money

R: You stole the money, OK (laughs). It fits. That is the pattern. OK. It would seem to me then that you actually can get your act together quite well.

Reframing: Positive connotation (context)

Message: you can control things.

Example 4 (abridged)

R: um ... (long pause) would you like me to help you plan a runaway?

Paradox: non-dominance (R) of the dominated (S) (interactional/relational)

S1: What do you mean? (surprised)

R: I'm prepared to work with you and help you plan ... a runaway.

S1: I don't know. If you'll give me clothes I'll go.

R: You see. I'm not prepared to give you ... um ... actual things that you need, but I am prepared to help you work with a plan. I'm prepared to help you find out where you are.

Paradox: Voluntary participation with compulsory conditions (relationship)

S1: Hey, what's the good. When you run there's no planning. When the time is there you've just got to grab it. You can't plan nothing. You've got the gap, you must go, there and then. You must be ready at all times. There's no planning in running away.

Attempted resolution: will not change.

(Subject is angry and carries on repetitively on this theme).

- R: Ja, but don't you put in any kind of thinking on what you would do when you get out? For example, (what) about clothes? Focused problem solving
- S1: No, well you do that once you're out. Message: I am in control.
- R: So you do your planning once you're on the run. You don't plan before you run?
- S1: No, you see when you run you ... hey, you look for flats. Defeat of the therapist
- R: You look for ... (confused) Therapeutic impotence.
- S1: People whose washing is on the line.
- R: OK. So you are telling me you do do some planning and you do have some ideas. Message: then you are in control.
- S1: Well obviously. That's common sense to run like that. Resolution of hierarchy paradox for a symmetrical relationship. (relational/interactional).
- R: Right ... OK ... Well, look to me that's what I call preplanning. Is to say ... OK ... um ... one of the first things I'm going to have to do is dump my clothes ... so what are my possibilities on getting more clothes and of course one of the possibilities is to steal washing off the line. Another possibility would be ... Paradox: domination (S) of the non-dominating (R) by taking over the symptom (relational).
- S1: For getting clothes?
- R: Ja, for getting clothes

S1: Swop it with a 'floppy boy'
(floppy boy: Cape 'coloured')

Resolution of control
paradox for changing with-
out changing anything
(behavioural)

4.4.3 Middle Sessions

Introductory Comment: These sessions were devoted to the actual planning for absconding and for the evaluation of tasks undertaken and of the information gathered from peers. Further, the feasibility of the plans devised were reviewed. At this stage in the investigation the therapeutic process itself became paradoxical as the S's began using reframing, paradoxes, metaphors and rituals which could not be taped. S2 would place the key to his locker on the table at the beginning of the session. As a metaphorical object, this key represented that S2 was still "locked-in" but that the plans which were being devised were his new "key". Hair-cuts, reports on improving marks for tests, letters from home and drawings were all brought into the sessions to 'distract the distractor' from maintaining the focus of the sessions on planning to abscond.

Example 5

Verbatim Record

R: OK. Your folks have just bought this ticket for you and they have put you on the train (to return to school). OK. You've gone on the train and you've waited for a stop and you've jumped off the train and then you thumbed a lift or something back home. What do you think your parents are going to do?

S2: ... (pause) think they'll buy another ticket and handcuff me by the throat to the bars on the train (laughter)

Strategic Interpretation

Fantasy work with a train ticket the metaphorical object for cognitive restructuring (summing-up given by R)
Ticket ⇒ return to school: being controlled
("jump off the train" ⇒ absconding)

So introduces new metaphorical object.
(handcuffs)

R: (laughter) They going buy another ticket and then handcuff you by the throat to the bars of the train. Ja ... OK, Ben. I tell you what I want you to do for next week ... um, um, ask around in the hostel and find out how you could catch a ride without a ticket.

Ironic humour: Handcuffs even greater control.

S2: By train?

R: Ja. By train. No ticket, no handcuffs!

Paradox: restriction for planned spontaneity (communications)

Therapeutic double-bind
(a) no ticket \Rightarrow handcuffs
(b) with a ticket \Rightarrow handcuffs

Example 6

S5: Because I know these people, I, I don't know like, there's a ... its us and them (school authorities). You see. And now they're the high rankings, so now we always ... they, we think they're trying to work us out like. It just goes like that.

Comment on the power differential.

Paradox: to be autonomous within the system we have to be conformist (interactional)

R: Um ... goes like ...

S5: Everything starts off in the mind. Your intention is to run away. I don't know ... its like being a puppet.

Metaphor (relationship)

R: A puppet. OK. So they pull the strings and you dance ... is that right?

Metaphor (interactional)

S5: No, yes, but I mean, I mean ... I don't want to give them the satisfaction of making me run.

Message: I'm in control

R: OK. Evan, so the problem is how to cut the strings ...

Metaphor (behavioural)

S5: No because then I am still a puppet. I don't know ... (long pause). The toppies (care-givers) all the time just make you feel that they are always there, like watching you. I mean ... I don't know ...

Message: I'm not in control

Example 7 (abridged)

R: Jy sê dat jy het nou ander probleme.

S4: Ag. With my mother and Father

R: Met jou familie? Dis sleg?

S4: I don't like it ... tjoe. See in this holiday she chased me away.

R: Your mother chased you away this holiday?

S4: Ja. Ek wil (laaste skool) terug gaan.

R: Weet jy waar dit is? (laaste skool)?

S4: Ja, nie ... die dorp se naam is ... is ... tjoe ... nie, ek week nie.

R: OK. Wag n bietjie hier. Ek sal mm*** gaan vrae. (S4 wag in die kamer)

R: Right Daan ... ek het die adres nou, sal vir jou sê (adres lees). Kan jy dit onthou?

S4: Ja Mevrou

R: Sê vir my ... (wenke) ...

S4: Whew ... kan nie onthou, Mevrou.

Positive connotation.

