

**PRIMARY SCHOOL CHILDREN AT ACADEMIC
RISK - A QUALITATIVE STUDY OF AN
EDUCATIONAL PSYCHOLOGY SCHOOLS - BASED
INDIRECT SERVICE DELIVERY STRATEGY.**

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the degree**

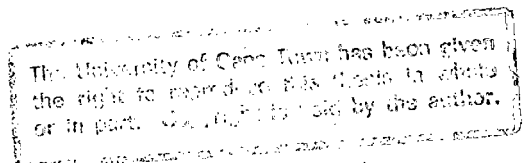
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ABSTRACT

This study aims to locally contextualize and critically evaluate a PARENT COUNSELLOR ASSISTANCE (PCA) programme implemented in a local primary school.

The programme investigated the possibility of providing an appropriate schools - based indirect service in the form of a consultation and counsellor assistance programme. This included reflecting on a consultative role of the educational psychologist as being a more appropriate role in keeping with the demands for a new unitary educational dispensation in South Africa.

The design and methodology of the study was informed by the C..I..P..P (Context, Input, Process and Product) evaluation model (Stufflebeam, 1971) employed to assist in the evaluation of educational programmes. It focussed on using systematic early detection and screening procedures to identify children academically at risk. Parent Counsellor Assistants trained in non-directive play therapy were then matched individually with these children and worked with them on a weekly basis over a period of seven months. The educational psychologist acted as consultant to the programme in line with an indirect service delivery strategy.

Data was collected through recorded observations of meetings, discussions, feedback sessions, consultations, questionnaires and informal contacts. Connors Behaviour Rating Scales were periodically completed by various participants and the Parent Counsellor Assistants maintained diaries of play therapy sessions. Childrens drawings were also used where possible, to reflect on any positive developmental indicators emerging.

Data analysis attempted to document the autopoietic development of the programme as it unfolded within the structure of the CIPP model, and within essentially a systemic perspective.

The findings were that the PCA programme was successfully implemented as an indirect service delivery strategy. Parents working in partnership with teachers supervised by a consulting

educational psychologist, were able to assist primary school children at academic risk in coping more adequately with their school life.

The programme was written for educators and allied groups interested in finding new strategies to service the needs of a rapidly changing educational system in South Africa, specifically in respect of special education services. Parent based indirect service delivery models using educational psychologists as consultants seems an appropriate strategy to service these needs.

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CHAPTER ONE***BACKGROUND AND PURPOSE.*****1.1 INTRODUCTION:**

Education in South Africa, until very recently (1994), was controlled by eighteen different departments of education. Given a situation of years of having to finance this bureaucratic giant, it is not surprising that many departments, and hence many communities, have experienced inadequate provision of resources; in many cases only the rudimentaries of an educational system were made available. In this situation education support services have been sorely neglected and service delivery often existed in name only. Donald and Csapo (cited in Donald & Hlongwane, 1989: 120) state: " The ratio of psychologists to pupils, with some variation between departments, is in the region of 1:30,000 compared to 1:3,000 for whites." . These numbers suggest that any transition to a more equitable distribution of resources will place inevitable strains on even the most successful of the previous educational departments. To then concentrate on special educational needs which usually require remedial and curative services when basic educational needs are not being met, would seem inappropriate.

One option being put forward is:

to develop a consultative model of psychological service delivery focussed, at this stage, on areas of greatest need. In this context the meaning of consultation may be taken as a process of collaborative problem-solving between a mental health specialist (the consultant) and one or more persons (the consultees)

who are responsible for providing some form of psychological assistance to another (the client) (Donald & Hlongwane, 1989:120).

Although the above option would require an increase in the number of Educational Psychologists (EP's), its strength lies in the indirect service delivery that it provides. Such an indirect strategy will ensure that fewer EP's will be able to meet the needs of more children. In addition it has an empowerment function of providing consultees with certain skills and insights to deal with many of the problems being experienced in our schools. The question also arises as to whether current service delivery provided by EP's is already an indirect service delivery, but one which is not functioning well because of poor role perception by EP's.

Any South African study investigating new educational psychology service delivery programmes would probably see the necessity to concentrate on those categories of schools which fell in the more disadvantaged departments of the past. The old Department of Education and Training for example, is one of the areas most in need of this type of solution to its problems. This study however, approaches the issue from the perspective that currently it is within the old so-called white departments where there are the best ratio of EP's to pupils. If this is so, then it becomes necessary to "free" these EP's from the traditional one to one psychologist-client model, so that they can be better used elsewhere in the evolving unitary department of education. The above is based on the premise that it will be some time before an educational system based on one department (or regional

departments) run on a non-racial equitable line will operate optimally. Even if this eventuates sooner than later, resources are going to be stretched and any programmes achieving the aim of better distribution of limited resources seem worthwhile exploring.

In this study, the role of the teacher is conceptualized as including a consultation/consultee dimension, and a school's parent body is viewed as a resource just as capable of being used as an indirect service to schools in the consultative model of psychological services. Many school communities have available as resources parent bodies who can be harnessed to provide a number of support services to alleviate the stresses mentioned above, and these have not been fully optimised by education support services in the past. The model to date has been based on having specialized services operating out of a clinic and/or regional offices. These clinics have recently been reconceptualized and renamed "Education Support Centres". In the Cape Peninsula region recent meetings held between Education Support Centres and the administrators of psychological services, have emphasized the need for all the centres to attempt to utilize a more consultative model in their service provision. This is in keeping with the belief that resources are expected to become more limited as a more equitable system of education eventuates in this region. This type of shift acknowledges that problems not only be identified within the pupil, and that problem-solving capacity (conceptual and structural) in the broader system is as important. The shifts in emphasis are thus on two axes:-

- a) (curative - preventive), a move from predominantly curative

support services to more prevention oriented models which promote health and social, psychological and academic development; and

- b) (individual - to systems models), with EP's expanding their repertoire to include consultation, preventive and systems oriented interventions.

A problematic feature of the consultative model concerns its emphasis on empowering suitable people within the system to tackle the issues that arise. This scenario of empowering individual teachers and others has the danger of increasing the load of teachers to a level that is often counter productive in terms of efficient execution of their tasks. In the classroom it is often difficult for the teacher to deal in a preventive manner with those pupils who could be considered academically at risk, but for whom little time can be found in the school day to give adequate time and energy to.

Research indicates that there are many programmes designed to bring parents into the school setting to address this problem (Cowen, Leibowitz & Liebowitz, 1968; Cowen, 1969, 1971, 1982; Sandler, 1972; Cowen, Dorr, Sandler & McWilliams, 1979; McWilliams, 1972 and Cowen, Gesten, Wilson & Lorion, 1979. In the South African schooling system it would seem to be imperative that such programmes be utilized, especially when there are communities privileged enough to have a highly educated parent body. If harnessed and optimally used, other resources (like education support centre staff) could be better utilized elsewhere, and in a different way.

The research proposed has its roots in the ideas of the Counselling Assistance Programme (CAP) which is part of the Primary Mental Health Project (PMHP) begun in Rochester, New York in 1958.

The PMHP's effectiveness is well documented as indicated by its adoption nationally by over 400 schools and its funding by the National Institute of Mental Health. The PMHP is a program for the early detection and prevention of school difficulties that greatly increases the amount of effective services that elementary schools offer to children (Lewis, 1992).

The schools-based indirect service delivery strategy proposed, while drawing on the ideas of the American experience, has been substantially adapted to cope with the realities of the South African situation and with the intended scope of this research. There are certain key features on which the CAP programme and this strategy have been based, namely:

- a) a focus on pupils in Stds A B and 1 who, with proactive intervention, can improve behaviourally, that is, before early school maladjustment difficulties develop into more severe problems;
- b) the use of screening procedures to identify children experiencing problems that could affect effective learning;
- c) the use of non-directive play therapy techniques by parent counsellor assistants (PCA's) as the vehicle for remediation.
- d) a developmental understanding of children.
- e) the bringing of immediate preventive help to a wider group of pupils identified as at risk, under the care of a selected and trained group of parents, supervised by an EP;

f) achieving the aim of modifying the education support services to the school by promoting a team approach bringing together parents, teachers, pupils and the serving support centre in closer co-operation.

1.2 AUDIENCE AND STYLE.

Chapter three will explore in more detail who are the various groups who need to be addressed on current perspectives and practices of education support services in South Africa. At present the perception of many in the field is that the needs of support services are seen as marginal and it will require aggressive lobbying and the advocacy of all interested groups to see that needs are adequately met.

The study will be written in a descriptive style illustrating and demonstrating the nuances involved in and emerging during the implementation of the programme. In addition, this style will be adopted in order to ensure reader friendliness with a view to wide dissemination of the findings, and to be accessible to all the adult participants in the study.

1.3 AIM:

To locally contextualize and critically evaluate a PARENT COUNSELLOR ASSISTANCE (PCA) programme implemented in a local primary school.

1.4 LITERATURE REVIEW:

The literature review will provide support for both the theoretical and empirical aspects of the study. It will cover the

following areas:

- a) Schools-based indirect service delivery in the form of consultation and counsellor assistance programmes. The focus will be on the role of the EP and the role played by parents in school communities;
- b) the Rochester CAP and related programmes;
- c) evaluation of educational programmes using the CIPP model (Madeus & Scriven, 1983);
- d) data collection instruments both qualitative and quantitative, including the Connors Behavioural Rating Scales (Trites, Blouin & Lapgrade 1982), and projective drawings (Koppitz, 1968, 1983; Cowley, 1991; Breen, 1988);
- e) data collection processes, for example, principles of non-directive play therapy (Axline, 1992);
- f) Data analysis and interpretation (Keeves, 1988; Madeus & Scriven, 1983).

1.5 DESIGN:

The design of the study was informed by the CIPP (Context, Input, Process, Product) evaluation model employed to assist in the evaluation of educational programmes.

The CIPP approach is based on the view that the most important purpose of evaluation is not to prove, but to improve It sees evaluation as a tool by which to help make programmes work better for the people they are intended to serve (Madeus & Scriven, 1983:118).

CIPP is an acronym made up of the labels for four evaluation concepts, namely:

CONTEXT EVALUATION - evaluation to inform planning decisions.

INPUT EVALUATION - evaluation to serve structuring decisions.

PROCESS EVALUATION - evaluation to guide implementing decisions.

PRODUCT EVALUATION - evaluation to serve recycling decisions.

The CIPP evaluation model is theoretically coherent with a systems view of education given that both involve themselves with analysing the structures, the patterns and the processes functioning within an educational system. Further, the CIPP model provides a framework for ongoing evaluation by decision-makers in an educational system. Evaluation becomes: "The process of delineating, obtaining, and providing useful information for judging decision alternatives." (Stufflebeam, Foley, Gephart, Guba, Hammond, Merriman & Provus, 1971: xxv). Also it is compatible with and promotive of a consultation model for education support services.

1.6 METHODOLOGY:

1.6.1 Site:

A local girls-only primary school provided the site for the research. The school can be characterized as a so-called Model C school affiliated to the old Cape Education Department. Model C refers to a category of school in which the parent community has been given increased responsibility in the management (maintaining and running) of the school. It has a pupil complement of approximately 250 pupils catered for by 11 fulltime staff. The study was initiated in response to a request by the principal and the remedial teacher of the school, with the approval of the chief educational psychologist of a local education support centre (ESC).

1.6.2 Subjects:

The people involved in this study clustered as follows:

- a) Pupils who were all girls in stds A B and 1 and who were identified as at academic risk based on the scoring of Teacher and Parent Connors Behaviour Rating Scales. Children scoring greater than $T=70$ in any criteria on the behaviour rating scale were considered for the programme. The rating scale results were verified by informal discussions with the class teachers ($n = 15$).
- b) The teachers who were central to the initial identification procedures and later monitoring of changes in pupils behaviour ($n = 3$).
- c) Parents (mothers) who volunteered their services to participate in the PCA programme and the study. Initial names put forward were reduced to the required number needed ($n = 15$). Those mothers who were not selected as PCA's were allocated other functions in the school, for example as reading aides etc. ($n = 13$).
- d) Selected children's biological parents (usually mothers) provided feedback through Parent Connors Behavioural Rating Scales ($n = 15$).
- e) The researcher who was the consulting EP had the task to train the PCA's, liaise with the people involved, and to monitor and evaluate the progress of the programme.
- f) Education support personnel provided a forum for consultation with the EP on an informal basis.

1.6.3 Data Collection:

Data to be collected and data collection procedures and methods

included:

- a) Written records of meetings, discussions, feedback sessions and informal contact and correspondence made by the EP using the CIPP model as an evaluation guideline.
- b) Connors Behaviour Rating Scales from a number of sources, namely:
 - * Teachers (in March, May and August).
 - * Parents (March and August);
 - * PCA's (May and August).
- c) PCA diaries reporting on the weekly sessions held with pupils.
- d) Children's drawings.
- e) Field notes, for example, written records of meetings, and correspondence.

1.6.4 Data analysis and interpretation:

The data collection was designed to facilitate the emergence of the following patterns during the analysis and interpretation phase:

- a) An autopoietic development of the programme as it unfolded documented with the structure of the CIPP model, and within a systemic perspective.
- b) Changing profiles on the Connors Behavioural Rating Scales.
- c) Observations being made in diary reports.
- d) Children's drawings projecting trends.
- e) General observations as to the effectiveness of the programme collected via questionnaires from to the principal, staff, parents and PCA's.

The patterns were examined for trends and these trends evaluated in terms of the following criteria:

- a) Similarities and differences in the evolution of the locally contextualized programme when compared with the literature.
- b) Changes in the T-scores obtained on the Connors Behavioural Rating Scales. These were illustrated by using bar-graphs.
- c) The observations in the diary reports were scanned for clusters pertaining to the child, the PCA, the relationship between the child and the PCA, the programme and other factors arising. Interpretations were made in the light of theory and research findings.
- d) The drawings were analyzed in terms of Koppitz (1983) and Machover's (1968) criteria for projective analysis of drawings and each child's drawings were interpreted in the light of contextualized information collected.
- e) The evaluative feedback was analyzed in terms of:
 - i. Comments on the PCA programme with a view to improving its implementation,
 - ii. the Connors Behavioural Rating Scales scores indicating changes in behaviour (especially within the classroom as rated by the teacher) interpreted in the light of contextualized data collected.

The above sources of data were triangulated where appropriate for further integrative analysis and interpretation.

Finally, certain conclusions were drawn and recommendations made addressing the qualitative aspect of the intervention programme.

1.7 OUTLINE OF CONTENT:

Chapter One Background and Purpose

Chapter Two Literature Review

Chapter Three Research Design and Methodology

Chapter Four	Context Evaluation
Chapter Five	Input Evaluation
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CHAPTER TWO***LITERATURE REVIEW.*****2.1 EDUCATIONAL PSYCHOLOGY SERVICE DELIVERY AND THE SA CONTEXT:
PROBLEMS, POSSIBILITIES, OPPORTUNITIES.**

In the light of education support services being stretched because of the proposed new education dispensation in South Africa, the need is to employ new creative strategies and problem solving to address the difficulties. By exploring issues like systems consultation, indirect service delivery, the role of EP in the South African context and the utilization of parents in support roles, will offer certain alternatives to meeting existing and future needs as they arise. The alternatives will require certain paradigm shifts in existing thought for all involved in the daily business of education support services, both from the perspective of the recipient, and from the dispenser of such services.

Systems consultation, as an example, is a particular support service that can be, and should be effectively used in the South African educational scenario by EP's. van der Hoorn (1994) places the following issues as central to systemic thinking and upon which systems consultation is based:

- the whole is more than the sum of the parts, and cannot be understood in its entirety through summative explanations of the parts;
- a system is an interconnected network of relationships which are mutually influential and linked by recursive causality

loops;

- the observer's epistemology is a powerful influence in the construction of the reality of the system;
- dynamic patterns and rhythms are the focus of data analysis and interpretation;
- the use of a narrative style for scientific-professional reporting (Plas, 1886; Lightfoot, 1983; cited in van der Hoorn, 1994:11).

Various definitions of systems consultation have been defined by writers (Conoley & Conoley, 1982; Donald & Hlongwane, 1989 and van der Hoorn 1994) all indicating consultation involving the EP working in contextual relationships and in a different way. The role of the EP now has a more diverse definition. In systems consultation the following roles and activities are trends:

- working in a contractual way;
- working with individuals, groups, organizations, committees, communities etc;
- creating networks of help agencies and people to perform services;
- working at empowering others (skills knowledge) to perform support services;
- understanding broader systems influences that could be affecting the focus of concern;
- dealing with attitudinal change - affecting policy and bureaucratic change;

In the South African education system with its multi-departmental structures, there has been evidence in small ways of shifts in service delivery where certain departments have initiated the possibility of more consultative services. Unfortunately the

possibilities of the model developing are often limited by the visions of participating EP's or other support personnel, or by the requests made by principals and teaching staff which appear not to be in favour of changes to the status quo. Examples of structures which lend themselves to extending consultative services are Didactic Aide Teams (DAT) found in many Cape Education Department Schools, or Panels for Identification Diagnosis and Assistance (PIDA's), found in the Department of Education and Training schools. Both these structures attempt to empower the teacher to perform support services through psychological problem solving with the EP providing the occasional instructional support. The reasons for their success or failure in various schools is multifaceted, but the point to be made is that if EP's in the South African context become serious about a systems consultation approach to meeting overwhelming demands, there are structures that can be overhauled and made to function more effectively if correctly promoted and supported.

Many investigations have documented the inadequacy of support services and some have identified possible strategies to improve them (de Langa, 1981; Donald & Csapo, 1989; Gwalla-Ogisi, 1990; Donald, 1991, 1993, and the National Education Policy Investigation (NEPI), 1992). Lazarus and Donald (1994) have proposed a model for support services in South Africa which advocates a cascade principle in skill distribution, in the engagement and participation of parent and community resources and the multi-purpose, distributive function of district or community centres. In this model the emphasis is on support

service personnel working in inter-disciplinary teams in both the planning and practice of services.

The role of the EP in centralized community centres would be essentially consultative, educative and supportive of both individual-curative and general-developmental programmes in the schools and community. Working in teams their role would involve specialized assessments, diagnoses and interventions, consultation, training and support for other medium-skilled teams, in-service training programmes for teachers to acquire post-basic skill recognition and co-ordinating or undertaking general curriculum and whole school, systemic level interventions (Lazarus & Donald 1994 :9).

Lazarus and Donald (1994:10) also suggest,

that EP's, apart from being able to provide specialized assessment, diagnosis and curative intervention, would have to have specific training in holistic programme and curriculum design, consultative skill sharing, systemic analysis and intervention, and the design and execution of in-service training programmes.

The systems consultation approach is a far cry from the more traditional client-centred view of the EP closeted in assessment with the individual child. In view of the South African situation the systems model appears more realistic and certainly more pragmatic in its motivation. In chapter five a description is given of a meeting held with parents of the school involved in this programme, in which the shift in service delivery and the idea of consultation is discussed in an attempt to help them

contextualize the framework of the programme.

As in other areas of the world, there is a paradox in SA of the service that educational psychology provides to schools. This is that to be effective in servicing the needs of children, the service will have to concentrate its attention and professional expertise on adults. This paradoxical situation arises out of a view which acknowledges that educational psychologists and psychological services view the profession as one which has been unable to match up to its possible potential. Feelings of frustration are almost palpable and significant changes have been called for (Bardon, 1983; Cobb, 1990; Graden, 1984; Reschly, 1988). At the very core of the profession's discomfort is a sense of impotence (Yesseldyke, 1978). The lofty visions (Cutts, 1955) for the field were to infuse the benefits of psychological theory, research and practice into the daily lives of children and into the fabric of schooling. This would typify much of what the psychological services in South Africa attempts to adhere to. In reality it appears that psychological services often have little real impact beyond the assignment of diagnostic labels and special education placements, or organizing remedial services and other referrals, and only in the most part, for a limited range of pupils (Ysseldyke, 1983). In South Africa with the advent of a new unitary system of education, the prospects of this continuing, with the statistical realities of the numbers and ratios of pupils to psychologists, will mean the system will face a crisis.

One response to the above dilemma has been to investigate

improving the "tools of the trade" and so help to improve assessment, diagnoses and intervention methodologies (O'Callaghan, 1974; Reynolds & Clark, 1984). South Africa has tended to mirror these international trends by maintaining a child centred approach replete with sophisticated professional tools for addressing the psychological and educational needs of children. However a reconceptualization of the service delivery model presently used by local psychological services is crucial if the field is to achieve any palpable results in a forthcoming educational dispensation. This is in keeping with research (Conoley & Gutkin, 1986; Elliot, 1988; Tuma, 1989) which indicates strongly that the processes used by practising educational psychologists to communicate their knowledge is at least as important as the content of the knowledge that is communicated (Barton, 1986). In this connection it is appropriate to illustrate the essential difference of what is meant by direct and indirect service delivery.

2.1.1 Direct and Indirect Service Delivery:

Figure 1 illustrates the essential differences between the two types of service delivery:

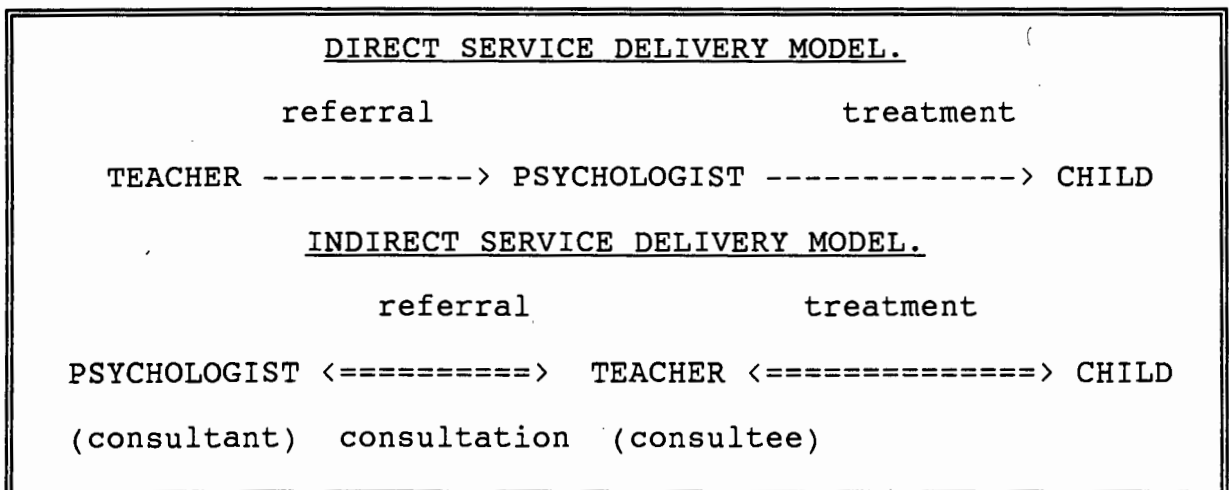


Fig.1. Direct and indirect service delivery models for school psychologists. (Reynolds, Gutkin, Elliot & Witt, 1984:78).

In the Direct Service Model, the psychologist's assessment and intervention abilities with children are of crucial importance. In the Indirect model, the psychologist's ability to work effectively with adults, and in a systems context are critical. Conoley and Guttkin (1986) suggest that the skills needed by the psychologist for each type of service are distinctly different, and that knowledge of one does not automatically qualify one for the other. Burden (1994) argues that EP's must have knowledge and skills of child work as well as systems knowledge and skills. One of the criticisms of systems work is that people doing it are inadequately trained to service the needs of the individual, especially the child.

It can also be argued that EP's already deliver predominantly indirect services as their assessment activities are often intermediate steps in a total service delivery model (Reynolds, Guttkin, Elliot & Witt, 1984). Furthermore the interventions that result from their assessments are implemented by persons other than themselves.

Whether the services that result from assessment activities consist of interventions designed to enhance children's academic, social, affective or behavioural skills, and whether they are carried out in school, home or residential settings, these services will be delivered most exclusively by persons such as teachers, parents and others in supportive roles. The educational psychologist's role will be working primarily with these other adults to help them implement various interventions rather than implementing the

interventions directly by themselves. As such, educational psychologists' activities are best classified as indirect rather than direct services. (Guttkin & Conoley, 1990:206).

If, as is suggested, psychological services are in fact already operating on an indirect model then why is the service not more effective and efficient? Guttkin and Conoley (1990) suggest that it is simply a matter of the services not coming to grips with the indirect service delivery realities of their field. EP's base their delivery on a direct service delivery focus - trying to solve indirect service delivery problems with direct service delivery methodologies. The central problem must be resolved by the EP acknowledging that s/he must use those skills which allow her/him to analyze the systems s/he works in, and with this knowledge provide a consultative service where s/he relies on adult third parties, like teachers and parents, to deliver their services on her/his recommendations. "The key to serving large numbers of children is to increase vastly the number of persons who can provide quality treatment - psychologists need to give psychology away to non-psychologists" (Guttkin & Conoley 1990: 208).

Labram (1992) argues that consultancy should be the key area of involvement for EP's in the future, working with a variety of client groups. Labram cites certain pitfalls that the EP needs to be clear on in consultation practice:

- methodological problems such as negotiating access, the sequence of events and techniques of psychological consultancy;

- theoretical issues such as what model of consultation is appropriate;
- structural issues such as the limitations imposed by clients;
- political issues such as who the client is, who owns the outcomes and deskillling those with managerial responsibility. (Wolfendale, Bryans, Fox, Labram & Sigston, 1992:84)

EP's should thus focus on teaching and empowering others to deliver services (Bardon, 1983). Supporting this conceptual idea is a body of research indicating that mental health paraprofessionals can be effective providers of psychodynamic (Hattie, Sharpley & Rogers, 1984) and behavioural (Kramer, 1990; Martens & Mellor, 1990) treatments when they are appropriately trained and supervised. Use of paraprofessional personnel has elicited research indicating that meaningful and widespread preventive outcomes can be attained (Cowen & Hightower, 1990). What is needed are techniques and methods enabling far more people to be reached per professional person. The systemic nature of the psychologist's work also places emphasis on acknowledging that the environments in which children function are controlled by adults. Given that environmental factors play an important role in the development and continuation of children's psychological and educational problems (Saxe, Cross & Silverman, 1988), it is essential that treatment include a systemic awareness of other factors - these may be an awareness of the viability of using parents (if available) in a preventive manner as advocated by this particular study as an option. The use of

parents in the school community as preventive agents of educational and psychological problems is well documented and their use carries many benefits for the school as a system.

✓ 2.2 PARENT INVOLVEMENT IN SCHOOLS:

The literature and research affirms the contention that parental participation is an indispensable ingredient of pupil development and academic excellence (Beck 1989; Broen & Westman 1990; Campbell 1992; Comer & Haynes 1991; Cronin, Slade, Bechtel & Anderson 1992; Epstein 1988; Kennedy 1991; Turnbull 1983; Yanok & Derubertis 1989). An active parent-school partnership can contribute not only to the enhancement of educational performance in scholastic attainment, but also to the improvement of parenting skills and family life (Cone, Delawyer & Wolfe, 1985; Lillie, 1975; Schaefer, 1972). The word "partnership" seems to be the crucial working relationship that is aimed for. Bronfenbrenner (1974; 1979) argued strongly that parent participation was crucial to good education. Family and school constitute important influences in the psychoeducational development of children and the best results are attained when these two structures work together. It has been suggested (Chandler, 1980) that the stronger this participation or partnership, the better the service delivery system will function for the child.

2.2.1 Parent-School Partnership:

There are many ways in which A parent-school partnership can evolve. Kennedy (1991) gives the following types as examples:

- school forums and discussions on pertinent issues applicable to

both environments (home and school);

- parental involvement in policy decisions (Boards of Government);
- parental input in school management and in helping with material and physical improvements;
- open lines of communication at all times;
- parents participating in learning activities at home;
- parents involvement in the classroom;

Cronin, Slade, Bechtel and Anderson (1992) see four models as representing the traditional ways in which schools have relied on disseminating information and co-operating with parents, namely: workshop models, home-based models, schools-based models and parent-trainer models. Each model represents strengths and weaknesses depending on the particular characteristics of the school (the school's needs, number of pupils, number and skills of personnel). Turnbull and Turnbull (1990) suggest that notwithstanding what the characteristics of the school or the model used, the focus should be on exchanging information rather than merely providing information to the family. In any model chosen the part played by the principal appears to be crucial. Campbell (1992) mentions that the ultimate responsibility for creating harmony between the school and home rests with the principal. In this task the principal needs to create a climate which:

- creates a sense of ownership for all who are participating;
- taps into previous success;
- gives clear goals and expectations;
- provides a challenge with appropriate support;
- models enthusiasm and provides genuine praise.

In this sense the ethos of a school is built up whereby parent

involvement and parental programmes become most effective when they are part of an integrated ecological approach to improving the school. "They work best when they are based on child developmental concerns and when they are implemented within a broader context of improved relationships among significant adults in the lives of the children" (Haynes, 1990).

2.2.2 Parents in the classroom:

Beck (1989) refers to a number of benefits when parents become involved in working in the classroom. Once a system becomes open to this kind of partnership, teachers see certain tasks as acceptable ones which they are prepared to hand over to parents. Mostly these tasks are menial and their benefit is that they give the teacher the space and time to concentrate on more individualised teaching. If parents are able to reinforce skills already taught through rote repetition, for example, computer skills, listening to reading or helping with handwriting, the teacher can be like a consultant instead of being loaded with this additional necessary involvement. Parents in the classroom also give the school a feeling of openness and warmth and the involved parents are better able to identify with the aims of the school. Benefits of parent involvement in the classroom can be seen as:

- giving support to children who are at academic risk;
- monitoring of children's progress;
- parents understanding better the stresses applicable to the system;
- children able to see parents and teachers in accord with each other;

- insight by parents into helping with work at home;
- insight by parents into the functions of the school;
- insight by the parents into the expectations of the school;
- involved parents becoming more sensitive to the needs of their own children and the management of their own families;
- giving teachers time to work in depth with other children.

(Beck 1989)

2.2.3 Dangers of Parent involvement:

There are some dangers of parent involvement that can arise in certain circumstances. Not all parents are able to avail themselves of opportunities to be involved because of the realities of their own employment, and this could cause a feeling of resentment or exclusion. Their perceived lack of commitment by the school is problematic in that it makes them feel guilty and resentful of any programmes designed to bring parental aid into the classroom. Parents are also concerned about letting "lay" people have access to their children's educational development, especially if they perceive that professional teacher control is not adequately implemented. Concerns over respecting the privacy of the child, understanding individual differences of children, sensitivity and integrity are all aspects expected of professional teachers which can be compromised with parent involvement. Confidentiality by parents who are brought into the classroom is a crucial aspect of any designed programme if it is to be successful. Besides pupils being discussed by these parents, teachers can also be openly criticized in forums that are not appropriate, rather than with people to whom such criticisms are best directed.

It appears that there are many advantages to be gained by involving parents in various activities and functions within the school. What is of overriding importance is that their involvement needs to be well controlled and monitored, with the principal of the school playing a major role in first marketing the aims and goals of such programmes to parents and teachers alike, and then supporting the teachers in the challenges that such a programme will deliver. The ideal situation of open parent and teacher partnerships is an ethos which might develop over time so that a school creating relationships with the new intake's parents each year would have less difficulty maintaining the ethos because of the natural expectations of the majority of the parent body, staff and pupils. Subsequent parent programmes which were then developed would have easier acceptance and the degree of parent involvement is likely to become greater. As a consequence teacher input for individualized attention of pupils at risk could then be better accommodated.

2.3 THE ROCHESTER COUNSELLING ASSISTANCE PROGRAMME AND RELATED ISSUES.

The Counselling Assistance Programme (CAP) was predicated on the Primary Mental Health Project (PMHP) which was begun in Rochester, New York in 1958. The PMHP is an innovative programme designed and used by over 400 American schools for early detection and prevention of school adjustment problems. Although participating schools and districts preserved PMHP's main structural components, programme practices varied with districts' needs, resources, and operating styles.

2.3.1 Primary Mental Health Project (PMHP): Background information and Method:

Cowen, Dorr, Sandler & McWilliams (1971) provide the fullest description of the PMHP programme. A key point of the PMHP is that it offers a genuine alternative for conceptualizing and delivering school mental health services, based on four structural emphases:

- a focus on very young (primary grade) children;
- a systematic use of screening and detection procedures to identify early school adjustment problems (Cowen, Dorr, Sandler & McWilliams, 1971; Gesten, 1976; Lorion, Cowen & Caldwell, 1975);
- the use of nonprofessional help agents to expand the reach of effective services (Cowen, 1969; Cowen, Trost & Izzo, 1973; Zax & Cowen, 1967).
- and a changing role for school mental health professionals, emphasizing selection, training, and supervision of nonprofessionals and consultation and resource functions (Cowen & Lorion, 1975) to support expansion of helping services to children (Cowen, Lorion, Kraus & Dorr, 1974).

PMHP has gone through several stages of planned change. For its first eleven years, it existed as a pilot project in one Rochester school. In 1969 it expanded to eleven schools in Rochester and several nearby county districts. Since then it has been incorporated in many schools. Published research findings, including programme evaluation studies (eg. Cowen, Trost, et al., 1975) have added to the programme's visibility and have established an effective base for the model.

2.3.2 Pros and Cons of early identification models:

Several advantages of early identification of children at risk are:

- behaviour of young children is more susceptible to change than that of older children, and therefore, the likelihood of intervention efforts being effective is greatly enhanced by early identification;
- many personality theorists suggest that development during the pre-school and primary school years establishes the basis for many of the personality characteristics which are observed later in life. By identifying those children with problems, early identification may be able to employ intervention programmes during the optimal developmental periods of these children (Cowen, 1973);
- by early identification parents can become better oriented to the difficulties, and so provide additional support for the intervention strategies.