Paradox: benevolent acceptance of the non-therapeutic (relational/interactional)

Task

- R: Maak nie saak. Nou leer ons dit. Sê agter my (S4 herhaal dit 4 maal) Ritualistic repetition.
- R: OK. Dis nou die plan. Vir dros (absconding) loop jy daarheen toe, maar jy moes die adres onthou. Goed? Prescribing the 'symptom'
Message: go but don't go.
Paradox: behavioural/... communications
- S4: Goed Mevrouw.
- R: Right, om die adres te onthou ek wil hê dat jy die adres voor elke maaltyd herhaal. Vrae vir *** om te luister. Task
- S4: Voor elkemaaltyd? Moet die adres vir *** sê ... en ... tjoe, en as hy nie daar is nie?
- R: Soek hom uit ... ander hy gedros het.
- S4: Moet elke maaltyd die adres vir *** sê wat's die adres weer Mevrouw?
- R: Hier, vat die stukkie papier. (Used later as a metaphorical object for rebellious improvement)
Onthou voor elke maaltyd.
- S4: Tjoe! (skud sy kop) Alright Mevrouw.

Example 8 (abridged)

- R: You seem to have the washing trick pretty well under control. Finding kit - you feel that you've solved that problem. You feel OK about that? (S6 nods). What are you going to do about food? Reframing: positive connotation (context)
Paradox: benevolent acceptance of the non-therapeutic (relational/interactional).
- S6: No, if I can't get food I can get by for about four days.
- R: You reckon you can get by without eating for four days (sceptical tone of voice). Have you done that before?

S6: Yeah. Two days.

R: Two days. And how did those two days go?

S6: I was hungry. I could still walk and (was) still feeling OK.

R: So you could still keep going although you were hungry. Do you think you could have gone for another two days? (further discussion).

S6: If I had to, but I wouldn't need to.

R: OK, look. I've got no problems with that at all if you feel you can cope with that. I would just like you to practise it before you go on the run ... (elaboration) So I want you to think about when it would be best for you to try going for those four days without food. Perhaps the weekend and the Friday and Monday.

Defeat of the therapist

Task

Paradox: benevolent imposition of an ordeal (relational).

S6: No, I will come to it when I need to.

R: You don't want to suffer first?

S6: No.

R: OK. I mean to go without food for four days is quite a wallop. Right, you seem to have things sorted out.

Defeat of the therapist
Positive connotation

4.4.4 Termination Sessions

Introductory Comment: At this stage of the intervention 'rebellious improvement' meant that two subjects were no longer willing to engage for implementation of their plans, two subjects were ambivalent, and one subject had absconded. S2 was the only

subject who was still willing to engage in the 'game of provocation'.

Example 9

Verbatim Record

R: Let's say in the next three days someone came to you and they had an absolutely foolproof way of getting out ... are you going?

S2: I don't know.

R: You don't know! (surprise)

S2: If it involved stealing cars or money and that sort of thing, I say no as well.

R: Right, we've been through that one, haven't we? What makes you say that you're not prepared to do that?

S2: (heavy sigh) Because all of them have got criminal records (... recording indistinct) and they's put me in jail.

R: OK. So you'd rather stick to our plans? Good luck!

S2: Yes maam (laughs). Maam who must I ask about my holidays?

R: Who do you usually ask about holidays?

S2: Either Mr *** or Mr ***.

R: OK. Then you know then.

Strategic Interpretation

Second order change (values)

Message: obey me

Obedied (impotence)

Positive connotation
Defeat of the therapist

Rebellious improvement

Autonomy

4.4.5 Follow-up

Introductory Comment: Bar S5, all of the subjects were reluctant

to engage for this session. It had not been contracted for. Consequently the decision was made not to press the issue and, in the main, the sessions were limited to discussion of social pleasantries. Therefore, all of the following examples are taken from the interview with S5.

Example 10

Verbatim Record

R: OK Evan, tell me what's stopping you from running away again.

S5: No Miss. It's stupid
(indistinct)

R: It's ... ?

S5: It's stupid!
(heavy emphasis)

R: Stupid. In what way Evan?

S5: It's not worth it. I had my once, once is enough, it didn't work out. There's it. Not going to try something foolish again just to let them get the better of me.

Strategic Interpretation

Rebellious improvement

Resolution of the conformist
Autonomous paradox
(interactional)
Message: I am in control
(see example 5)

Example 11 (abridged)

R: Is this school in any way different from (other schools)?

S5: Much. It's much better

Second order change
(beliefs)

R: In what way Evan? Can you give me some ideas of what's ...

S5: Because here, right. I don't know. Because here the main thing is ... of the outside (other) schools it's more conformity, you see. There's a mass of 600 people in the school. People (here) have got time to take an individual interest in individual people and that's what makes the difference here.

Resolution of the paradox of voluntary participation given compulsory conditions (relational)

R: So are you telling me that the teachers here take a special interest?

S5: Not a special interest, but they have their meetings every Tuesday and Thursday, you know. I don't know, but it's so much more ... the relationships are much closer between people so then you, I mean that you do find that they take an interest in you and they see how you're doing and you can talk to them not on a 'yes sir, no sir' basis, like on a personal basis. You can have a conversation (discussion of personal material). It's much better, like smoking cigarettes, man, ja, well that's the first thing like. They don't hassle you about things like that. (further discussion)

Stability for change.

Resolution of the autonomy paradox (relational and interactional).

R: It seems to me that you didn't believe that anyone could care about you anymore.

S5: No, not like that, not like that, not ... (long pause). Ja, inside here. (gestures towards his body to indicate himself as a person, not an object).

Second order change (beliefs)

R: So in a way it's been quite special to see ...

S5: People do take notice.

Second order change (beliefs)

Example 12 (abridged)

R: So you don't need to run away any more, is that then the way it is working?

S5: Ja.

Second order change
(behavioural)

R: Evan, I just want to go back a moment. Remember, we did quite a lot of planning to help you run away. Trying to sort out ideas - what you would do here, what you would do there. Did you ever think of that planning when you were actually running away?

S5: No. Because you see, ja, because I was with other people and I was just tagging along with them. It wasn't me to say who was in charge. That's why I just went along with them all. But these people you see, *** was supposed to run away but he didn't run away, but I was so into running away that I schemed well bugged you. I'm going. (further discussion).

Message: I wasn't in control

Message: I was autonomous

R: Right so then you had to stick more with their plans than use the plans that we had put together. If you had gone on your own ...

Message: You were neither in control nor autonomous.

S5: Then I would have made it.

R: Then you would have made it?

S5: I think so.

R: Right. What work did we do in here that would have helped you make it? Can you tell me that?

S5: Nothing. Maybe just the planning of the routes ... that's all.

Defeat of the therapist

R: Evan, when you ... I'm back-tracking a bit now but when we were actually working through that and doing the planning and whatnot, what was your impression of the work that we were doing?

SS: I don't know. I didn't think much of it. I didn't think much of it at all.

Resolution of the autonomy paradox (relational and interactional).
Defeat of the therapist.

4.5 Continuities and Discontinuities between Intervention Design and Intervention Implementation.

When working with individuals who are linked to several dynamically related systems it can be anticipated that stability and change introduce factors that cannot be foreseen when designing an intervention. The two basic paradoxes that were implicit to the investigation were those of (a) you are in control and you are not in control (interactional) and (b) you can abscond and you cannot abscond (behavioural). The responses of the subjects to these paradoxes, in turn, introduced other paradoxes as the subjects attempted to resolve the incongruities between the 'analogic' messages being given by the setting in the school system, and the 'digital' messages being given during the sessions. Each subject responded in his own particular way to these conflicting messages, generating alternatives that were idiosyncratic. Thus there were continuities and discontinuities for both the intervention design and the intervention implementation. This affected the therapeutic contingencies during the sessions and the therapeutic process as a whole.

4.5.1 Therapeutic Contingencies

On initial engagement and during the first two sessions all of the subjects were concerned with maintaining their goal to abscond.

Once it had been conceded that planning could be undertaken (see example 4 - gaining control over the 'symptom'), the subjects became earnestly involved in discussing the details of their preferred mode of absconding. As was anticipated by the researcher the subjects were not able to inhibit themselves from telling their peers that they were working on plans in therapy to abscond. This led to a major discontinuity in terms of the overall design for the investigation. Two of the subjects, viz. S3 and S6 brought peers with them to the sessions because they wanted to work on the plans as a team. The decision was made to see the two together for one session only. The rationale for accepting this departure from the original design was that thereafter the 'silent' partner in the remaining sessions would introduce greater complexity into the problem-solving focus of the sessions. The plans would have to incorporate the alternatives, often conflicting, of two unequal partners. Thus the issue of control over the relationship was removed from the therapeutic relationship to relationships within the peer system.

By the end of the intervention both S3 and S6 stated that to abscond was no longer one of their goals. In the fifth session S3 informed the researcher that he had made the decision not to abscond because his peers would not abscond with him. It is hypothesized that his peers were unwilling to accept the control of S3 for absconding, based on the plans that he had designed in therapy. Thus, an impasse was established within the peer subsystem and the decision was made not to abscond to resolve this control issue. S6 was unwilling to state his reasons for his decision not to abscond. Nevertheless, like S3, it was implied that control issues within the peer subsystem could not be resolved.

The intervention design did not make allowances for missed sessions due to ill-health. Consequently two subjects, viz., S3 and S4, attended only five sessions. Nevertheless, the total input for S3 fell only 6,66 minutes short of the mean input of 4 hours and 31,66 minutes for all the subjects. The total input for S4 was 3 hours

and 55 minutes. Of note is that S5 absconded after the fourth session. Hence the total input on S5 was 3 hours and 15 minutes. This suggests that there may be a critical input requirement of approximately 4 hours before an oppositional response is evoked as a contributory factor for 'rebellious improvement'.

Only one subject, viz., S2, made any attempt to carry out the tasks prescribed during the sessions for accumulating a store of provisions. The researcher had anticipated that such tasks would not be undertaken because of the general scarcity of additional resources in the setting. What was not foreseen was that S2 would be unable to secure his store of provisions. This introduced unintended negative consequences for S2 which were not part of the intervention design. Thus, in the main, session five with S2 was devoted to working through his distress, rather than on working on the implementation of his plans.

4.5.2 Therapeutic Process

The two basic paradoxes of the conflicting 'analogic' and 'digital' messages provided a core continuity for the entire therapeutic process. Although the intervention strategies adopted were differentiated during and after the second session, based on the material brought by the subject into the sessions, the process remained essentially the same. The emphasis remained on problem-solving, task setting and report back. Despite this, attempts were made to distract the researcher from the purpose of the session. The researcher consistently adopted the position that these issues were not related to the focus of the sessions. Subjects were referred to their staff therapist for discussion of these issues.

A major process discontinuity, however, was noted during the termination phase of the investigation. It was neither the 'defeat' of the therapist nor 'failure' to have developed adequate plans that facilitated the referral of the subjects to the staff therapists. On the contrary, the researcher was genuinely ignorant

of the conditions that the subjects would have to meet to qualify for holiday leave in December (see example 9). With the exception of S5, who had absconded, all the subjects brought up the issue of sacrificing leave privileges if they absconded and clearly indicated that this was now the goal that they wished to work on. Consequently this was the rationale used for terminating the intervention and making the referral to staff therapists.

4.6 Evaluative Review

The primary aim of this investigation was to explore and report on the strategic approach to short-term psychotherapeutic intervention with six white institutionalized male adolescents to broaden the intervention options for controlling absconding. An attempt was made to introduce the reader to what actually took place during the sessions, rather than to give an account of what the researcher believed was happening during the sessions. Interpretation of the transcriptions could have been made from various perspectives and been equally valid in providing an explanation for the dynamics of the interactions. Similarly, even from within the strategic perspective, views may differ on the strategic interpretations offered by the researcher. Nonetheless, in the researcher's opinion, the selected exemplars indicate that a brief intervention model using strategic methods and techniques may be particularly suitable for a client population where the cardinal issue at all times is that of personal autonomy.