Disadvantages of early identification relate more to the effects of so-called misdiagnosis which arises due to factors such as:

- instruments and identification procedures are somewhat unreliable;
- developmental/maturational differences are most varied early in life. Differential developmental patterns make it difficult to determine if a particular child is truly at risk or simply a child who needs more time to mature before becoming an efficient learner;
- identification to a programme could carry a label and the detrimental effects of that label present a problem to the child and his/her family.

If the programme is so designed that identification and intervention are likely to benefit the child whether correct or incorrect diagnosis occurs, the child simply receives additional support. This is the emphasis of this study.

In chapter five a description is given of a meeting held with the parents involved in this programme where it was necessary to make it clear what is understood by developmental growth and developmental lag. This was spoken about in an attempt to transmit the idea that if a child was selected for the programme, it was not because she was stupid, but that sometimes certain skills or talents were slow in developing and would require a little extra attention on the part of support personnel to allow them to emerge. The above was particularly relevant to emotional development and interpersonal skills within the school community.

2.4 CONTEXT, INPUT, PROCESS, PRODUCT (CIPP) MODEL OF EVALUATION:

The CIPP model of evaluation originated from the ideas of Daniel L. Stufflebeam (Stufflebeam, 1966) and was developed in the 1960's as an alternative to the views about evaluations that were most prevalent at that time - namely, evaluations should be orientated to objectives, testing and experimental design. It emerged with other new conceptualizations of evaluation, especially those developed by Scriven (1966) and Stake (1967). The (CIPP) model has been the subject of research and development by many researchers, for example, Adams (1971), Findlay (1979), Nevo (1974), Reinhard (1972), Root (1971), Webster (1975) and others cited in Stufflebeam (1971). Throughout the 1970's it was cited at many conferences and in many publications. The model is

most fully expounded in Stufflebeam (1971) and has been implemented and applied in many educational and other settings. Stufflebeam's original ideas stemmed from the work done at the Ohio State University Evaluation Centre which was tasked to evaluate elementary and secondary education in the USA in accordance with the Elementary and Secondary Education Act of 1965. Evaluation work done at the Columbus Evaluation Centre where he was contracted to determine ways and means of evaluating several educational projects functioning within the Columbus district, led to the evolution of the model. The staff at the centre, found after using a traditional Tylerian evaluation rationale (Tyler, 1942) which had been used in American education for close on 30 years, that this approach was not adequate for evaluating the Columbus school educational projects. "The assumption that educators knew or could easily determine what student behaviour should result from the projects was far from realistic" (Stufflebeam & Shrinkfield 1985:154).

The following issues were identified as stumbling blocks in their analysis:

- inability of staff to agree on specific objectives to be adopted;
- valuable time consumed on determining these objectives;
- student needs were variable;
- students were at various developmental levels;
- existing tests were inadequate to assess progress;
- reports finally yielded would only emerge at the end, not materializing in time for projective future planning;
- projects were not being implemented with any degree of consistency or appropriate monitoring.

Furthermore in 1969, a study committee on evaluation was set up which recognized certain areas of concern with respect to the process of educational evaluation (Stufflebeam 1971:154). These areas of concern seemed to affect evaluators at all levels of evaluation in the American educational system. Areas of concern emerged as:

- avoidance of evaluating programmes;
- anxiety about evaluation in terms of criticism, bias and ambiguity;
- immobilization to confront problems of evaluation;
- scepticism of educators to agree on a sound system of evaluation;
- lack of guidelines for meeting evaluation requirements;
- poor advice from experts and in literature about how to conduct evaluations in field settings;
- the idea that if no significant difference can be found nothing has changed;

A move away from the traditional definition of evaluation towards a broader definition was indicated.

2.4.1 A new definition of evaluation:

The most fundamental priority of any evaluation in an educational institution is that it should attempt to promote growth by helping responsible leadership to obtain and use feedback systematically so as to meet existing needs, or to ensure that existing resources are put to the best possible use. Evaluation becomes a means of serving the requirements of the decision makers and thereby the collective good. Evaluation is therefore

no longer equated to measurement, experimental research or to matching objectives with outcomes.

Evaluation is the process of delineating, obtaining, and providing descriptive and judgemental information about the worth and merit of some object's goals, design, implementation, and impacts in order to guide decision making, serve needs for accountability, and promote understanding of the involved phenomena.

(Stufflebeam & Shrinkfield 1985:159).

Evaluation is seen as a process which aims at providing information which best helps to improve the object of interest.

The key aspects of the object that, according to the definition, should be assessed include its goals, design, implementation, and impacts (respectively these are assessed by context, input, process and product evaluation.) The fundamental criteria to be involved include its worth (its response to assessed needs) and its merit (its quality). (Stufflebeam & Shrinkfield 1985:159).

The CIPP model can be identified as theoretically coherent with a systems view of education and human services in that both involve themselves with analysing the structures, the patterns and the processes functioning within an educational system. It is viewed not only as an evaluation criteria for an individual study, but is intended to provide continuing evaluation services to the decision makers in an institution. The most important aspect is not to prove, but to improve the system so that it will work better for the people it is intended to serve.

2.4.2 Applying the (CIPP) model:

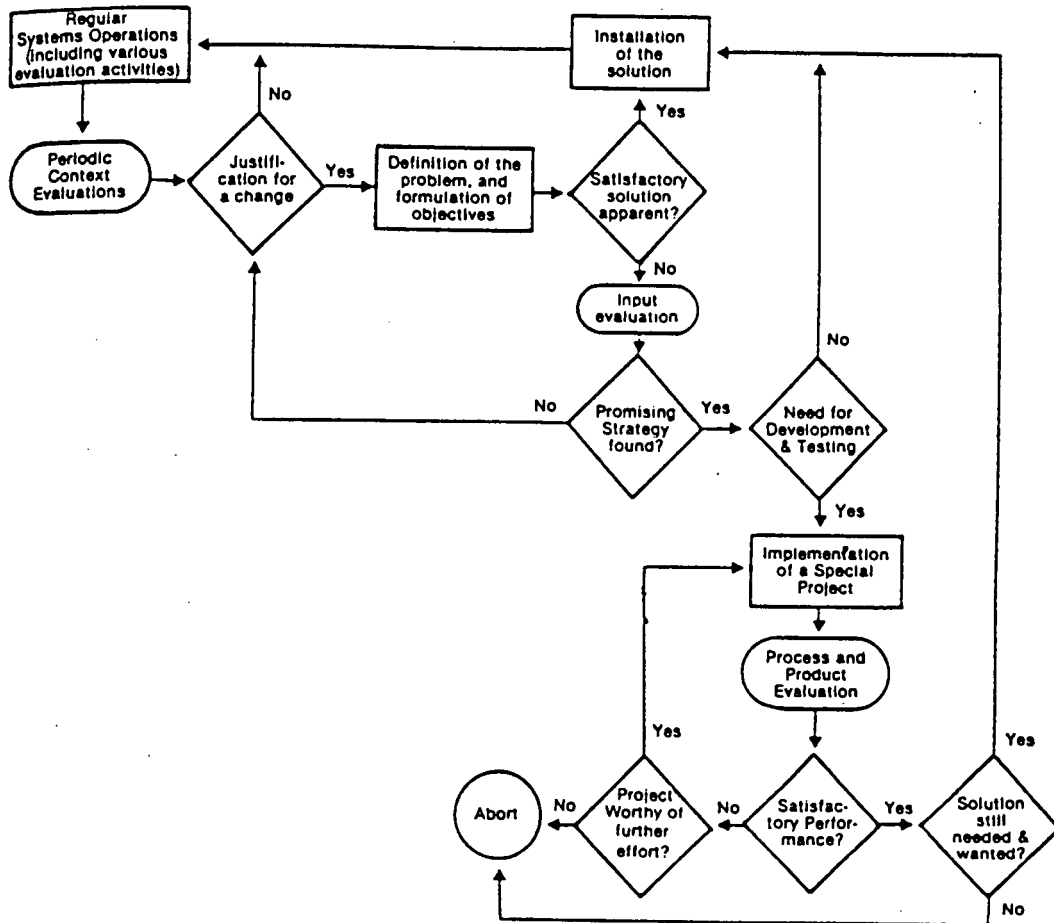


FIG. 2. A flow-chart depicting the role of CIPP evaluation in effecting system improvement (Madeus & Sciven 1983:127).

Starting in the top left-hand corner the flow chart acknowledges that a school is constantly undergoing various systems evaluations. Periodically the school needs to undergo a special CONTEXT evaluation.

A **CONTEXT** evaluation might include:

- identifying the specific needs of the people in the school;
- exposing opportunities;
- using new technologies;
- looking at "aide agencies" prepared to offer assistance;
- collecting and examining perceptions about problems in the school that may warrant change;
- assess the efficacy of the schools stated goals and mission statement.

This evaluation may be stimulated from within the school, or be motivated from without, depending on how the school as a system is responding both to the needs of those within, and to its status as a system within the larger societal system. The results of this evaluation would lead to a decision regarding the introduction of some kind of change. If no change is deemed necessary the school would decide to continue as usual. If change were to be deemed necessary, then the programme staff would clarify the problem(s) to be solved and formulate their objectives. If no solution were apparent they would then institute an **INPUT** evaluation.

An **INPUT** evaluation might include:

- research into relevant literature;
- researching similar institutions which may have solved similar problems;
- motivate and utilize creative ideas generated from within the school itself;
- involve outside experts;

Information and strategies which emerged would be assessed in

terms of the defined needs, problems, objectives, theoretical soundness, and feasibility. A strategy would be chosen suggesting that if it warranted some further development some pilot testing (re-cycling) could then occur. When appropriate it would finally become part of the system. If further evaluation were required the strategy would then be further evaluated in terms of **PROCESS** and **PRODUCT** evaluation.

PROCESS evaluation might include:

- monitoring the activities potential;
- being alert to unanticipated results emerging;
- obtaining specified information;
- describing the actual process;
- continually interacting and observing the activities of all the participants involved.

In essence, the process evaluation is an ongoing check on the implementation of the plan. It provides feedback to staff about how the programme is functioning, how it is using available resources, and whether it requires modification. It also requires extensive recording of activities of every facet of the programmes functioning.

PRODUCT evaluation might include:

- defining the operations and measuring outcome criteria;
- collecting opinions and judgements of outcomes from participants;
- by performing both quantitative and qualitative analyses.

Feedback about the achievements of a programme are important both during and at the conclusion of the programme. the main objective

of the product evaluation is to ascertain the extent to which the programme has met the needs of the group it is intended to serve.

As the flow-chart indicates, at all times the leadership of the school has the ability to terminate the process whether it is successful or not.

Stufflebeam (1985) points out that the above flow-chart indicates a number of important features of a systems approach to evaluation.

Evaluation is an integral part of an institution's regular programme and not merely a specialized activity involved in innovative projects, and the implementation of CIPP or any other specialized approach is only a part of the total mosaic of informal and formal evaluation in the institution. Evaluations have a vital role in stimulating and planning changes. The employment of each type of evaluation in the CIPP model is indicated only if information beyond what already exists is needed, not by the inherent value in doing each kind of evaluation. In other words, context, input, process, and product evaluations are only part of a larger milieu of evaluation in any institution, and the most important function of those commissioned studies is in serving the institution's marginal needs for evaluative information. Development of new programmes should include the provision for ongoing use of evaluation. Evaluation information not only provides guidance, but, if recorded, provides a basis for

judging, on reflection, whether decisions either to abort or institute a special project, were made on defensible grounds. Decisions to commence, sustain, install, or abort programmes will always reflect dynamic forces - irrational and rational - that extend far beyond the evaluators sphere of study and influence (Stufflebeam 1985:168/169).

This model suggests that evaluation is a necessary concomitant of improvement and provides a framework in which to work in educational institutions. Its strength lies in its systemic basis, its emphasis on servicing the needs of people it is intended to serve, and on its attention to looking at alternatives to help decision makers implement and monitor the decisions made in the best interests of the system as a whole. It suggests a strong basis for using evaluation to truly serve the needs of the decision makers of a system, rather than using evaluation (for evaluations sake), as a critique of a system.

2.5 DATA COLLECTION PROCEDURES AND INSTRUMENTS: A THEORETICAL GROUNDING.

In this section, a theoretical grounding for the chosen data collection procedures and instruments is provided. These procedures and instruments include: non-directive play therapy, drawings, behavioural rating scales for teachers and parents (including PCA's).

2.5.1. Play Therapy: Principles, Process and Techniques:

Play therapy can be described as a therapist-child relationship within a therapeutic setting using the medium of play. Depending

on the theoretical emphasis of the therapist, the process and content of the play will take various forms. Although the use of play therapy may assume that it is being conducted as a curative medium, its use can be widened to include the optimization of adjustment of children to their social settings. In this way the emphasis shifts from a curative medium to one of prevention (Nickerson, 1973).

It is not claimed that lay people such as the workers in this study fulfill the role of therapist, However it is argued that with some training, a structured programme, and in consultation with an educational psychologist, they can provide a therapeutic or facilitative environment in which many of the benefits of the play therapeutic context can be realized by a child.

Many elements can be used to categorise what is meant by play and what functions it performs. Play is seen as pleasurable, free and the opportunity for the child to play out experiences, to promote ego integration and to develop the self concept (Breen, 1989). Play has no goal, interpersonally or intrapersonally, no purpose and no task orientation (Bettelheim, 1972; Goldberg & Lewis, 1969). Play has intrinsic motivation and is object independent which makes it variable in different situations and with different children (Weisler & McCall, 1976). Play can teach the child about bodily skills, fulfill bodily functions and release energy for relaxation (Slobin, 1964). Play can be seen as a process of learning (Vygotsky, 1933; Piaget, 1962). The child uses play to represent the social world and so gain experience through experimentation, without consequence, to master it

(Bretherton, 1984).

Initially therapists incorporated play in their therapy with children for the purpose of focussing on intrapsychic issues. Later play therapy served a communication function in allowing children to cathartically expose and resolve disturbing emotions, feelings and experiences. Recent therapy techniques use play to promote developmental growth as in promotion of peer group relationships and social skills development. Play is a central experience for children in helping them make sense of the world around them. It can be described as a natural form of expression for the child to facilitate developmental growth and psychosocial development. Winnicott (1971) stated: "Play is the child's life and the means by which s/he comes to understand the world s/he lives in." He suggests that it is by playing that children are able to be creative and use the whole personality to discover themselves. Since we are aware that much is learned very effectively by the child in early childhood, it seems important to provide the child with every opportunity to experience positive experiences in the learning environment. Play offers the child the possibility of finding a needed outlet for feelings and reactions that cannot be expressed so safely in any other ways. Play is thus seen as a valuable, dynamic and developmentally appropriate form of expression for most children.

A broad definition of the therapeutic process of play can be stated as:

participation by the child in a play setting, with an attendant adult, wherein the child is given the optimal opportunity to utilize what is a natural and enjoyable

medium (play) for the purpose of helping the child to resolve the problems of modern living. (Miller, 1984: 85 - 86).

Non-directive therapy emphasises that play is in itself a healing process. In this method of therapy, play is the therapeutic intervention and it is not used as a vehicle for other forms of therapy. The focus of the theory is on the process of play which heals the child. It is this non-directive method of therapeutic intervention informed by the work of Axline (1992) coupled with the experiences in practice of the work by Gustav Fouché (1993), that form the basis of the ideas attending to this study's particular play therapy focus. The use of client-centred play therapy was chosen for this study as the most effective means of providing a service to the children, using lay mothers as therapists, without the fear of their involvement being restrictive to the natural development as prescribed by a client-centred play therapy approach.

Axline (1992) based her approach of play therapy on the assumption that play is the child's natural medium of self-expression. Children are seen to express themselves by playing out their experiences in the same way that adults may be seen to verbalize their problems. The child is offered the opportunity to experience growth under the most favourable conditions. In this way the child resolves accumulated feelings of tension, frustration, insecurity, aggression, fear, bewilderment and confusion. The adult leaves the responsibility and direction of the play to the child. Central to the client-centred approach is

the acknowledgement that within each individual there appears to be a powerful drive for self-realization towards maturity, independence and self direction (Axline,1947; Guerne,1983). The ability to gain this self realization needs a supportive "growing ground" and the growth is seen as a spiralling process of change which is relative and dynamic. Every person is in constant change in relation to the interplay of psychological and environmental forces operating within their lives. When the person becomes aware of the part they can play in directing their own lives - and accepts the accompanying responsibility that goes with the freedom of this inner authority - then they are more autonomous to set the course of action appropriate to their needs.

When an individual reaches a barrier which makes it more difficult for him to achieve the complete realization of the self, there is set up an area of resistance and friction and tension. The drive towards self- realization continues, and the individual's behaviour demonstrates that he is satisfying this inner drive by outwardly fighting to establish his self-concept in the world of reality, or that he is satisfying it vicariously by confining it to his inner world where he can build it up with less struggle. The more it is turned inward, the more dangerous it becomes; and the further he departs from the world of reality, the more difficult it is to help him (Axline, 1947: 13).

Key elements in this approach are the security of the child with the adult and the safety of the environment in which they

function. The aim of the approach could not be better summed up than by this reported statement by a 7 year old in this study: "I like coming to you each week because I get the chance to get away from class, and I like you and me being together like this - we play nicely and I trust you". In this programme non-directive play sessions were used by PCA's as the most appropriate vehicle for facilitating the children's growth towards integration, independence, maturity and increased self-confidence.