The strategic approach adopted for this study aimed to introduce imbalances into the therapeutic system, the peer system and the school system. The exemplars suggest that this goal was achieved. Examples one and two demonstrated that an oppositional subject will respond rapidly in terms of non-compliance with a directive to withhold information. Such non-compliance was both empowering for the subject and allowed for prompt definition of non-issues. This in turn facilitated negotiations for the goals and terms of the intervention in the initial session. Further, peers were brought

into the therapeutic system as the task was set of consulting with successful absconders. Hence the therapeutic system was expanded with peers defined as the 'experts', the subjects as individuals in control and the therapist as an 'administrative assistant'. This hierarchical inversion generated further paradoxes in both the therapeutic and the peer relationships. S3 and S6 conceded control to the peer group, whereas S2 (example 9) rejected the control of the peer group in favour of his own plan so that he could avoid becoming involved in criminal activities should he make the decision to abscond.

It is speculated that S5 resolved the paradox of the hierarchical inversion of the therapeutic system by absconding. In example six, S5 clearly indicated that he believed that the control of the school system imposed a hierarchical definition which defied him to defy "them" if he was to maintain any semblance of personal autonomy. When contrasted with the views of S5 (example 11) subsequent to his return to the school, it would seem that the response of the authorities introduced a new perspective. The school system was no longer viewed hierarchically as S5 conceded that relationships with staff members could be symmetrical.

There is no claim made that the change of perspective on the part of S5 was related to the interventions of this study. However, should the intervention process have been replicated with a new intake of subjects, S5 would have become a 'peer-expert' within the type of therapeutic system that was constituted for this investigation. It is plausible that, as such, S5 would impact on both the peer subsystem and the school system for the creation of stability as a precursor for enhanced effectiveness for the intervention process with each successive intake of new subjects.

An unexpected feature of the study was to note how the subjects themselves learned the strategies used in the sessions. In example five, S2 introduced both a new metaphorical object, reframed negatively, and humour. In particular the subjects seemed to respond to reframing that positively connotated past behaviour (see

example 3) as a point of departure for doing things differently in the future. By generating alternatives, the reframing introduced flexibility without the subject having to concede that either he or the therapist were discussing change (see example 4).

Non-compliance with tasks, other than discussing absconding with peers, was typical. The 'ordeal' (see example 7) was specifically chosen because the memory function of S4 was poor. There was no expectation on the researcher's part that S4 would undertake the task. The sole aim of the 'ritual' undertaken with S4, was to introduce the notion that successful absconding required a destination. S4 'defeated' the therapist on two levels. First, he 'lost' the paper on which the address was written. Second, having lost the address, he could not undertake the task. Similarly in example eight the researcher accepted defeat in the attempt to impose an ordeal. Thus 'going with the resistance' and the 'one-down' power position of the therapist was reinforced.

During the follow-up interviews only S5 (example 12) was prepared to commit himself to evaluative statements about the intervention process. From the researcher's perspective this dismissal of the value of the interventions indicated that such work can be undertaken with potential absconders without taking an acceptably high risk of increasing the rate of absconding. In example four, S1 insisted that absconding is an impulsive act. In the researcher's opinion, this contention on the part of S1 is correct. In sum, these statements suggest that the 'game of provocation' was recognized for what it was and that the strategic approach was able to produce 'change without changing anything'.

4.7 Risk of Absconding

The following qualitative evaluation of risk of absconding was based on a format outlined by Will and Wrate (1985:159). They have suggested that the outcome of an intervention can be evaluated using a "goal attainment scale ... where each therapy goal is

described on a five-point bipolar scale, representing the expected outcome of therapy, -2 a disappointing outcome and +2 an optimistic outcome" (1985:138). For this study their format was adapted as follows:

- NAME OF VARIABLE: Risk of absconding
- HYPOTHESIS: There will be no change with respect to risk of absconding for the duration of the investigation.
- OPTIMISTIC OUTCOME: (+2) Minimal risk - commitment not to abscond.
 (+1) Moderate risk - reconsideration of commitment to abscond.
- EXPECTED OUTCOME: (0) Moderate-to-severe risk - commitment to abscond
- PESSIMISTIC OUTCOME: (-1) Severe risk - unsuccessful attempt to abscond.
 (-2) Maximal risk - successful absconding.

Risk of absconding was rated by the researcher during the beginning, middle and termination phases of the intervention and after the follow-up interview. These ratings are tabulated below:

TABLE 9
RISK OF ABSCONDING

PHASE OF INTERVENTION	SUBJECTS					
	S1	S2	S3	S4	S5	S6
Beginning	0	0	0	0	0	0
Middle	0	0	0	0	0	0
Termination	+1	0/+1	+2	+1	-2	+2
Follow-up	+1	-1	+2	+1	+2	+2

The stated goal of the intervention was to plan for absconding. Hence at the beginning phase all of the subjects were committed to absconding. During the middle of the intervention process only S3 conceded that he may not want to abscond because his friends would

not abscond with him. After the fifth session S5 absconded, but in the follow-up session he claimed that he had had his 'once' and that to abscond again would be 'stupid' (see example 10). During the termination sessions S1 was ambivalent about absconding because he did not want to forego his leave privileges. S6 stated that to abscond was no longer a goal. This stance, adopted by S1, S3 and S6, remained unchanged at the follow-up interview. S4 did not explicitly state that he was reconsidering his commitment to absconding. However, his mother had ousted him from the home during his last holiday and he 'lost' the paper with the address for his planned destination. Therefore, it was inferred that there was a reduced risk of absconding (see example 7). S2 remained committed to absconding throughout the intervention process but he did make enquiries about leave privileges during the final session (see example 9). Prior to the follow-up session S2 had made an unsuccessful attempt to abscond.

Although the preceding analysis was qualitative, the ratings given by the researcher were allocated on the basis of observed behaviour and/or actual statements made by the subjects. At best, the ratings were a crude measure for risk of absconding and rater-bias could have affected the 'scores' allocated. Nevertheless, five of the subjects appeared to have established some control over the urge to abscond during the course of the investigation and the ratings suggest that it may be necessary to review the original hypothesis.

4.8 Chapter Summary

The procedures adopted for sample selection were outlined. Eight subjects met the criteria for selection, viz., voluntary participation, a commitment to absconding and agreement to having the sessions audiotaped. Two subjects were excluded on the grounds that the researcher was unable to verify their biographical details from official records. The mean age of the subjects was 16 years 6 months and 21 days. Two of the subjects attended five of the six

sessions and one subject absconded after the fourth session. The mean total time spent with the subjects was 4 hours and 31,66 minutes and the mean length of a session was 45,27 minutes. A follow-up session was conducted on 6 October 1988.

An overview was given of the intervention process. On initial contact a group session was held to give potential subjects an outline of the investigation. Thereafter, each potential subject was seen for an individual interview. Those who did not wish to abscond were asked to state their reasons while being taped. Three of the eight potential subjects who wanted to abscond were ambivalent about being taped. Agreement for participation was deferred until the next session. At the next session the final selection was made of the six subjects for participation in the study.

The first two sessions were devoted primarily to establishing rapport and a therapeutic alliance of collusion with the subjects for working on plans to abscond. It was emphasized that the researcher would only work on the planning for absconding. No support would be offered for the implementation of the plans. Sessions two to four focussed on the formulation and evaluation of each subject's plans, problem-solving for access to resources and short-term contracting to undertake tasks between sessions. Sessions five and six engaged the subjects for implementation of their plans. The aim was to precipitate 'rebellious improvement' to facilitate referral to a staff therapist.

Twelve exemplars recorded during the sessions were presented. For each example a verbatim record and a strategic interpretation was given. The examples were selected to illustrate the intervention process and to demonstrate strategic methods and techniques used during each phase of the process. Continuities and discontinuities between the intervention design and intervention implementation were noted. The major discontinuity with respect to therapeutic contingencies was that few subjects undertook the tasks set. Nevertheless, given the population from which the subjects were

drawn, the researcher had anticipated this non-compliance. Of the therapeutic process, the major discontinuity was that the subjects indicated that it was their concern with leave privileges, rather than 'rebellious improvement', that facilitated their referral to a staff therapist.

An evaluative review was undertaken of the verbatim interactions presented in the text. It was noted that the strategic approach can rapidly define what will be the focus of the interventions. Further that positive connotation and gaining 'control over the symptom' can lead to concessions on the part of the subject that change is possible. Analysis of tasks seemed to show that the 'need to defy' could be a factor underlying 'rebellious improvement'. It was speculated that second order change of values, beliefs and behaviour on the part of subjects could have an impact on both the peer and the school systems if the therapeutic system included peers for subsequent interventions with new groups of subjects. Finally, it was concluded that the investigation appeared to have 'brought about change without changing anything'. This conclusion was substantiated by a qualitative evaluation of risk of absconding. In the researcher's opinion only one subject continued to be a potential absconder.

CHAPTER FIVE

LIMITATIONS AND RECOMMENDATIONS

This study sought to design and implement a short-term strategic intervention with six institutionalized white male adolescents to control absconding. Absconding has been shown in the literature to be related to subsequent anti-social behaviour and to an increased rate of recidivism after discharge from custodial schools. Therefore, the three major aims of the investigation were as follows:

- To explore the suitability of the strategic approach to intervention, based on the 'need to defy', with subjects drawn from a population who, by definition, were placed at the school because of non-compliance with socio-cultural norms.
- To use the systemic paradigm so that, although the interventions were at the level of the individual, the problems of absconding and its containment were conceptualized in terms of the peer subsystem and the suprasystem of the school itself, as essential components of the therapeutic system.
- To design and demonstrate an intervention process using the methods and techniques of the strategic approach to therapy in which the researcher reported on what actually happened during the sessions rather than on what the researcher believed had happened during the sessions.

Limitations of the study are:

- The subjects were volunteers and it has been shown in the literature that voluntarism can distort the sample selection process. Hence the therapeutic process reported on may

differ should non-volunteers be obliged to engage in such an intervention.

- The sample was small (n=6) and no attempt was made to match the subjects on any variables other than their stated desire to abscond, availability of records for verification of biographical details, and their willingness to have the sessions recorded on audiotape. Given that no recordings were made, more subjects may have been available for sample selection.
- It was beyond the scope of this study to identify the relative salience, if any, of the input of the school suprasystem, the peer subsystem and the therapeutic system for bringing about change with respect to wanting to abscond. It is possible that the interventions merely stabilized the subjects until an unwillingness to jeopardize holiday leave became the most important factor in controlling absconding. Further, there was no control group. Consequently, it cannot be inferred that the interventions would be of any greater merit for controlling absconding than no input at all.
- The methods and techniques adopted differed according to what issues the subjects brought to the sessions. It is probably that the quality of input varied considerably between subjects. There were also quantitative differences with respect to the number of sessions and total time spent with the subjects.
- The researcher, herself, found it difficult to maintain a problem focus on absconding when the subjects indicated that there were other important problems which the subjects wished to discuss. Thus, the strategic orientation was not maintained throughout the sessions.
- The recording of the sessions on audiotape is likely to have

had a negative influence on the therapeutic relationship and the therapeutic process. Breach of confidentiality was an issue of concern for the subjects during the entire investigation.

- The study involved considerable dissimulation on the part of the researcher. Subjects were not informed that the overall aim of the interventions was to control absconding by facilitating planning for the act. The impression, however, was that the subjects were aware that had it been the researcher's intention to increase the rate of absconding it would have been unnecessary to work on it for 6 weeks.
- The ability to inhibit the urge to abscond is an indicator used by the school authorities for the transfer of pupils to the more 'open' hostels. Therefore, the researcher made the value-judgement that such a transfer would be preferable to remaining in the closed hostel because of impulsive absconding.

The investigation was a pilot study. Despite the limitations of the work, there seems to be sufficient evidence to warrant a more formal evaluation of the efficacy of the strategic approach for controlling absconding. To undertake such an evaluation it is recommended that:

- Prior to undertaking a similar study on a larger scale, therapists working in custodial settings be given in-service training for working from a systems perspective.
- Discussion of absconding be given a high priority during the initial engagement between a newly arrived pupil and his therapist. Of the eighteen pupils screened for this study, 12 indicated that they would abscond as soon as the opportunity arose. This suggests that a therapeutic programme to address the issue of absconding, strategic or other, could ameliorate the urge to abscond as a response to

both the closed hostel and the restrictive setting of the school.