2.5.2 Drawings:

Drawings can be used in two ways in assessment with children. The first is in observation of the child when s/he is doing the task; the second is by undertaking a projective analysis of what the child draws. Machover (1968) was the first to analyze human figure drawings in terms of their projective content. Koppitz (1968, 1984) published a list of what she called emotional indicators (addendum one), and developed a scoring system for evaluating the drawings of young children. Although the scoring system indicated a set of norms based on developmental levels, it cannot be applied directly to an individual without taking into account contextual and other case issues - it is only used in terms of assisting hypothesis generation or formation. There thus remains a large element of subjectivity in the use of drawings as an assessment tool.

2.5.2.1 Using drawings with young children:

If there is so much subjectivity involved in the use of drawings in assessment, why are they still used? The following issues refer:

- drawings are non-verbal. Often children of a young age have difficulty communicating verbally and a drawing task gives them the space to express themselves;
- research indicates that children's drawings of human figures are significantly related to nonverbal abilities (Barnett & Zucker, 1990). Many of the assessment techniques for children rely on the child's ability to communicate verbally and thus drawings can be used as an alternative. Hammer (1986) illustrated the use of drawings in testing personal and social ability;
- drawing tasks are not only nonverbal, but additionally they are brief and often appealing to children;
- children often become quite absorbed in their drawings, and because of the motivation they may have to communicate feelings or thoughts that they cannot verbalize through inability or fear, the drawing may turn out to be nonverbal communication that may be informative (Furth, 1988). This is especially true of young children in primary school. Koppitz (1984) supports this contention;
- observations made during the task and spontaneous comments from children involved in the task are characteristic of evaluative information that can be gleaned from drawings. Klepsch (1982) suggests that the greatest value of drawings lies in the child's unique approach to the drawing, to the affective responses and spontaneous comments which give insight into the referral.

Barnett and Zucker (1990) suggest "that drawings as an assessment tool are a quick, non-threatening, nonverbal means of identifying possible issues of concern to the child at the time of drawing

and they reveal unique qualities of the child, both positive and negative. The issues may be quite diverse (eg. self-concept issues, family issues, or school issues)". (Barnett & Zucker 1990:282).

2.5.2.2 Potential Dangers of using Drawings:

There are inherent dangers in attempting to use drawings for hypothesis generation, in the same way that these dangers exist in observational and interview data. The observer/interpreter co-constructs the meaning of the drawings by relying on their knowledge of scoring systems, developmental norms, drawings as a medium and self knowledge of their own biases, together with collateral data. Hypothesis formation describes the extraction of information from the drawings; and hypothesis should simply mean posing a set of questions and exploring if they are applicable (in relation to other issues) to the child or not. There are some formal guidelines based on research to help in the process of analysis of drawings but these vary greatly. Some studies are based on purely clinical experience (Burns & Kaufman, 1970: Hammer 1958), while others are more empirically based (Koppitz, 1968: Prout, 1974). Different types of drawings have also been researched which lay emphasis on different aspects. The danger with drawings comes down to guarding against attaching more significance to information obtained than the evidence warrants. Additional dangers in analysing drawings could be:

- bias may make it difficult for an examiner to relinquish a hypothesis elicited from a drawing;
- danger in only searching for problem areas where positive aspects might give a better understanding for intervention

possibilities;

- disregarding situational factors on the "test" performance. Mangold (1982) demonstrated that events participated in prior to doing drawings, affected the nature of the drawings;
- the assumption that all drawings are interpretable. Many are not.

The children's drawings in this programme were scanned periodically in order to evaluate any positive or negative emotional indicators that were present as they participated in the programme throughout the year.

2.5.3 Behavioural Rating Scales:

Most behavioural rating scales can be considered to have one or more major difficulties although they can provide valuable assessment information. It is important to understand the results of the behavioural assessment within a developmental context.

Sattler (1992) suggests that well normed behavioural rating scales can serve various purposes, namely:

- they identify the examinee's behavioural strengths and weaknesses;
- they provide an objective basis for monitoring intervention efforts;
- they permit comparisons of examinee's behaviour across situations, informants and time;
- they facilitate communication between and within organizations and stimulate new intervention programmes and research.

Ratings on the behavioural rating scales reflect the interaction of the characteristics of the scale, child, informant or rater, examiner, setting, and reasons for the evaluation. The

credibility of the informant is always a critical factor in evaluating information obtained from the checklists. Many factors can affect informant's judgement. These include familiarity with the child, sensitivity to and tolerance for behaviour problems, personality, expectations and willingness to use certain scale positions. Another influencing factor regards the specificity of the rating task. Some raters may be influenced by the child's race, socioeconomic status, appearance, or psychopathology, in which case their ratings may be invalid.

2.5.3.1 Connors Rating Scales:

The Connors Rating Scales are used primarily to generate information that is helpful in making classification, training, and intervention decisions. The scales are used with a wide variety of children with suspected behavioural disorders. They measure certain factors of behaviour permitting the clustering of people into groups on the basis of factor profiles. There are different forms of the Connors Rating Scales, three of which were used in this study.

2.5.3.1.1 Connors Parent Rating Scale:

The Connors Parent Rating Scale is used to identify behavioural problems in children 3 to 17 years of age on the basis of parent identification. There are two versions of this scale; a 93-item version, and a 48-item abbreviated version which was used in this study. There are sex-by-age norms for this version. The scale yields five factors, namely, conduct problem, learning problem, psychosomatic, impulsive-hyperactive and anxiety. Items are rated on a four point scale (0 - 3). Raw scores are transformed into

norm scores ($M = 50$, $SD = 10$). Norm scores two or more standard deviations above the mean (greater than or equal to 70) may indicate problem areas. The scale has adequate reliability and validity (Connors, 1985).

2.5.3.1.2 Connors Teacher Rating Scale:

This scale provides measures for identifying a variety of behavioural problems in children 4 to 12 years old on the basis of teacher identification. The scale complements the Connors Parent Rating Scale. There is a 28 and a 39-item version. In this study the 39-item version was used as normative data is available for this version (Trites, Blouin, & Laprade, 1982). The 39-item version yields six factors, namely, hyperactivity, conduct problem, emotional-overindulgent, anxious-passive, asocial, and daydream-attendance problem. Scoring is completed as for the Parent scale. Studies indicate that the scale has adequate reliability and validity (Connors 1985, Epstein & Nieminen 1983, Schachar, Sandberg & Rutter 1986). Factor analysis provides support for the six primary factors provided by the scale.

2.5.3.1.3 Connors Abbreviated Rating Scale:

The Connors Abbreviated Parent/Teacher Rating Scale (Connors, 1985) is a widely used rating scale that can help identify behavioural problems in children 3 to 17 years of age. It is a shortened version of both the Parent and Teacher Rating scales. Its function is primarily for follow-up assessment and is used for screening purposes. It is a 10 item scale, often referred to as a hyperactivity index, consisting of the most highly loaded symptoms from the factor scales. This scale is widely used in the

South African schooling system.

2.5.4 Data Collection and Analysis:

The social world in which we live is socially constructed and its meanings to all who function in it are constantly changing. As a consequence of this the researcher is faced with the dilemma that no single research method will adequately represent all the features of that social world under study. Choosing one research method implies facilitating a certain interpretation of the world and excluding other possibilities. Exclusive reliance on one method may bias or distort the researcher's picture of the particular slice of reality to be investigated. An interpretation of a social situation, or individuals within that situation, would necessarily imply a method of investigation that illuminates the subject matter in a thickly contextualized manner. It seems apparent that the more the researcher can find methods that require the investigation of different actors viewpoints in the context under investigation, the greater would be his confidence in the results he obtains. For this reason a strategy for sound interpretation of the real world could rely on a **triangulation** strategy.

Triangulation is the application and combination of several research methodologies in the study of the same phenomenon. The use of the multiple methods in an investigation is to overcome the weaknesses or biases of a single method - also called multiple operationalism (Keeves, 1978:512).

This type of approach in the social sciences is commonly associated in the field of psychology with the work of Campbell,

Brewer and Collins (1981).

A triangulated interpretation reflects the phenomenon as a process that is relational and interactive. The interpretation engulfs the subject matter, incorporating all of the understandings the researcher's diverse methods reveal about the phenomenon. The interpretation does not remove the investigators from the subject matter of study, but rather places them directly in the circle of interpretation (Keeves, 1978:512).

A triangulated data collection strategy is used within the CIPP evaluation model which is the backbone of this study, emphasizing the aim of evaluation being the drive towards making informed decisions based on ongoing data collection, with the intended result that the PCA programme will become more effective with more informed decisions being made, if the programme is to continue post 1994.

CHAPTER THREE.
RESEARCH DESIGN AND
METHODOLOGY.

3.1 AIM:

To locally contextualize and critically evaluate a PARENT COUNSELLOR ASSISTANCE (PCA) programme implemented in a local primary school.

More specifically the aim was to focus on young children in the primary grades (Sub A,B and Std 1), who with early intervention, could improve behaviourally, before school maladjustment difficulties developed into more serious problems. Early systematic detection and screening procedures would identify children experiencing problems that interfered with learning. The CIPP evaluation model was used to assess from multiple perspectives changes in the children's behaviour as they progressed on the programme. In this way prompt, effective preventively-orientated help could be brought to a wider spectrum of identified children using selected and trained PCA's. A final aim was to bring the parent body and teachers together in closer liaison to support those pupils most in need of assistance.

In the light of the CIPP evaluation model discussed in chapter two, the overriding concern was to improve the support system in the school by introducing the PCA programme. The issue was not about proving the programme. With the use of the CIPP model however, there was informed decision making occurring based on ongoing data collection which resulted in more informed decisions

being made about the programme being more/less effective. By identifying positive patterns and themes emerging the programme could be legitimized as an effective additional support system to be used by the school. At the completion of the programme one more informed decision would finally be made, that is, whether to continue or to terminate the programme.

3.2 AUDIENCE AND STYLE:

As stated in chapter one, this research is intended to inform the thinking and practices of a varied audience. The audience includes all professionals, para-professionals and lay people engaged in seeking new and alternative methods of providing adequate education support services to cater for the demand within an education system constrained by high demand, insufficient personnel and fiscal constraints. Primarily these are education support centre staff (EP's, remedial teachers, speech therapists, social workers, health care medical doctors, school nurses, occupational therapists, physiotherapists, school guidance and vocational counsellors), school principals, standard heads, various school staff and parents tasked with the duty of providing support to pupils identified as academically at risk. In addition, this research is relevant in the South African situation for policy makers and educationalists who seek new ways of dealing with a demanding educational system undergoing transition. The study will be written in a descriptive style illustrating and demonstrating the nuances involved in and emerging during the implementation of the programme. This style will be adopted in order to ensure reader friendliness with a view to wide dissemination of the findings, and to be accessible

to all the adult participants in the study. The particular format of the research report follows the framework as provided by the CIPP model of evaluative educational research.

3.3 DESIGN:

The design of the study was informed by the CIPP (Context, Input, Process, Product) evaluation model employed to assist in the evaluation of educational programmes. The CIPP evaluation model is theoretically coherent with a systems view of education given that both involve themselves with analysing the structures, the patterns and the processes functioning within an educational system. Further, the CIPP model provides a framework for ongoing evaluation by decision-makers in an educational system. Evaluation becomes "The process of delineating, obtaining, and providing useful information for judging decision alternatives." (Stufflebeam, Foley, Gephart, Guba, Hammond, Merriman & Provus, 1971: xxv). Also it is compatible with and promotive of a consultation model for education support services.

The context evaluation was stimulated from within the school responding to the needs perceived by the remedial teacher and staff to cater more effectively for certain pupils in the junior primary grades. It concentrated on identifying the needs, looking at opportunities and resources available, and how any programme developed could be accommodated effectively by the system.

The input evaluation researched available information on similar programmes reconciling local conditions with the presented alternatives. A strategy was selected and developed requiring

continued monitoring which resulted in the process and product evaluations.

The process evaluation was an ongoing check on the implementation of the programme. It provided feedback about how the programme was functioning, how resources were being used, whether modifications were necessary and the careful recording of all data.

The product evaluation had as its main objective to reflect the perceptions of those involved as to whether the programme had met the needs of the group it had intended to serve. These perceptions were then used by the decision makers to determine whether the programme should be repeated in future.

3.3.1 Methodology:

3.3.1.1 Site:

A local girls-only primary school provided the site for the research. The school can be characterized as a so-called Model C school affiliated to the old Cape Education Department. It has a pupil complement of +/- 250 pupils catered for by 10 fulltime staff. The study was initiated in response to a request by the principal and the remedial teacher of the school, with the approval of the chief educational psychologist of a local education support centre.

3.3.1.2 Subjects:

The people involved in this study were clustered as follows:

- a) Pupils who were all girls in stds A, B and 1 and who were identified as at academic risk based on the scoring of Teacher and Parent Connors Behaviour Rating Scales. Children scoring $T > 70$ on any factor on the behaviour rating scales were considered for the programme. The rating scale results were verified by informal discussions with the class teachers (n = 15).
- b) The teachers who were central to the initial identification procedures and later monitoring of changes in pupils behaviour (n = 3).
- c) parents (mothers) who volunteered their services to participate in the PCA programme and the study. Initial names put forward were reduced to the required number needed, (n = 15). Those mothers who were not selected as PCA's were allocated other functions in the school (eg. reading aides etc) (n = 13).
- d) the parents (usually mothers) of the children selected provided feedback through Parent Connors Behavioural Rating Scales (n = 15).
- e) The researcher who was the consulting EP had the task to train the PCA's, liaise with the people involved, and to monitor and evaluate the progress of the programme.
- f) education support personnel provided a forum for consultation with the EP on an informal basis.

3.3.1.3 Data collection:

Data to be collected and data collection procedures and methods included:

- a) Written records of meetings, discussions, feedback sessions and informal contact and correspondence made by the EP using the (CIPP) model as an evaluation guideline.
- b) Connors Behaviour Rating Scales from a number of sources, namely:
 - * Teachers (in March, June and August).
 - * Parents (May and August);
 - * PCA's (May and August).
- c) PCA diaries reporting on the weekly sessions held with pupils.
- d) Children's drawings.
- e) Field notes, for example, written records of meetings, and correspondence.

In this study the use of the triangulated multiple methods in the investigation was used to overcome the weaknesses or biases of a single method.

3.3.1.4 Data analysis and interpretation:

It seems apparent that the more a researcher can find methods that require the investigation of different actors' viewpoints in the context under investigation (as by triangulation), the greater would be the confidence in the results obtained.

There are a number of types of triangulation as identified by Denzin (1970), which could be employed.

- * Time triangulation: This type attempts to take into consideration the factors of change and process by utilizing cross-sectional and longitudinal designs.
- * Space triangulation: This type attempts to overcome the parochialism of studies conducted in the same country or within the same subculture by making use of cross-cultural techniques.
- * Combined levels of triangulation: This type uses more than one level of analysis from the three principle levels used in the social sciences, namely, the individual level, the interactive level (groups), and the level of collectives (organizational, cultural or societal).
- * Theoretical triangulation: This type draws upon alternative or competing theories in preference to utilizing one viewpoint only.
- * Investigator triangulation: This type engages more than one observer.
- * Methodological triangulation: This type uses either (a) the same method on different occasions, or (b) different methods on the same object of study.

TABLE 1. Types of triangulation. Adapted from Denzin's typology, (Cohen & Manion 1985:257).

In this study three types of triangulation were used namely: theoretical triangulation, Investigator triangulation and Methodological triangulation.

a) Theoretical triangulation was provided by integrating theory from CIPP evaluation model, Consultation models, Systemic

theory, Play theory and Drawing analysis and interpretation.

- b) Investigator triangulation was provided by the observations of the EP, the principal, teachers, parents, the PCA's and the children via drawings.
- c) Methodological triangulation included observation, behaviour rating scales, written records, for example, PCA diaries, questionnaires and drawings.

The triangulations employed had the following advantages:

- they gave a more holistic view of the programme under study.
- the programme was complex and the approach enabled the researcher to generate a fuller and more realistic view of the respective observations and results generated by the programmes participants. From this the researcher was able to extract perceived trends and patterns.
- whenever the collection of participant accounts of the programme are taken, Cohen and Mannion (1985: 262-263) write:

The advantages of a particular technique for collecting participants accounts of an event - triangulation - should be stressed. This is the heart of the intention of the researcher to respond to the multiplicity of perspectives present in a social situation. All accounts are considered in part to be expressive of the social position of each informant. The researcher needs to represent, and represent fairly, these differing and sometimes conflicting viewpoints.

A problem with triangulation studies concerns the question of validity. This is particularly so when the researcher only uses qualitative techniques.

There is no absolute guarantee that a number of data sources that purport to provide evidence concerning the same construct in fact do so In view of the apparently subjective nature of much qualitative interpretation, validation is achieved when others, particularly the subjects of the research, recognise its authenticity. (McCormack & James cited in Cohen et al. 1985:263).

In this particular study the researcher was seeking personal or phenomenological perspective as to whether a PCA programme works within a system. The method involved the (CIPP) model of evaluation which employs a perspective of looking more at the system in a systemic way. By using this method the programme was seen to be effective. The use of both quantitative and qualitative data collection enabled the researcher to build up as full a picture of the PCA programme as time and facilities permitted.

The second problem is in making sure that the most appropriate methods are chosen to collect information. The question is to determine what are the best tools available and who can be reliably involved in providing the information.

The following table illustrates the methods and people involved in this study:

PEOPLE	METHOD.						
	Drawings	Diaries	Questionnaires	Behaviour Rating Scales	Observation	Interviews	Instructions
Psychologist		*			*	*	*
Teacher			*	*	*		
PCA's		*	*	*	*	*	*
Parents			*	*			
Pupils	*						
Principal			*				

TABLE 2. Methods and people involved in data collection.

Each of the above participants was involved as a data collector in some form or other, and at differing levels of involvement, that is, participating, observing, making decisions, answering questions, playing. The problem arises in weighting the respective inputs by the various participants. The crucial factor when it comes to integrating or contrasting the data and drawing inferences is the researcher's own judgement. This is always so, but the researcher did make use of a great deal of public participation through collected opinions, attitudes, evaluations and so on.

A third difficulty is how to use the data obtained which depends on the original objectives in undertaking the study in the first place. In this study the aim was to try and identify patterns or themes emerging which would suggest the implementation of the programme as a support system to be used in the school. Cohen and Manion (1985) see two kinds of problems at this point:

the first stems from inconsistencies between quantified

measures because of weaknesses in available measuring instruments;

the second from differences between quantifiable and qualitative data, or between different sets of qualitative data.

The first calls for more refined and valid instrumentation; the second, an imaginative leap

What is required, however, is that some attempt be made to relate incongruent sets of data in some way or other. Accounting for differences would be one way; using them as a basis for further hypotheses, another.

(Cohen et al. 1985:266).

This particular study approaches this difficulty by attempting to use the CIPP evaluation model as the backbone of the research, emphasizing the aim of evaluation being the drive towards making informed decisions based on ongoing data collection, with the intended result that the PCA programme will become more effective with more informed decisions being made, if the programme is to continue post 1994.

Specifically, the data collection was designed to facilitate the emergence of the following patterns during the analysis and interpretation phase:

- a) An autopoeitic development of the programme as it unfolded, documented with the structure of the CIPP model, and within a systemic perspective. Autopoeisis refers to the manner in which the system "self-made" itself by various entities within the system being resourceful and creative in seeing that the programme was maintained and developed as it progressed.

- b) Changing profiles on Connors Behavioural Rating Scales.
- c) Positive observations being made in diary reports.
- d) Children's drawings expressing more positive developmental indicators.
- e) General observations as to the effectiveness of the programme collected via questionnaires from to the principal, staff, parents and PCA's.

The patterns were examined for trends and these trends evaluated in terms of the following criteria:

- a) Similarities and differences in the evolution of the programme when compared with the literature.
- b) Changes in the norm scores (improvement) obtained on the Connors Behavioural Rating Scales. These were illustrated by using bar-graphs.
- c) The observations in the diary reports were scanned for clusters pertaining to the child, the PCA, the relationship between the child and the PCA, the programme and other factors arising. Interpretations were made in the light of the theory and literature.
- d) The drawings were analyzed in terms of Koppitz and Machover's criteria for projective analysis of drawings and trends identified for each child. (Koppitz 1983: Machover 1968). The rationale for using any drawings in the context of this study, was to attempt to assess the child's feelings and attitudes about herself throughout the period of her play therapy sessions. Although the children were asked to produce drawings, no pressure was exerted to extract drawings from them. Any drawings spontaneously produced were kept and used

as supportive data collection - consistent with the lack of specific instructions for the children to draw, and the amount of resistance in evidence when they were requested to draw. Using the clinical indicators as established by Koppitz (1968) and Machover (1968) as a guideline, drawings produced and available were scanned for positive or negative emotional indicators.

e) The evaluative feedback was analyzed in terms of:

i. Comments on the PCA programme with a view to improving its implementation.

ii. The Connors Behavioural Rating Scales scores as indicators of the change in the children's academic risk status. The choice of these Rating Scales was made for two reasons:

- lack of any other suitable and available scales
- teacher knowledge of the scales with their constant use in the particular system where they were to be used.

The use of the scales, although adapted to fit into a situation they were not entirely designed for ie. the use of the parent rating scale with the PCA's, performed the task adequately enough. The above sources of data were triangulated where appropriate for further integrative analysis and interpretation. Finally, certain conclusions were drawn and recommendations made addressing the qualitative aspect of the intervention programme.

CHAPTER FOUR.***CONTEXT EVALUATION.*****4.1 INTRODUCTION:**

In terms of the CIPP model a context evaluation is focussed on identifying the specific needs, perceptions, resources, opportunities, available technology and efficacy of the school system. The context evaluation in this instance was stimulated from within the school, although its motivation was strongly influenced by changes in the wider societal system. Specific intended educational reforms as suggested in chapter one indicate that strains would be put on schools to cope more with their own remedial difficulties. The context evaluation would assess what the specific needs were, what opportunities existed and how strategies and aide could be utilized within the stated goals of the school system.

In the CIPP model as is the tendency in systemic work, the whole cannot easily divide into distinct parts and linear sequences. Rather, parts are inter-connected and the processes unfold in spiralling recursive sequences. This chapter is reported on in the subsections objectives, methods and decision-making which to an extent are artificial distinctions as what is reported on often occurred simultaneously. The principle methods of collecting contextual data included:

- interviewing various staff and pupils;
- a literature search and review;
- a systems analysis conducted by the consultant EP, that is, by observation and participant involvement in understanding the

structure, patterns and processes of the functioning of the particular school system.

4.2 OBJECTIVES:

In August 1993, the remedial teacher at a local primary school for girls, suggested that the school was not able to fully cater for the needs of a number of pupils who she considered to be at academic risk. The traditional service delivery provided by the local Education Support Centre (ESC) was, on the one hand, not adequately servicing the needs of these pupils, while on the other hand, the staff did not have sufficient time to attend to the children's special needs. The remedial teacher's concerns focussed on pupils at the school entry level, namely, in Stds A, B, and 1. Her report to the principal indicated the following:

- some pupils in these stds were at academic risk as their classroom-based behaviour was not conducive to achieving a good educational foundation;
- teachers were unable to provide sufficient support for these pupils given the time allocated to all the children under their care;
- the ESC would not be able to provide any direct support given the fact that there were other identified cases on a waiting list for referral;
- the philosophy of the ESC was also changing towards adopting a more consultative indirect service delivery model which necessitated looking for other ways of servicing the needs of this identified group;
- the school had limited financial and people resources to provide any extra remedial teaching for this group;

A potential solution was to provide an economically viable educative service to many more pupils by using parents in this role. The above report was discussed with the principal of the school and with an EP at a local university involved in implementing and researching systems consultation in schools. Out of the discussion emerged the idea of implementing a programme based on a conference report that the remedial teacher had acquired at a conference she had attended in Germany, which had reported on one programme of the PMHP in use in the USA. The gist of this report concerned the establishment of the use of Counsellor-aides to assist with providing support to pupils in primary schools. Features of this reported programme were:

- a school psychologist trained the parents and monitored the programme;
- parents chosen were caring, and worked well with children;
- sessions with children were held once or twice a week;
- single sessions with children were intended to develop into group sessions as children soon invited friends to their sessions;
- teachers referred children with minor difficulties so that these were addressed before they became major problems;
- the programme was a **preventive** programme;
- children involved in the programme soon received special status as other children were envious of the play sessions;

Feedback from parents about the programme was most positive and the following were cited as facilitative features:

- it was made clear that non-professionals were dealing with their children;

- play would not interfere with class time;
- biological parents were involved by frequently being asked to rate their children's behaviour;
- they reported that the children valued the sessions;
- no charge was levied.

The proposed local programme was thus based on these ideas with the focus on utilizing parents as Parent Counsellor Assistants (PCA's). The following general guidelines were followed:

a) The local Parent Counsellor Assistance (PCA) programme was predicated on the Counselling Assistance Programme (CAP) which has its roots in the Primary Mental Health Programme (PMHP). A report on this programme (CAP) was obtained from Prof. Lewis, Chief School Psychologist of Psychological Services, Norwich Public Schools, Connecticut, USA. The adoption of the programme, although modified, attempted to fulfill the following aims:

- i. to focus on young children in the primary grades (sub A,B and std 1), who with early intervention, could improve behaviourally, before school maladjustment difficulties developed into more serious problems;
- ii. to use early systematic detection and screening procedures to identify children experiencing problems that interfered with effective learning;
- iii. to employ an evaluation model to assess from multiple perspectives, changes in each child's adjustment;
- iv. to bring prompt, effective preventively orientated help to a wider spectrum of identified children using selected and trained PCA's;

v. to bring together the parent body and teachers of the school in closer liaison to support those pupils in need of assistance.

b) The programme was designed to provide an additional indirect educational psychology support service to the school.

4.3 METHOD:

4.3.1. Contracting:

The remedial teacher laid the groundwork for the contractual agreements which emerged. The first discussions about the programme were held during a Didactic Aide Team (DAT) meeting which were periodical meetings held amongst staff, together with the remedial teacher, to discuss children in need of support. The principal who was in attendance wanted the idea developed and the remedial teacher was tasked by the DAT team to investigate possibilities. Discussions were held with personnel of a local ESC and university. It was confirmed that one of the EP Interns would be assigned to the school for the following year to implement and research the establishment of an indirect service delivery programme based on the Counselling Assistance Programme. The EP would be involved as a consultant and researcher to the programme, helping with its establishment and the monitoring of its implementation. The EP's evaluation of the programme would be reported on both in a minor dissertation form, and report for the school. The EP entered into correspondence with Prof. Robert J. Lewis in Connecticut and proceeded to do a literature search and review of the particular programme.

A meeting was held with the EP, principal and remedial teacher

where the following contract was established:

- a) fundamental acceptance of the idea to go ahead with the establishment of a programme the following year based on:
 - i) agreement that the school would commit staff to be involved in the programme for a period of one year. The principal would be instrumental in marketing the idea to the staff;
 - ii) the EP would provide the principal with a working strategy and time schedule for implementation of a programme;
- b) The EP would be involved in the programme for the full year at which time the programme would be assessed (in August) and a report written which would attempt to assess its progress and decide whether to continue implementing the programme. By October/November a decision would be made whether to repeat the programme for the following year.

4.3.2 Observing the system:

The EP visited the school on three occasions to interact informally with staff and to undertake a systems analysis of the daily functioning of the school. Facilities and daily schedules were analyzed in terms of their capacity to accommodate any intended programme. In this process the EP attempted to understand in a systemic way what were the features of the particular school system in terms of patterns (relationships in a system that give it a certain characteristic), structure (the realization of the relationships in physical organization) and process (how the patterns of organization are maintained and developed). This analysis was not meant to be an in-depth

analysis in itself, but merely to provide an orientation to viewing the system's functioning with the purpose of deciding whether the programme could be viable.

4.3.2.1 The pattern aspect of the school system:

The mission statement of the school reflected realistically what was actually apparent in its functioning. The mission statement read.

We, the staff, pupils and community of X Girls' Primary School, are committed to striving for academic excellence and the cultivation of individual strengths and talents. We are committed to nurturing ideals which will encourage all concerned to be responsible, caring citizens able to live in harmony and to meet the challenges of our changing world.

Patterns of behaviour reflecting the above were observable in terms of:

- a very stable and close-knit staff;
- a very congenial and professional relationship among the staff with a committed drive to achieving the goals as expressed in the mission statement;
- a principal who displayed an interest in educational philosophies and was willing to try new theories and ideas in the best interests of the children. This allowed staff to express and try new ideas when relevant;
- a feeling amongst the staff of having the principal's full support in what they were involved in and the knowledge of her ready involvement in maintaining their trust and assistance;
- an efficient remedial teacher innovative in supporting the

staff and in maintaining efficient support links with the ESC;
 - a mutually supportive arrangement with the parent body, with their involvement at all levels of school functioning. This was especially important in the classroom situation where teachers and parents often worked in harmony with one another.

In addition to these adult features the children were encouraged to offer input into and to participate in many extra-mural activities. An extensive curriculum offered a wide range of options for their involvement (addendum two).

4.3.2.2 The structure aspect of the school system:

The following structural aspects assisted in maintaining the patterns of behaviour:

- There were 10 fulltime staff and approximately 250 children. This made for a small and rather intimate school with most staff having a good knowledge of all pupils;
- there was a pupil representative council;
- there was a parent Board of Governors and a working Parent Teachers Association committee (PTA);
- an extensive co-curricular programme ran at the school (addendum three);
- comprehensive parent involvement in the school existed. This could be seen at all levels of the school's functioning, for example:
 - * as reading assistants;
 - * building and garden work parties on a periodic basis;
 - * fund raising by parents and teachers (golf days, trading days, yearly fete etc.);

- * library assistants;
 - * helping with sport coaching;
 - * aftercare facilities;
 - * help with outings;
- an innovative concept called "At Home Evenings" where parents are invited to participate in observing their child's teacher teach her class for an hour or so. This provided the parents with insight into teaching techniques used and of the syllabus being taught.

4.3.2.3 The process aspect of the school system:

The following process aspects reflect the way the patterns and structures were maintained:

- Events were well timetabled although the system maintained a surprising flexibility which was relaxed enough to accommodate quick changes to cope with opportunities to experiment if they arose;
- the system was maintained by the principal who had a definite idea as to what she believed to be in the best interests of the school. Her position of control and power was sustained by an experienced senior primary staff who perceived her ideas to be a reflection of their own ideas. The junior primary staff were young enough, and hardworking enough to subscribe fully to the wishes of the principal and senior staff as the principal provided them with space to experiment with new ideas and to feel fully acknowledged and protected in what they did. Most staff acknowledged the principal as being "strong enough" to support them should they have any difficulties for example, with parents. This provided them with the security to become

- fully involved in working together with parents;
- the size of the staff allowed for individual attention to the needs of the staff by the principal. This occurred in practice and was followed through to the pupils;
 - the principal maintained an informal, yet professional relationship with parents with an open door policy for communication with them;
 - parents were drawn into the system and made substantial commitments of their time and energy. The analogy of drawing the critics into the system as a means of silencing them may well have some validity here. The apparent bottom line is that parents felt that they played an important role in supporting and making sure that the system did succeed;
 - pupils were continually aware of the extra support offered and were not sceptical of these aide systems functioning. Pupils being out of classes on timetabled intervals was thus not an unusual occurrence and illustrated the acceptance of the differentiated timetable ethos.

4.4 Decision Making.

Decisions made about the design and implementation of the programme were to be governed by the following:

- a) the programme was to be cost effective;
- b) it would utilize existing resources in terms of ESC personnel, but in a different format, that is, EP as consultant;
- c) it would utilize the parents as an existing human resource;
- d) teachers would have a role in evaluating pupils and observing any perceived changes;

- e) there would be minimal disruption of teacher "teaching time" with the programme slotting in well with existing teaching strategies;
- f) decisions would be made by consensus, especially consensus between the EP and principal as to any structural or parent/teaching communications that would necessarily occur. The EP would also be in constant consultation with PCA's monitoring any decisions that needed to be made about play sessions;
- g) other support systems would remain intact and this programme would be seen as an "extra support system" - merely "throwing the net a little wider". The table below reflects those support services that were available:

<p>1. Referrals to the ESC</p>	<p>1. ESC provides the services of the following personnel:</p> <ul style="list-style-type: none"> * Educational Psychologist (Consultant to the school and does individual assessments) * Clinical Social Worker * Medical Doctor * Occupational Therapist * Remedial Teachers (RT)
<p>2. Referrals to RT within the school (available twice weekly).</p>	<p>2. RT provided by ESC to service this particular school - provides individual assessments, remedial lessons & monitors home programmes.</p>
<p>3. Didactic Aide Teams</p>	<p>3. DAT. teams comprising RT & relevant staff to organize effective remedial strategies.</p>
<p>4. Private referral</p>	<p>4. Parents can refer to private practice.</p>

TABLE 3. Support Services available at school prior to this study.

4.5 Conclusion:

Information collected by this context evaluation suggested that the decision to go ahead with the proposed PCA programme would be appropriate. The final decision rested with the principal, who after consulting with all the staff, but particularly those staff who would need to be involved, agreed that the programme should proceed. Although the parent body was not informed of the planned

programme at the initial stage, their agreement as to its implementation was obtained when the principal sent out a letter requesting volunteers for PCA training. Later parent agreement to allow their children on the programme also indicated the viability of the programme. It was felt by the teaching staff that the system would be flexible and supportive enough to predict its easy assimilation. This would not detract from ongoing decisions being taken as to the programme's viability at any stage as the programme "emerged" and "blended" with the daily rhythm of the school system. The Input phase could now be implemented although practically speaking the phases often occurred simultaneously.