- Should strategic methods be adopted for a programme to control absconding, the school authorities would have to take cognizance of the sense of personal autonomy that the approach aims to generate. Having made a decision not to abscond, an appropriate response would be to transfer the pupil to a more open hostel as rapidly as possible. Pseudo-autonomy is likely to lead to the 'defeat' of the pupil, resulting in feelings of helplessness rather than an acceptance of the terms of the court order for his stay at the school. The contractual procedure used during the therapeutic programme could be used to outline for the pupil in explicit terms that, should he abscond from the open hostel, he would then have to endure the ordeal of confinement in the closed hostel for an extended period without the benefit of further input for 'planning to abscond'.

This study has attempted to meet the brief of Clarke and Martin (1971:3) to develop methods for controlling absconding without introducing greater security measure and/or stricter enforcement of regulations. The reader's views may differ from those of the researcher but, in her opinion, 'changing the solution, not the problem', could be a fruitful line of enquiry for future research.

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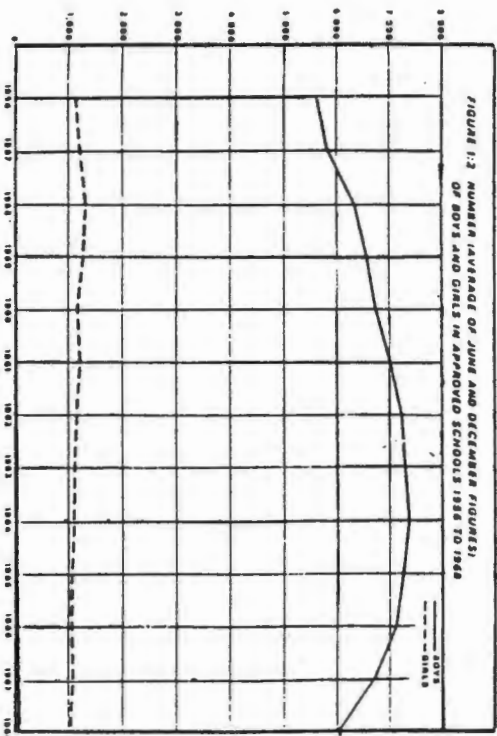
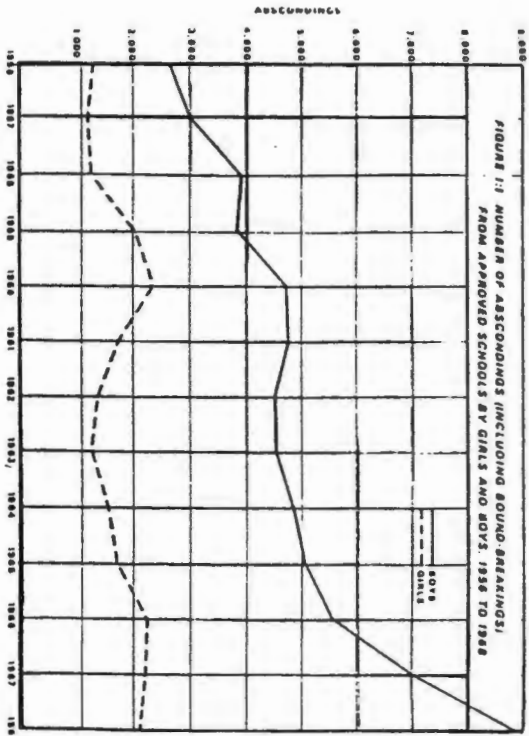
ADDENDUM I

subjective. The definitions of persistent absconding used by Brierty and Jones (unpublished) and Gunasekara (1963) although suitable for their studies are unlikely to be generally acceptable because the numbers of abscondings arbitrarily decided on were not related to time at risk in the school. It would seem desirable to do this because, for example, a boy who absconds five times in six months is more obviously a persistent absconder than one who absconds five times in three years. Also Gunasekara's definition specifically excludes those who remain in the school less than six months: many boys who remain less than six months would be those who had been recommended or transferred as a result of persistent absconding. Because of methodological considerations, different definitions of persistent absconding had to be used at separate points in the present research, but in the follow-up study of boys already referred to in this section, a definition which might be more generally applicable was used: *Persistent absconders were defined as those boys who had absconded at least once for each three months they were in the school, and who absconded at least twice.* This definition, although arbitrary, relates abscondings to time at risk and would include many of those who remain in the school only a very short time. Using it, 6% (46 out of 822) of the unselected sample were classified as persistent absconders. A figure of 5-10% would probably be accepted by most staff in boys' approved schools: Percival (1968), the Principal of a boys' classifying school, after examining the statistics for circumstances of leaving approved school, states that about 8% of the approved school population could be classed as persistent absconders or disruptive boys and that 'the disruptive boys are small in number in comparison to the persistent absconders'.

There is little information on which to base an estimate of the proportion of girls absconding persistently; but it seems from a study reported in Chapter 7 that the proportion of persistent girl absconders might be about double that of boys. For that study it was necessary to employ another definition of persistent absconding: to qualify, a boy or girl must have absconded at least six times during any one continuous period of training. Using the definition, 6.0% of the boys and 12.8% of the girls were classified as persistent absconders.

All percentages arrived at above may soon be out of date because absconding from approved schools appears to be increasing. The number of boys and girls absconding (including bound-breaking) from approved schools for 1956-68 is shown in Figure 1.1. (1956 was the earliest year for which absconding statistics were available.) In 1956 there was a total of 2682 abscondings and bound-breakings from boys' approved schools and 1317 from the girls' schools. By 1968 the figures had increased very greatly to 8334 for the boys and 2144 for the girls. Throughout, the increase for boys has been more consistent than for girls, but the same general pattern of increase is observed if abscondings and bound-breakings are examined separately. The increase in abscondings cannot be explained by an increase in the population. From Figure 1.2 it can be seen that the numbers in approved schools (obtained by averaging the published figures for June and December) have, if anything, declined for the girls during 1956-68 and have also declined for the boys since 1964.