CHAPTER FIVE.***INPUT EVALUATION.***

The Input Evaluation was primarily concerned with planning and the initiation of a programme strategy. As stated in chapter two, the Input Evaluation assessed information and strategies in terms of the defined needs, problems, objectives, theoretical soundness and their feasibility. It required careful analysis of strategy designs and selection of decision alternatives when these arose. This chapter will explore the issues in terms of the objectives, the method, and the process of decision making used.

5.1 OBJECTIVES:

The EP formulated the following strategy as an initial format for the implementation of the programme. The table below summarizes the planned programme indicating the activities to be performed; who would be involved; and the dates of completion of the tasks:

ACTIVITY	PERSON	DATE.
Selection of PCA's	PR letter	Dec 93
Behaviour checklists to teachers	EP/teachers	10 Feb.
Activity suggestions/teachers	EP/teachers	10 Feb
Selection of children	EP	17 Feb
Training of PCA's	EP/PR/PCA's	17 Feb
Training of PCA's	EP/PCA's	24 Feb
Meeting with parents of children selected/ issue of Connors forms	EP/PR/Parents	2 March
Matching of PCA's & children	EP/PR	3-10 Mar
Starting the programme	PCA's	7 March

TABLE 4. Summary of planned programme.

* The following abbreviations refer:

EP - Educational Psychologist.

PR - Principal.

PCA - Parent Counsellor Assistants

5.1.1 Specific tasks: (the above table refers:)

The principal carried out the following tasks:

- a) Sending a letter to parents requesting volunteer PCA's. The viability of the programme rested entirely on the first activity which was to establish the parent response to becoming PCA's. Without the PCA's the programme could not be implemented. The decision to get the principal to do this was based on her knowledge of her parent body and to use the style she usually employed when communicating with them. The

EP provided a working document as a guideline; she produced and sent out a letter to all parents (addendum 5);

- b) requesting teachers to complete the Connors Abbreviated Behaviour Rating Scales for all pupils in grades A, B and std 1. The emphasis on the principal doing this fitted in well with the pattern already existing in the school where she was considered to be innovative and very supportive of her staff. The programme was marketed to the staff as being another means of providing them with support in their teaching function;
- c) requesting that staff put forward any non-competitive games they might be aware of so as to build up a bank of resource material to be used by PCA's in their play sessions with the children. The principal's emphasis was to request this in the light of the staff's professional expertise and knowledge of the children they taught;
- d) establishing together with the EP, a suitable venue to use as a most appropriate one for play sessions to occur. The room best suited to this was the aftercare facility which was largely inoperative during school time;
- e) once the children had been identified using the Connors Abbreviated Rating Scales, inviting the parents of these children to a meeting to discuss the programme and, to receive permission from them to allow their children to participate (addendum 6);
- f) organizing timetabling arrangements to allow those children selected to attend their PCA sessions without interrupting the school schedule and without disadvantaging their own scholastic achievement;
- g) once replies had been received from parents indicating their

availability to become PCA's, the principal and EP selected those parents they felt would be more suitable for the programme. All parents who replied were contacted to acknowledge their reply and it was indicated that they would all be involved by the school in some supportive capacity (addendum 6);

The (EP) carried out the following tasks:

- a) individually contacted each PCA selected and confirmed their availability to attend the first meeting;
- b) analyzed the behaviour rating scales and identified those children with behavioural difficulties;
- c) established and compiled the list of activities suitable for use by the PCA's. This was added to by doing an extensive literature search for further activities (addendum 8);
- d) prepared for two meetings with PCA's and established a curriculum for training them for the PCA play sessions;
- e) prepared for a meeting with parents of selected children to encourage them to participate in the programme;
- f) formulated working procedures for PCA's in the months ahead.
- g) established evaluation procedures in terms of report backs and consultation.

5.1.2 Selection of PCA's:

The letter sent out by the principal (addendum 5) resulted in twenty seven mothers and one grandmother indicating their willingness to be part of the programme. With this number available the decision was taken by the principal and EP that the programme could now be implemented. The principal played a

crucial role in establishing which of the mothers would be most suitable to be trained as PCA's. Her knowledge about the parent body based on interviewing parents in the course of her role as principal and consequent knowledge gained through reports by teacher contact with parents, meant that her input in this stage of decision making was invaluable. The informal criteria used by the principal were:

- previous involvement of the parent in school activities (some mothers were already being used as reading assistants and their ability to handle children effectively was already known);
- discussions with staff alerted her to selecting those mothers who presented and were perceived as being relaxed, organized and supportive.
- certain mothers were eliminated immediately because their children had been selected for the programme. It was felt that using mothers of selected children was undesirable as it would contaminate the process by possibly influencing issues of confidentiality between PCA's. Fourteen mothers and one grandmother were selected to become the PCA team. Those mothers who were not selected were to be utilized elsewhere in the school, for example, tuckshop assistance, reading laboratory.

A letter communicating the school's thanks was sent to all those parents who had volunteered their services (addendum 7).

5.1.3 Connors Rating Scales:

The Connors abbreviated Rating Scale was chosen as the most appropriate instrument for identifying the children at academic risk (addendum 9). Teachers were better acquainted with its use

as it is regularly used and it would be an effective and quick means of screening the pupils. All the pupils in grades A, B and 1 were rated by their respective teachers and those with norm scores $T > 70$ were regarded as children worth considering for inclusion. These selections were discussed with the remedial teacher and principal to see if, in their opinion, any children had been omitted who needed to be included. The principal reported to the staff the eventual selected group to see if there was any disagreement or feelings about other children being included. There was not. This seemed to support the suitability of the Connors Behavioural Rating Scale as the most appropriate assessment tool to use. The teachers of the children selected were then given the Connors 39 item Teachers Rating Scale to complete (addendum 9). This was done in order to obtain a more definitive and detailed idea about the aspects of behavioural problems being experienced and to further support the initial scores obtained by the abbreviated rating scale. With this scale it was possible to determine more specifically which of the following six behavioural factors were operating as possible detractors to academic performance, namely, hyperactivity, conduct problem, emotional-overindulgent, anxious-passive, asocial and daydream-attendance problem. The 39 item scale confirmed the initial results of the abbreviated scale results.

5.1.4 Training Meetings for PCA's:

The meetings with the PCA's were designed to meet two objectives:

- a) to establish a strategy for working for the remainder of the year
- b) to establish an understanding of principles, process and

techniques from non-directive play therapy as a means of assisting the pupils.

5.1.4.1 PCA job description:

The following points were adopted for working as a PCA:

- a) Each PCA would meet her assigned pupil once a week for a thirty minute play session;
- b) each PCA received a diary which was to be located in a locked cupboard in the secretary's office. These diaries were confidential and would be utilized only by the PCA and the consulting EP. After each session the following data was to be recorded in the diary:
 - what activities were pursued by the child;
 - record of any observations made;
 - any reflections made by the PCA;
 - any written communication between the PCA and the EP;
- c) an activities book would also be located in the cupboard into which any activities not listed in the initial list could be added;
- d) a roster was posted in the playroom onto which PCA's, on a weekly basis, would have the opportunity to make appointments with the EP every Thursday morning, in half hour sessions (addendum 13);
- e) agreement was given by PCA's to allow certain sessions to be videoed for research purposes. (This enabled the EP to have access to sessions without being intrusive);
- f) there would be an initial individual meeting between each PCA and the EP to establish the details of the matching of PCA and child. At this meeting details regarding how to proceed in

the first one or two play sessions were discussed. Possible alternatives to handling difficult situations were also discussed;

- g) PCA's were requested to choose 3 time slots on the weekly timetable which would allow the principal to co-ordinate the use of the playroom during the week. This was done and the times were posted inside the cupboard door in the secretary's office (addendum 12);
- h) PCA's were encouraged to add toys to a toy cupboard which was established in the playroom. The art teacher, EP and PCA's contributed to provide a fairly comprehensive playroom cupboard.

The PCA's were then introduced to non-directive play therapy in a two day training seminar held over two weeks.

5.1.4.2 The PCA training programme:

PCA's were presented with two handouts on play therapy (addendum 14). The handouts were extracted from work by Virginia Axline (Axline, 1992) and lectures by Gustav Fouche (Fouche, 1993).

In essence the aim of the two sessions was to illustrate as simply as possible to lay persons, the role they were to assume in the sessions to be held with the children. Fundamental to the role were:

- an understanding and respect by the PCA of the child's ability to solve her own problems if given the opportunity and space to do so;
- that it was the child's responsibility to direct the way, that is, to control the flow of the 30 minute session). The PCA's role was to follow the child's lead;

- the establishment of a sound relationship with the child based on the above.

The EP attempted to maintain a focus with the PCA's on these central issues. It was stressed that the most dominant urge of their involvement would likely be their strong desire to direct proceedings to achieve certain "goals" they would perceive to be important. This would be counter-productive to the process of giving the children time with adult company where they (the children) could have the non-interfering absorbed attention of an adult for one session per week. A number of questions during the course centred on what would be the practical implications of how play was to occur. The EP demonstrated to the PCA's typical scenarios of what a play session could comprise. These ranged from outdoor activities like hop skip and jump and picnics to indoor activities like drawing, doing puzzles, imaginary play, or playing dolls together. The result of the meeting and question time indicated that at the end of the two day workshop these simple ground rules and ideas on how to proceed had been established.

5.1.5 Parents Meeting:

The principal invited all the parents of the children selected to a meeting prior to sessions beginning.

The following objectives were set regarding this very important meeting held with the parents.

- to ensure that the parents did not see their child's inclusion in the programme in a negative light;
- to transmit an ethos of the school as a caring institution

which was merely throwing its support system in a wider net so that more children could benefit by getting a better start to their school careers.

The agenda of the meeting dealt with the following issues:

- a) **Welcoming.** Representatives of all fifteen families attended this meeting together with the principal and EP. The principal introduced the EP as the representative of a local ESC. Parents were welcomed and thanked for the interest they were showing in their child's career which was regarded as a positive sign to their continued support for what the school was trying to achieve.
- b) **Reason for the meeting.** Four points were stressed:
 - an explanation was given of the role played by the local ESC in relation to the school.
 - some explanation on why the above role was changing to a more consultative model given the realities of a changing political and educational dispensation
 - how the above changes necessitated the school finding other means of supporting those children identified as needing support.
 - that this programme intended to throw the net wide and would try to facilitate helping more pupils, even though the ESC would still be involved in its usual support of children who needed extra help.
- d) **The existing school support system.** Parents were informed that this programme was not replacing existing support systems, but could be seen as an additional attempt by the school to service the needs of its pupils. Existing support

services remained in the form of:

- highly qualified and supportive teachers.
- Diagnostic Aide Teams (DAT) which met on a weekly basis.
- a visiting Educational Psychologist from the local ESC who did individual assessments and played a consultative role in the school.

e) **Pilot Study:** The parents were informed that this was a pilot study and was being regarded as the first study in Cape Town of its sort to try and find a more consultative model of educational service delivery. Their particular school was chosen because of its progressive staff and overall supportive system already functioning.

f) **Developmental Aspect:** Parents were informed about developmental growth and the concept of developmental lag. This was spoken about in an attempt to transmit the idea that inclusion in the programme did not mean that a child selected was stupid, but that sometimes certain skills or talents were slow in developing and needed a little extra attention to allow them to emerge. This was especially true in terms of emotional development and interpersonal skills within the school community.

g) **Use of Play.** An explanation of why play therapy was being used emphasized two points:

- that play allowed the child to express herself more fully, because often children were unable to find the words that adequately described how they felt.
- that principles and techniques from non-directive play therapy were used for they allowed the child the maximum opportunity to meet their needs in a supportive environment of non-

interference by an adult. This point was extremely important in allaying the fears of the parents that non-professional people were in a position to influence their child's education.

- h) **Training of PCA's.** A description of the training of the PCA's was given illustrating what their tasks would be. All parents were given a **Connors Parent Rating Scale** to complete (addendum 11).

Question time at the end of the meeting was very positive. A concern expressed by one mother centred around the ability of the teachers in the school to make assessments of the children in such a short time, since they had only started school a few weeks previously. This was acknowledged as a difficulty, but the concern was allayed by pointing out that even if initial assessments were wrong, the preventive aspect of the programme meant that any involvement could still only have a positive outcome. Furthermore parents would be requested to complete Connors Rating Scales during the programme and if they were concerned would be at liberty to contact the EP at any stage.

5.1.6 Matching of PCA's with children and starting the programme:

The matching of PCA's with the children was randomly done with two proviso's existing:

- the PCA and child were not to know one another;
- the PCA should not know any member of the child's family;
- the child was not to come from the same class as that of the PCA's child. (All PCA's were themselves parents of children at the school.)

Individual meetings between the PCA's and EP were then timetabled over two mornings following the final training sessions with the PCA's. These individual meetings had an agenda which generally included:

- a) general details about the child such as: name, date of birth, age, class, class teacher and scores obtained by the child on the 39 Item Connors Teacher Rating Scale).
- b) A discussion about how to approach the first session with the child. The suggestions emerging from these discussions reflected a feeling of apprehension on the part of most PCA's, and their need to have a more directive approach to start with. This was not discouraged by the EP as an initial strategy, although emphasis was laid on waiting and letting the child take the lead once introductions were completed. The following format to the initial session emerged as generally the most accepted one:

- the child was collected from the classroom at the prescribed time;
- the PCA introduced themselves to the child. The child was told that they would be seeing the PCA every week at that time for a half an hour. The time would be a very special time for her in that she would be able to play for that half hour and do whatever she wished to do.
- When arriving at the playroom they would introduce the child to the play cupboard and let her explore all the things available in it. She would be informed that she was in control over what she wanted to do in that time each week.
- Play was not confined to the playroom only, but could also

take place outside the playroom in the school grounds to accommodate those children who spent time in the selected room during aftercare, and those who preferred to be outside.

- If the child did not take the initiative the PCA could suggest that they did a collage together. This was only to be used as a last resort and it was suggested they both did the collage as a way of learning more about each other.
- towards the end of the session they could plan something for the next session - the child may have wanted to bring some of her own toys etc.

On completion of the session, PCA's would fill in their diaries and replace them in the cupboard. Each week the EP would read each diary and make comments where applicable. Any requests or appointment dates could also be arranged by using the diaries as a form of communication between the EP and PCAs.

5.2 METHOD:

It was important to make an inventory of available resources in terms of materials required and people involved.

5.2.1 Venue:

A suitable room for the play therapy involved allocating the aftercare centre for this use. The play cupboard needed to be stocked and a list of requirements were given to the principal and art teacher (appendix 15). The EP together with the PCA's added to this list of articles. A carpet was acquired for the floor of the playroom after four weeks of the programme running.

children; suggestions and advice on handling PCA and teacher questions and requests, advise on strategy.

Once the initial strategy for the programme was established through discussion between the EP and principal, decisions were governed by the following criteria:

- cost effectiveness of the programme;
- to create as little disruption to the flow of the school system;
- to accommodate the needs of the PCA's where possible in relation to the timing of the sessions with the children;
- to respond immediately and in a caring way to any problem that should arise with the PCA's effectively carrying out their function;
- to allow the programme to run as freely as possible without too much EP involvement to see if it could sustain itself;
- to acknowledge that it was a pilot study and that the design was such that the emphasis was on observing what difficulties would emerge so that the design could be later improved, if and when it was put into operation again.

Close liaison on a weekly basis between the principal and EP was essential to maintain open communication and receive feedback from a number of sources, namely, the teachers, administrative staff, PCA's, parents (communication with the principal), pupils (reports by teachers of childrens behaviour changes).

The above exchanges were predominantly conducted through informal interviews and by the EP's regular attendance at weekly Thursday staff tea sessions. Information was thus collected through;

- interviewing (formal and informal);

- structured consultation sessions;
- diary reports;
- video material of sessions;
- information imparted through the activities book;
- information collected through behaviour rating scales.

Information so collected affected the ongoing decision-making processes.

CHAPTER SIX.***PROCESS EVALUATION.***

Process evaluation considers all aspects of monitoring the evolution of the programme, recording and observing activities, anticipating results, reacting to unanticipated results and describing the actual process. Much of the process evaluation is implicit in the other sections of this work and for this reason specifics to process issues, that is, unanticipated outcomes will be focal. Once the programme started and the PCA's began to have sessions with the children the following types of initial procedural adjustments were required:

6.1 INITIAL PROCESS ADJUSTMENTS:

Initially the PCA's had to adjust their meeting times to fit in more appropriately with the child's activities and preferences, for example, some children preferred not to miss certain class periods which they enjoyed. These changes were accommodated by the PCA's and teachers. PCA's needed to arrange domestic and other issues so that their times could be regularly met. Some changes to times were necessitated. Problems in storing keys for both the cupboard in the secretary's office and the aftercare centre needed their placement on a centralized key area for easy access. The play cupboard required some extra paper, crayons etc. to bring it up to a reasonable standard of choice for the children. It took at least four weeks before a carpet was acquired for the playroom and this was an inconvenience to those who wanted to work on the floor with the games they were engaged in.

6.2 RUNNING ISSUES:

- a) The use of the Aftercare Centre was not appropriate for certain children who associated it with bad feelings as they were required to spend long periods of time there in the afternoons. These children often indicated their preference for playing outside in the school grounds. This move was appropriate for both parties and worked well;
- b) It soon became apparent to the PCA's that the time allocated to the sessions ie. 30 minutes, was too short. Both PCA's and the children expressed their disappointment at the shortness of sessions. The decision in this respect (taken by the EP) was to keep this time to the assigned 30 minutes as this fitted in best with the periods, and any longer time would be disruptive to the teachers. This expressed disappointment continued to be voiced throughout the running of the programme.
- c) The EP could allocate only one morning a week for consultation with PCA's and this was often inconvenient for those PCA's who had their sessions on other days.
- d) The EP wished to obtain some means of tapping into the children's experience in terms of their participation in the programme. After discussions with personnel from the local ESC and in keeping with the original methodological design of the programme, PCA's were instructed to integrate the production of drawings into sessions (addendum 16). This produced surprising resistance from a number of children who objected to the PCA's directed involvement in the sessions. In a number of cases this seemed to put back relationships between the participants. A decision was made not to push this

issue with the children who were resistant and if they did not produce material this would be acceptable.

- e) Certain PCA's expressed some concern about their ability to handle requests from the children or respond to their conversations. This concern was addressed by individual consultation and supplying a short handout through the diaries for the PCA's to read (addendum 17).
- f) The EP was required to write in all the diaries concerning the question of confidentiality. This was in response to one PCA's concern that another had perhaps breached her confidentiality by speaking about her child.
- g) In the middle of the second term all PCA's, and the relevant teachers involved were asked to complete Connors Teacher Behavioural Rating Scales (for the teachers) and Connors Parent Behavioural Rating Scales (for the PCA's). The PCA's found certain of the categories of the questionnaire difficult to complete based on their not being the biological parents and thus not having knowledge of every aspect of the child's life. Neither the Parent or the Teacher forms were entirely appropriate for this purpose, but were the only two available as a means of providing some idea as to the PCA's perception of behaviour in comparison to the teachers and parents, so the Parent Questionnaire was chosen as being the more appropriate.

6.3 FOLLOW-UP MEETING:

As was expected the PCA's began to feel somewhat isolated about what they were doing and if it was beneficial to the children they were working with. These expressions of isolation became a

feature of the reports being written in the diaries. The EP consulted with members of the ESC, the principal and teachers, and it was decided to hold a cheese and wine gathering at the end of the fourth month to discuss the progress to date. All the teachers who had pupils in the programme, the PCA's and the principal attended the meeting. (There were three PCA's unable to attend because of prior engagements.)

6.3.1 Agenda of follow-up meeting:

a) Re-statement of why play sessions were being used:

- using play as the means for allowing children to express their feelings;
- play allows the child to express and thus cope with emotional lability and contradictory feelings that may exist;
- the role of the PCA was confirmed as being merely present with the child to facilitate the space and time for them to play. To act as a "reflector" of their feelings and to confirm them.

b) The question of confidentiality was re-enforced by suggesting that the most natural response to feelings of isolation would be to want to speak to others about the child. This would have to be curbed and that the PCA's were to make use of the consultation times with the EP to fulfill this need.

c) This programme was a pilot study and in many ways the researcher was looking for the PCA's to note any problems that they were experiencing or seeing, so that these could be later reflected in a questionnaire they would complete. As a pilot study it was decided that input or initial changes

would be minimal to allow the original methodology some time to fully evolve itself. Another aspect was to see how far the empowerment of the PCA's in their function would emerge - as to the activities they engaged in, and how their relationships with the children grew.

- d) It was necessary to provide some visual feedback to the PCA's. Graphs were constructed of each child's changing behavioural pattern based on the teachers initial rating at the start of the programme, and the second evaluation done three months later. The general trend of these graphs indicated improved scores (see chap.7 for more details). The graphs were anonymous (no child's name was evident) so as not to contaminate any PCA's view of their perceived success or failure, and to focus on the patterns that were emerging rather than individual variations only. The EP was concerned about showing the graphs as it fed into the PCA's need to acquire tangible proof that there was a linear development that would be the result of the programme.
- e) Some specific issues relating to management of diaries, behaviour rating scales and questionnaires were discussed. PCA's were encouraged to be descriptive as well to state their opinions of what they thought was occurring in their sessions.
- It was acknowledged that the behaviour rating scales would be difficult to fill in, but they were to try their best.
 - They would be receiving a questionnaire later on in which they would be required to report on a number of issues about the programme. This would be an evaluation of the

programme attempting to assess its further implementation.

- f) All the PCA's were thanked for the amount of energy and time they had expended thus far and encouraged to continue in the same manner until the end of the year.
- g) The project was defined as coming to an end sometime in the middle of the final school quarter prior to year end examinations starting.

6.4 PCA WITHDRAWALS:

It was expected that there might be the possibility of not everyone in the programme being able to sustain their involvement in the programme over the length of time that it was to run. Over the course of the first 6 months three PCA's, for various reasons (sickness, transfers and domestic upheavals), had to withdraw. The decision taken by the EP and principal was that they would not be replaced owing to the difficulties of training new PCAs, and the time it would take for the children to bond with these new PCAs. The question of termination in all three cases was handled by the PCA and class teacher concerned without the EP being involved. At this juncture in the programme the termination procedure seemed appropriate although there was no way of determining whether it had been sufficient or not. Class teachers did not report any abandonment issues apparent in the children and the only explanation seemed to suggest that the system in the school ie. children's involvement with various parents through reading groups etc, would have alleviated the loss of a PCA for the child. The EP however, was left feeling that the process had not been conducted as well as it could have been. Termination at

the end of the programme would require a more satisfactory strategy. The EP continued to monitor these children through the Connors Rating Scales.

6.5 PCA DIARIES:

As the reports in the diaries developed each week, it was necessary for the EP to write some extensive replies to PCA concerns about what they were observing and in some cases, attempting to interpret. An example of one extract of the EP's input in a diary will illustrate the point:

"..... just keep on being there for her and providing the opportunity for this child to off-load. We must let this happen for a couple of sessions before you think of giving some pointers to help her cope with the situation. I think a lot is happening here and you seem to have provided an excellent forum to allow her space to express herself - especially your ability to listen to her".

Addendum 18 provides more extracts from the diaries of some of these replies which indicate the attempt by the EP to maintain a course of action closely aligned to the initial goals as laid down by a non-directive play therapy approach. These replies always attempted to emphasize the following points:

- maintenance of a reflective stance by the PCA;
- emphasis on being there for the child;
- protection at all costs of the developed interpersonal relationship;
- continued acknowledgement and application of the parameters set regarding acceptable behaviour;

- continued empathic focus on the child with her concerns, fears, anxieties and troubles.

In one case the revelations of the child to the PCA necessitated the EP referring the issue to the resident EP for further investigation. As an example of illustrating the capacity of the PCA programme to be instrumental in identifying children in need, this case identified possible characteristics of abuse in a family. Although the initial observations were uncertain, the support system was sensitized to the situation, suggesting that further investigations were necessary, hence the referral to the local ESC. The involved PCA was encouraged in this instance to maintain her empathic stance and meet with the EP to maintain constant support for herself and to reflect on how she should cope with the information she was receiving.

6.6 INCREASED FAMILIARITY AND ENMESHMENT:

A difficulty which emerged in some cases occurred when PCAs reported that the child they were working with, was beginning to interfere with the PCA's own daughter. The children soon discovered that all the PCA's were indeed mothers of children at the school. This was a tricky issue to handle and the PCA's were asking for advice on how they should deal with this. The PCA's involved tended towards offering advice on strategies their own children could use for gently letting down these children seeking friendships. In keeping with a non-directive ethos, the EP suggested that the mothers report to their children that they were at liberty to handle the situation as they felt was appropriate. As reported, this turned out to be the wisest decision. For example, a younger child trying to befriend an

older child was curtly told to mix with her own age group. The fact that children are often fully aware of the informal rules of the peer group milieu was the basis on which the advice was given. If they were not, what better way than have it taught by the children themselves. The issue did not really materialize into a problem as the children seemed to lose interest in trying to form any liaisons with the PCA children.

Many of the PCA children wanted to get their PCA's to meet their parents. The PCA's did not respond to this as the majority felt that maintaining a distance would give them more security and better allow them not to be contaminated by parental expectations and needs. The focus would be on the needs of the child, but with this exception. On reflection this point remains debatable although not acceding to this request did not apparently hamper their relationships. The whole question of utilizing the biological parents together with PCA's could be considered as a possible spin-off from this programme to create networks of parental support, although the strategy to achieve this would need careful consideration.

Some of the PCA's reported that they were having difficulty in that they were becoming emotionally caught up in the child's life. This often occurred when the children spoke in terms of being neglected by their own parents and suggested that the PCA was the only person they could turn to. This seemed to affect the PCA mothers profoundly and they had to control their urge to swamp the child with affection. Many began to already feel that termination of the programme may be problematic in this instance.

Addendum 18 provides extracts of the PCA's fears in this respect. The EP attempted to allay these fears by suggesting that having emotional feelings of this nature were quite acceptable, but that the important aspect for them to focus on was the reference to the theory of the non-directive therapy which strongly advocates the strength of the individual to self-repair, and this is best done in an empathic and supportive environment. Their task would primarily be to provide this and no more. The fact that the EP was present and available to off-load these fears on, was therapeutic in itself. The question of termination was problematic although the system of children working with various adults (in reading, sport, remedial work etc) and in the mere rhythm of the system suggested that this would not be as big a problem as anticipated. Whether the decision to continue with the programme the following year and who would be on it also had some relevance to this issue. This could not be decided at this point.

6.7 STATUS:

As suggested by the literature, the status of the children involved in the programme was elevated beyond expectation. Other children were envious of the preferential time the children had with their PCAs. One or two of the children soon requested if it were possible to invite a friend along. The PR and staff agreed to this and it was tried with varying results. Some of the children became very bossy and protective of their PCA's, others tended to produce acting out behaviour. The EP monitored these sessions closely instructing the PCAs, through diary messages, to make contractual agreements with the children at the end of one weeks session, about the next week. In this manner children did

not have friends with them each week. This seemed to work well and the invitation of friends did not occur too regularly, as the children seemed reluctant to share their PCAs with others.

6.8 CHARACTER OF THE PROCESS:

The programme seemed to have a life of its own as the PCAs became more involved in what they were doing. An initial scepticism of the benefit of what was happening in the sessions turned more into a conviction that the children were changing and that development could be seen. This was confirmed by the teachers. The structure of the programme seemed to be confirmed in that the EP was not required to make any substantial alterations, or involve himself more than just making comments in the diaries.

6.9 QUESTIONNAIRES:

Six months into the programme, all participants (teachers, parents and PCA's) were given evaluative questionnaires about the programme. The answers to these were to provide valuable input for decision making about whether the programme should continue or not (addendums 19, 20 & 21).

CHAPTER SEVEN.***PRODUCT EVALUATION.***

Product evaluation has as its objective to collect the descriptions and judgements of the outcomes, interpreting their worth in the light of the aims of the programme. Both a qualitative and quantitative inquiry is used to try and achieve this. What is being sought are some clear indicators of patterns and trends which will enable the decision makers to make informed decisions about the programme.

NOTE ON THIS CHAPTER:

In the light of an abundance of data having been collected, and with the emphasis of the research document framed in terms of a critical reflection on the implementation of the PCA programme, how the material was to be presented in this chapter became important. In enabling the focus to remain in the service of a critical reflection on improving the programme, it was felt that, with the exception of child A (as an example), data collected on all the other children would be placed in an appendix. This would maintain the focus on critical reflection in this chapter by dealing only with the interpretations and conclusions on each child. The bulk of the data collected on each child is thus available in the appendix.

Data was collected and evaluated by various means summarized in the table below:

Persons	Strategy	Means of data collection.
Variations in childrens' behaviour across time. (responses of children on the programme)	a.Connors rating scales. (3 scales) In order to represent accurately the patterns and trends emerging b.PCA diaries c.questionnaires d.drawings. e.academic results	a. measurement. b. interpretation c. obs./measurement d. interpretation e. measurement
Experiences of Teachers (including the principal) - of the children - of the programme	a.Connors rating scale. b.questionnaires. c.informal comments d.meetings	a. measurement. b. obs./measurement c. observation d. observation.
Experiences of PCA's - of the child. - of the programme - of themselves.	a.Connors rating scale. b.questionnaire. c.consultations. d.diaries. e.informal comments	a. measurement. b.obs./measurement. c. observation d. interpretation e. observation

TABLE 5: Data Collection Strategies.

From the data collected, the following process of representing

the data was used:

DATA	PROCESS	ANALYSIS	INTERPRET- N
data on each child sep.	looking at initial teacher comments, acad, perf., Connors sc, & quest.	sum. of data collected on each & interpreted draw. & diaries	using theory intuition & integrated collation of sources = aims of prog.
data on the programme	looking at questionnaire - 3 sources - PCA's, par. & teachers	collated info. on each question from each source - summation	theory & aims of the programme.

TABLE 6: Process of presenting data.

7.1 Reporting on the children's responses:

To maintain anonymity of the children involved, each child will be given an alphabetical letter representing the name of that child.

A standard layout is used when reporting on the data collected on each child (appendix 1). Child A will be reported on in this way in this chapter, while the other eleven children will be discussed in terms of interpretations and conclusions drawn from data collected. Finally, a summary will be made across all twelve children in an attempt to extract patterns and trends that have emerged.

A note on the Connors Rating scale graphs:

The bar graphs produced represent the norm scores minus the base scores (the lowest possible score attainable) that can be attained for a particular child at her age, on a particular behavioural factor. This has been done to facilitate a more visually appropriate representation of the behavioural factors over time. If a child is functioning at a level which is "appropriate", this will now be reflected as a zero score on the bar graph. Theoretically, the closer the bar graphs are to the zero score, one would predict less difficulty with regard to the child settling into an academic rhythm. As the PCA's and Parents utilized the same Connors Rating Scale, their bar graphs appear on the same graph.

CHILD A.Biographical Information:

Std: Sub B.

Age: 6:9 (at commencement of programme)

Teacher comment: "A" was a very sociable child which caused her to always be out of her desk and as a result she failed to complete tasks. Once behind in her work she lost all her motivation. Play sessions were requested to improve her concentration.

Academic Performance:

subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	6	6	6	5	7	6	6	5
Sept	6	6	6	5	7	5	6	6

(Subject classifications are: oral marks, reading, phonic spelling, Written work, Afrikaans, Mathematics, Handwriting, Self

motivation)

Connors Rating Scale.

The following abbreviations refer to the behavioural factors in use with the Connors rating scales below:

Teacher Rating Scale:

Parent/PCA Rating Scale:

HYP - Hyperactivity

CP - Conduct Problem

CD - Conduct Disorder

LP - Learning Problem

EO - Emotional-Overindulgent

PS - Psychosomatic

AP - Active-Passive

IH - Impulsive-Hyper.

AS - A-social

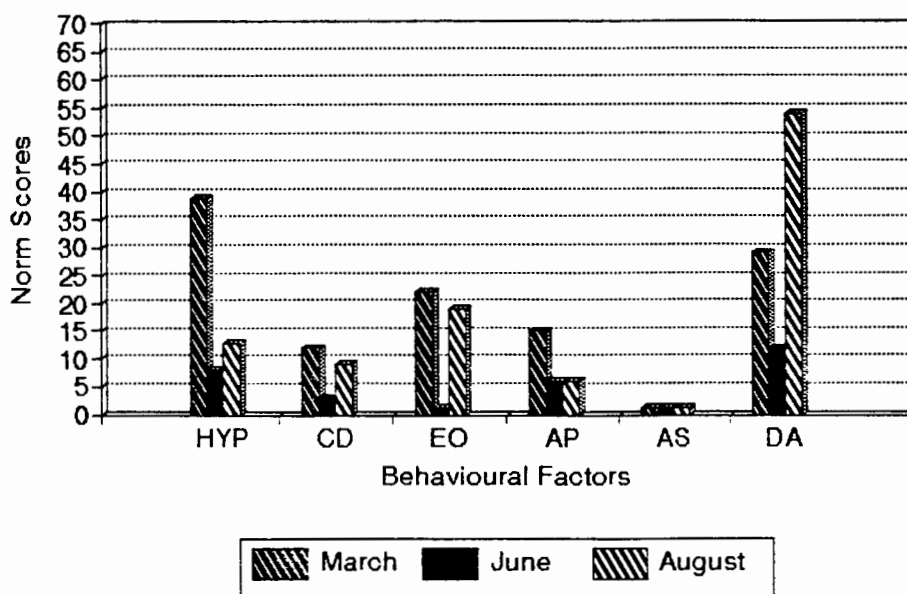
Anx - Anxiety

DA - Delay Avoidance

HYP - Hyperactivity

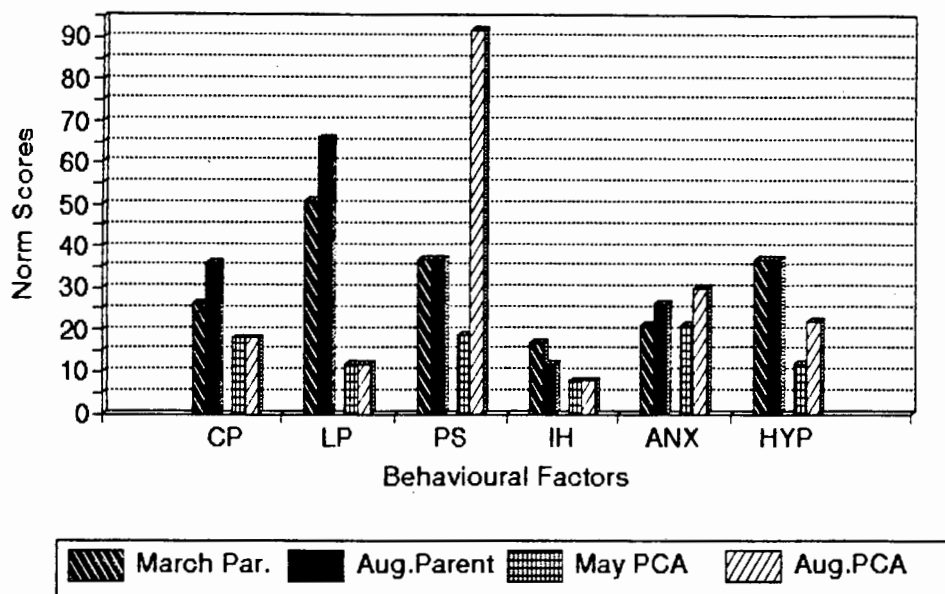
Rating Scale Graphs:

Teacher Rating Scale Child A



Parent Rating Scales

Parent and PCA Ratings: Child A



Patterns: For the Teacher Rating Scale (TRS) there is substantial improvement in all factors between the March and June assessments. The August assessment falls between these two scores, still indicating lower scores in all except one, than the March assessment. The exception is the delay-avoidance factor which has increased significantly since June. For the Parent Rating Scale (PRS) there is very little difference between the scores of March and August. The pattern is relatively consistent. The perception of the parents suggests that "A" is showing more evidence of learning problems, conduct and anxiety problems, with the rest of the factors remaining constant.