The increase in absconding was not directly investigated in this research. It is widely believed that it may have resulted from the admission to the schools of an increasingly difficult population, but there is no firm evidence that this has happened. Moreover, in view of the evidence presented in this report for the



ADDENDUM II

BRIEF PSYCHOTHERAPY

Table 1: Treatment Process

Beginning phase
Initial telephone contact
Begin to establish rapport
First session (90 min)
Begin to develop therapeutic alliance
Collect CBCL
Update clinical status
Explain planned short-term treatment
Introduce evaluation measures and follow-up
Set termination date
Set goals and attainment criteria
Middle phase
Sessions 2-10 (60-90 min each)
Work on goals
Ending phase
Sessions 11-12 (60-90 min each)
Reinforce ability of child and family to continue progress
Anticipate positive and negative feelings about therapist (transference and real)
Prepare for possibility of brief regression
Evaluate status of goal attainment
Follow-up
1 month after final session (60-90 min)
Collect CBCL
Assess clinical situation
Evaluate goal attainment
Prepare for follow-up appointments with other clinician
Encourage family to continue to use new skills

Note. CBCL = Child Behavior Checklist.

family, the neighborhood, and school and to develop alternate strategies of behavior. Parents received education in normal development, including the concept of *temperament* (Chess & Thomas, 1978), the meaning of children's behavior, and techniques of child management, including the use of limits and structure, behavioral contracts, and reinforcement principles. For the family as a whole, treatment techniques included practice in communication and negotiation. When indicated, the therapist reinforced the parental coalition and generational boundaries, and relabeled negative behavior. Homework assignments were given to family members to continue the work between sessions. Environmental interventions such as school consultation were included when necessary. Throughout treatment, the time limitation was used to provide for the family a model of structure and limits and to motivate the child and family to work actively in the treatment.

The major goal of the ending phase was to deal with termination and not permit family members to avoid or deny this issue. The therapist emphasized that the new skills acquired could be used after termination of therapy. Additional tasks were to prepare the family for some regression that might occur around termination, reevaluate the status of the goals, and plan for the follow-up session.

Therapist training began 3 months after the beginning of the internship, which occurred 1 month before the assignment of the first short-term case. We provided each intern with a manual, which included pertinent articles from the literature (see Appendix), treatment techniques, administrative procedures, and samples of evaluation measures. It was anticipated that setting of goals, criteria for attainment, and the termination date would be particularly difficult, so specific written guidelines were provided (available from the authors on request). A weekly seminar was led by the authors. One session each was devoted to didactic presentations of general principles of short-term treatment, treatment techniques to be used in this project, and evaluation measures, including goal attainment. (The therapists were all familiar

ADDENDUM III

Although there is justification in Soucar's (1983) criticism that few of the studies' predictive variables were anchored in family systems theory, the study none the less demonstrated that a number of demographic variables were significantly associated with outcome and therefore cannot be disregarded: sex of the presenting patient, employment status of parents, family size. Family therapy with an adolescent girl from a large family with unemployed parents was most likely to have a poor outcome. It should be noted, however, that no data is available on the types of presenting problem represented in these various groups of families; the nature and severity of family disturbance remains as yet unknown. Without such data few firm conclusions about family therapy outcome can be made. From a family therapy practice point of view, it would have been of interest to have had greater detail of the therapeutic interventions made and their relation to outcome; for example, without this, the finding that thirteen or more family therapy sessions was associated with better outcome is difficult to interpret.

The goal attainment scale is a relatively simple measure, where each therapy goal is described on a five-point bipolar scale, zero representing the expected outcome of therapy, -2 a disappointing outcome, and +2 an optimistic outcome. In practice, therapists find the task a tough and challenging one, and a single case of family therapy might require two or three goals to be specified. In order to establish as reliable an assessment as possible, it is important that each point is described in terms of behaviour that is capable of observation, rather than resting upon subtle aspects of family functioning that require to be inferred. The four-level family systems formulation described in this text should facilitate the application of the goal attainment scale for family therapy practice and outcome research, as each goal can be more clearly anchored to a systemic hypothesis involving both surface action and psychodynamic components.

EXAMPLE: the case concerns the family referred to on page 13, where twelve months after her father's traffic accident, the parents' remaining daughter at home was unable to leave the house and attend school. Her mother was similarly almost housebound and over involved in a resentful and grief stricken way with her husband. As a result of his severe head injury, the husband had a hemi-paralysis, with severe speech difficulty, poor memory, and considerable emotional lability. A previous attempt to establish him at a day centre for handicapped people had failed after three days because he refused to attend further; it seemed that as a result of his own grief he was unable to bear the presence of those similarly disabled to himself. After completing an assessment of the family, the therapist, Dr David Rome, conceived of a single goal, which he ironically labelled 'freedom of movement'. His view of the family was that emotional disintegration was taking place as they huddled together. A description of the completed goal attainment scale is provided below.

Approximately a dozen family therapy sessions followed, taking place both within a hospital clinic and at home during a period of increased family withdrawal. Nearly all family sessions involved the father, who although often tearful, participated actively. Sometimes on a home visit his wife and daughter preferred him to remain asleep undisturbed, using the session for themselves; the therapist accepted this without making an issue of it. Although the final outcome at the end of a nine-month period of treatment

was +1 rather than +2, the family felt they could continue to develop without further involvement in therapy.

NAME OF VARIABLE		
HYPOTHESIS		= 'Freedom of movement'.
OPTIMISTIC OUTCOME OF THERAPY	+2	= (Hostile) Dependence versus (guilty) Separation- individuation, underpinning triangulation
EXPECTED OUTCOME OF THERAPY	0	= All family members outside the home on a daily basis: mother in a job, father attending a day centre, and their daughter at school.
DISAPPOINTING OUTCOME OF THERAPY	+1	= Oscillation (with fearfulness) between exploration beyond family boundary, and withdrawal within it. Requiring intermittent support from the therapist.
	-1	= Daughter returns to school.
	-2	= No change: All family members continue to remain within the home.
	-2	= Further emotional fragmentation, with increased suicidal preoccupation and greater overt depression, and/or physical illness in previously physically healthy members.

Conclusions

Research in family therapy is a complex matter, but this complexity must not be allowed to deter further, much needed investigation into this field. We have highlighted some of the central pitfalls of much of the research that has been attempted and also questioned some of the more preposterous assumptions that have hampered rational progress, in particular, the idea that no allowance should be made for the experience of the therapist. As we have described, the McMaster group have taken research issues very seriously from the start, and have pioneered research into the evaluation of training in family therapy, as well as producing interesting work on outcome research.

In our view, however, Gurman and Kniskern's plea for clarity about the precise nature of treatment given to families must be heeded. Without a clearly defined and documented description of the nature of the type of family therapy being investigated or evaluated, research papers on the process and outcome of family therapy are valueless. One major impetus behind this book is to provide a treatment manual that describes a particular model of family therapy that can be understood and perhaps replicated by others. If we have been successful in meeting this aim, we hope that more rigorous research will follow.

ADDENDUM IV



Verwysingsnommer
Reference Number

DEPARTEMENT VAN GESONDHEIDSDIENSTE EN WELSYN
DEPARTMENT OF HEALTH SERVICES AND WELFARE

PSIGOSOSIALE VERSLAG PSYCHOSOCIAL REPORT	KANTOOR/OFFICE
deur/by
SUPERVISOR:	Datum/Date

1. Identifiserende besonderhede ten opsigte van die persoon of persone oor wie die verslag handel:
Identifying details in respect of the person or persons forming subject of the report:

(a) Van en voorname Surname and christian names	S2	(b) Geslag Sex	(c) Geboortedatum Date of birth
.....	MALE	12 August 1973
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.....
.....
.....

(d) Woonadres
Residential address

(e) Bevolkingsgroep
Population group **White**

(f) Huistaal
Home language **English**

(g) Kerkverband
Religious denomination

2. Verslag vir
Report for

3. Inleiding (kyk asseblief bladsy 2)
Introduction (please see page 2)



Verwysingsnummer
Reference Number

DEPARTEMENT VAN GESONDHEIDSDIENSTE EN WELSYN
DEPARTMENT OF HEALTH SERVICES AND WELFARE

PSIGOSOSIALE VERSLAG PSYCHOSOCIAL REPORT	KANTOOR/OFFICE
deur/by	Datum/Date

1. Identifiserende besonderhede ten opsigte van die persoon of persone oor wie die verslag handel:
Identifying details in respect of the person or persons forming subject of the report:

(a) Van en voornam Surname and christian names	S3	(b) Geslag Sex	(c) Geboortedatum Date of birth
.....	M	22 JANUARIE 1972

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(d) Woonadres
Residential address

(e) Bevolkingsgroep
Population group BLANK

(f) Huistaal
Home language AFRIKAANS

(g) Kerkverband
Religious denomination

2. Verslag vir
Report for

3. Inleiding (kyk asseblief bladsy 2)
Introduction (please see page 2)



Verwysingsnommer
Reference Number

DEPARTEMENT VAN GESONDHEIDSDIENSTE EN WELSYN
DEPARTMENT OF HEALTH SERVICES AND WELFARE

PSIGOSOSIALE VERSLAG PSYCHOSOCIAL REPORT	KANTOOR/OFFICE
deur/by	Datum/Date

1. Identifiserende besonderhede ten opsigte van die persoon of persone oor wie die verslag handel:
Identifying details in respect of the person or persons forming subject of the report:

(a) Van en voorname Surname and christian names	S4	(b) Geslag Sex	(c) Geboortedatum Date of birth
.....	manlik	9/10/1971
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(d) Woonadres
Residential address

.....

(e) Bevolkingsgroep
Population group Blank

(f) Huistaal
Home language Afrikaans

(g) Kerkverband
Religious denomination

2. Verslag vir
Report for

.....

3. Inleiding (kyk asseblief bladsy 2)
Introduction (please see page 2)



Verwysingsnommer
Reference Number

DEPARTEMENT VAN GESONDHEIDSDIENSTE EN WELSYN
DEPARTMENT OF HEALTH SERVICES AND WELFARE

PSIGOSOSIALE VERSLAG PSYCHOSOCIAL REPORT	KANTOOR/OFFICE
deur/by
	Datum/Date

1. Identifiserende besonderhede ten opsigte van die persoon of persone oor wie die verslag handel:
Identifying details in respect of the person or persons forming subject of the report:

(a) Van en voornama Surname and christian names	S6	(b) Geslag Sex	(c) Geboortedatum Date of birth
.....	Male	21 May 1971
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(d) Woonadres
Residential address

(e) Bevolkingsgroep
Population group European

(f) Huistaal
Home language English

(g) Kerkverband
Religious denomination

2. Verslag vir
Report for

3. Inleiding (kyk asseblief bladsy 2)
Introduction (please see page 2)

ADDENDUM V

RECORD SHEET

SESSION	S1	S2	S3	S4	S5	S6
1 DATE	1-8-88					
TIME	50 min	45 min	50 min	30 min	50 min	50 min
RISK	0	0	0	0	0	0
2 D	8-8-88					
T	50	1:05	50	45	45	50
R	0	0	0	0	0	0
3 D	15-8-88					
T	40	60	40 (brought friend)	Sick	50	50
R	0	0	0	-	0	0
4 D	21-8-88					
T	50	60	-	40	50	50 (brought friend)
R	0	0	-	0	0	0
5 D	5-9-88					
T	40	60 (Stores stolen)	1:05 (Stay at school)	60	-	5
R	0	0 (Ready to go)	+2 (2)	0	-2	0
6 D	12-9-88					
T	40 (Plan inadeg)	60 (Plans O.K)	60	60 (Plan inadeg)	-	1:05 (Decided to stay)
R	+1 (Holidays)	0/+1 (Holidays)	+2	+1 (Holiday)	-2	+2 (Holidays)
7 R	6-10-89					
	+1	-1 (Attempt. Absc.)	+2	+1	+2	+2

15 JUN 1989