For the PCA scale the pattern is quite consistent, with the August assessment indicating a psychosomatic rating which has increased, together with an increase in anxiety and hyperactivity.

Questionnaires and other feedback:Ratings: (0 = not at all; 10 = very much).

STATEMENT	PAR.	PCA
The programme has helped the child?	6	8/10
The child enjoyed the sessions?	10	10
The programme should be continued next year?	8	10

The teacher reported that "A" looked forward to her sessions and was disappointed if, for some reason, they were cancelled. The teacher felt that she had come to realize that there was a lot more to "A" than met the eye. She was bright, but underachieving and her work had been erratic. She seemed oppressed and was punished quite often at home. "A" had complained often of sicknesses, sore stomach etc, and there seemed to be a link between this and the punishment evident at home. She really looked forward to her sessions with her PCA.

The parents felt that the programme had made "A" much happier as she looked forward to her sessions each week. They felt it had not however, helped her concentration. They were pleased that there was no peer pressure placed on "A". Their initial fear was that placement on the programme would label her amongst her peers as being a poor pupil.

The PCA felt that "A" had been able to vent her frustrations and problems without involving her parents and teacher. As the relationship developed "A" became more trusting and disclosed more about the problems she was experiencing. The more she trusted, the more she told and the harder it became for the PCA

not to become emotionally involved. The PCA expressed her concern about the regular punishment the child reported she received. ("She seemed terrified of her parents, who were both working and did not have time for her"). "A" stated that she counted the days to her next play session.

"A" produced two drawings that were handed in. Her DAP drawing was of her sister jumping into a swimming pool and possible clinical indicators suggested insecurity, shyness, body anxiety, dependency, anxiety and helplessness. The KFD drawing showed mother and father painting with the two sisters playing. Possible clinical indicators were the precarious positions of the female members of the family and the father's dominating position in the family.

Fifteen play sessions with "A" were held. The PCA and child joined very well and developed a relationship quickly and easily. The child liked her sessions and was often reluctant to go back to class. She verbalized frequently that her mother and father did not give her "any time". She presented on most occasions as a fidgety and nervous child, who chewed her nails. Her health was not always good, suffering from boils and colds and often appearing to be tired at school. She was given a hamster for her birthday and the animal was put in her room, keeping her awake. Father refused to have it moved as she had wanted it in the first place. Session 13 elicited a very distressed child who revealed to the PCA that she was being severely punished (marks on her body) and that she was scared to go home that day as the parents had been invited to the school by the teacher to discuss her progress. This, she felt, would result in her being further punished. "A" was reluctant, as usual, to part with the PCA and

was physically sick. This issue and past issues reported by the teacher which suggested the possibility of lack of care by the parents, prompted the EP to refer the case to the local EP for his attention. Mother and father have had contacts with the school which appear to indicate to the staff that they are "very busy" and do not want to be concerned with unnecessary communication. An appointment was made with the local Education Support Centre (ESC) under the veil of academic problems so that the suspected fears of abuse could be investigated.

Summary:

There have been changes to behaviour patterns in the teacher rating indicating lower scores on the final August rating, although the Delay-avoidance factor has increased. This is possibly linked to insecurity, anxiety and dependency as evident in the drawings and as suggested in the PCA diary. The PCA graph indicates higher anxiety and psychosomatic ratings and linked to PCA and teacher reports suggests that the child needed to have quality time with the PCA. The drawings tend to confirm the child's environment perceived by her to be predominantly precarious, and in this scenario her need for some stability gained in her sessions. This child has been referred to the local support education centre for further assessment, primarily to investigate high anxiety and possible abuse. The increased anxiety and disclosure in a safe context with the PCA was a sign of positive development and illustrates the effective use of a PCA in a preventive role. This supports the literature on school-parent partnerships as an effective means of increasing support (Beck, 1989). The child was able to effectively enrol an adult into supporting her. The increase in Delay-avoidance could be

explained by her fearing performing academically as poor results could equal punishment. This also illustrates a good example of the judging of quantitative -vs- qualitative results. In the context of the child's precarious position the increase in the delay avoidance can be clearly understood, whereas if the increase was not contextualized by other collected data, it would merely reflect a little understood increased score.

The role played by the EP as consultant was also well illustrated in this case. When the PCA found herself with a situation she perceived as overwhelming, she was able to receive assistance directly through consultation. The EP however, did not get involved directly with the child, but was able to set in motion the system to deal effectively with the PCA's requests. The PCA was also left feeling supported and empowered to continue handling the child in her sessions. This supports the idea of giving psychology away to non-psychologists by attempting to empower them, with support, to handle the situation, thus acquiring skills and knowledge that can be used again at a later date.

CHILD B.

Summary:

There have been significant behavioural changes indicated both by the Connors ratings and by the qualitative statements made by the teacher and PCA. The parents do not acknowledge any differences besides observing "B's" obvious enjoyment of the sessions. This is a contradictory statement in view of their scoring of the Connors ratings illustrating the contradictory nature of the results of different methods of data collection from the same source. In this situation the parents expectations were possibly

too high as to what they perceived the programme would do for their child, or illustrated their lack of understanding fully what the behavioural changes actually were. "B" presented as a quiet introspective child who took some time in her sessions before she felt "safe" enough to trust the PCA. Her response to coming to the sessions indicated that she enjoyed them, and the reflections of the class teacher are that the sessions were a great help in developing "B's" self confidence. In this case, as in others, it is evident that the teachers were often best placed to witness what the benefits were that the programme was achieving. The perspective was that the teachers saw these children demanding less of their time than before, enabling them to use teaching time more effectively. This confirms the research literature on the benefits of using parents in support roles (Beck 1989).

CHILD C.

Summary:

There were significant behavioural changes over time all tending towards some reduction in the scores of the behavioural factors. The questionnaires from all three sources indicate a definite qualitative improvement in "C's" attitude and behaviour. It is highly significant that scale scores indicating change were already evident prior to ritalin medication beginning. This would suggest the possibility of the programme being of assistance to this child. The drawings reflect a possible hypotheses of a tense, highly sensitive and insecure child who needed the confident ear of an adult to allow her the freedom to discard some of her fears and anger.

The diary supports the incremental improvements in "C's" attitude

and behaviour by suggesting strongly that definite "milestones" could be identified in her development from session 1 to session 13. Although presenting in the classroom and among her friends as being naughty, and depicting her family in the drawings as without expression and emotion, she presented to the PCA as extremely sensitive. This illustrated how important the need for collection of data from different sources in different contexts was in helping to formulate a better understanding of the child's situation.

CHILD D.

Summary:

"D" was included in the programme to allow her more freedom to express herself in a non-critical and accepting atmosphere. The ratings obtained on the Connors checklists suggest that there was observed improvement seen by the teacher, but not as much by the parents and none by the PCA. In the diary reports by the PCA there was reporting on definite changes in behaviour observed. Although the PCA may not have acknowledged these as improvements, they illustrated shifts in the child's manner of relating to her environment which were significant if seen in the light of the teacher comments.

The questionnaires suggest that "D" did enjoy her sessions and was very happy to get involved in the sessions although hesitant at first. The teacher saw significant improvement in "D's" self confidence. The PCA reflected on a certain degree of perfectionism which the sessions seemed to alleviate by being non-threatening and non-competitive. The drawings suggested some rivalry, competitiveness and conflict existing in the family, probably surrounding "D" and her father, or the baby.

The diary showed a steady but slow establishment of a climate of trust, allowing "D" more opportunity to relax and so communicate more emotionally with her PCA.

CHILD E.

Summary:

The teacher, parent and PCA scores were erratic in most factors over the period. The Teacher and PCA perceived improvement to be greater than that reported by the parent. The teacher saw the programme as having been the greatest help to "E" in that her qualitative behaviour in the class had greatly improved. The PCA supported the idea that changes had occurred, but was more circumspect about what exactly had happened and was still happening. The parent however, was not convinced of any noticeable changes feeling that more direct intervention would be preferable. The mother wanted better diagnosis of the difficulties experienced by her daughter so that a more goal orientated strategy could be devised. This reflects the difficulty of the parents to fully comprehend the emphasis of the non-directive systemic intervention. The drawings indicted that "E" carried some anxiety which had its roots in the family and this was supported by continual reference to family issues in the diary reports. The diary supports the theme of anxiety seen in the drawings and tracks an increase in trust between the PCA and "E" developing which affected "E" as manifested in her more relaxed demeanour in class. Again, as seen in other cases, the children were seen to transfer the skills and attitudes learnt in the play sessions into the classroom. This also illustrated that feedback from different sources was crucial in establishing a better formulation of what was happening to the child's overall

functioning.

CHILD F.

Summary:

The teacher readily acknowledged that she had seen a marked improvement from the beginning of the year. This was supported by the TRS and by her qualitative comments. The PRS profiles are not as clear and do not show consistent behavioural improvement in all scores, however raters acknowledged that "F" had benefitted by having someone who listened to the troubles that burdened her. The PCA did not indicate in the PCA rating any significant improvement, but in her questionnaire suggested strongly that there had been improvement in "F's" ability to concentrate and in her improved self-confidence. The invention of the sister was understood either as helping to alleviate the stresses in her life or suggesting some wish to have another sibling in the home. The EP played an important role in helping the PCA understand what the implications were of the child fabricating an imaginary sister. The natural response of the PCA was to be upset that she had been lied to and strung along by the child for such a period of time. Through consultation the EP was able to enlighten the PCA of the various hypotheses that could possibly be generated by such behaviour, thus enabling her to better understand the behaviour and not simply denigrate it to the level of simply lying. The relationship between the child and PCA was thus enhanced rather than destroyed and the PCA was better empowered to continue with her work. As Burden (1994) argues, the EP needs to have a good knowledge of child work at the individual level, as well as systemic knowledge when implementing programmes and doing consultation work in the school situation.

CHILD G.Summary:

All three sets of profiles indicated behavioural improvements between initial assessments and the August assessments.

The teacher reported substantial differences in the quality of "G's" behaviour and work and considered that the programme had helped to bring this about. The mother and the PCA were more circumspect about what the benefits were, but acknowledged that "G" certainly enjoyed the sessions and was very willing to attend.

The drawings suggested some immaturity and acting out behaviour. They also suggested some link to sexual behaviour of some sort which could be linked to the references made in session 13 of the diary entry. There was also the possibility of some family dynamic which was important to "G" in terms of her autonomy -vs - control. By triangulating the data sources, the EP was alerted to possible issues being connected, even though these were not always clear. What was clear was that children were being given space to express themselves more freely, and there expressions were being noted by the involved adults. The programme was providing a forum for increased sensitization to the needs of these children. The issue of the change in "G's" behaviour with friends present in a session perceived by the PCA as being damaging for the PCA - child relationship, was unfortunate. This child was having difficulty relating to peers and it would have been beneficial had the PCA seized the opportunities presented by the sessions with friends to facilitate peer relating. The programme initially was not geared towards increasing the number of children in sessions, however this development illustrates the

possibilities of group work with mothers and children which would increase the networking effect that such a programme could generate in the school.

CHILD H.

Summary:

Although there were behavioural changes noted and that these were viewed very positively by the teacher, the overwhelming view of both the teacher and the PCA was that "H" presented as a rather immature and depressed child. She was having difficulty in coping academically which was not helped by a very poor self-image. The possibility was that "H" was either immature for her peer group, or alienated from them because of her difficulties with her work. In addition, it appears that the support from home was not as good, increasing the alienation and depression, so the play sessions appeared to provide a very important role in enabling "H" to have somebody who provided support and security. The nature of the repetitive exercises done by "H" in her sessions suggested that this was one time during the week that she was actually in total control of what she was doing and this must have played an important role in helping her cope with the challenges she faced on a day to day basis.

CHILD I.

Summary:

Both the teacher and the PCA indicated positive behavioural changes noted in "I's" development during the year. This was not substantiated by the mother although there is some concern about the level of the mothers involvement or concern about "I's" school life. "I" developed self confidence as the year progressed possible due to the fact that she was better able to cope with

her environment. The school draws its pupils predominantly from a white middle class suburb, while "I" is a black child from a predominantly black suburb. "I" has been raised differently from her peers even in terms of finding the toys of the white children foreign to her. Being from a culture different to the majority of her peers she has had difficulty understanding the differences. "I" has had to adapt to the majority with little cognizance by her peers of her own differences and needs. The PCA has played an important role in allowing "I" the space and confidence to ask questions in a secure environment, thus enabling her to function more effectively. This has greatly reduced her frustration and allowed her to cope more effectively with an environment which is predominantly strange and probably hostile to her. The impact of this child's needs on the PCA were great as it enabled her (and others involved in the programme) to gain insight into the difficulties faced by teachers and children as South Africa moves towards a unitary education system. The PCA diary reflects a number of issues that could be very effectively used in an orientation programme to help similar children in future.

CHILD J.

Summary:

The teacher reported that the programme had certainly helped in making "J's" behaviour more acceptable in the classroom situation. She was perceived to have settled down and matured as the year progressed. The parents concurred with this, however the PCA tended to rate on the Conners scales an increase in problematic behaviour. In the questionnaire the PCA tended to be more positive about the progress although "J's" tendency to move from one issue to another, never completing anything, was still

rather disconcerting to the PCA. The PCA had also increased her knowledge about "J" since the beginning of the year, suggesting that she was better able to complete the scale the second time round. All agreed that the programme had definite benefits in improving classroom behaviour.

CHILD K.

Summary:

All seemed to agree that the programme had been beneficial in helping "K" to settle down in the classroom by enabling her to focus more on her work. It appeared that the unsettled home circumstances were confusing to "K" and that having her own PCA each week had enabled her to relate closely to an adult and this had been beneficial in helping her understand her situation. The omission of the parents from the KFD drawings supports the contention of "K's" confusion with the adult relationships in her life. The propensity of "K" to be sick had reduced significantly and she was beginning to work a lot more slowly and carefully although this was still erratic at times. The sicknesses and other attention seeking activities could have been reduced owing to the fact that "K" now had someone who was paying her special attention. The fact that the delay-avoidance factor had not reduced could account for the hesitancy that "K" has in attempting to try new things and is linked strongly to her feelings of lack of confidence. This is supported by her submissive attitudes with her peer group, although the self-confidence began to improve.

CHILD L.Summary:

The rating scales indicated fluctuations in behaviour over the period March to August. Both the teacher and PCA identified definite improvements in the behaviour of "L" with respect to her ability to function in the school environment. The overwhelming issue appeared to be a lack of confidence and immaturity. This appeared to be related to very poor relationships within the family which were not constructive in building up "L's" confidence. "L" needed structure and consistency which was provided in her sessions each week, evidenced by "L's" choice of repetitive activities. The last sessions after the PCA's illness were encouraging in revealing that "L" appeared to have advanced in respect of her self-confidence.

7.2 Analysis of Teacher, Parent and PCA Questionnaires.7.2.1 Teacher questionnaires:

There were four questionnaires completed by staff. Three involved class teachers and the principal completed the fourth. (addendum 20: layout of questionnaire). In reporting the results of these questionnaires I have attempted to let the participants speak in their own words about what they felt the impact of the programme was on their lives.

A. Knowledge and Purpose of the programme:

The staff listed the following points as important:

- to give certain individuals quality time to spend with an adult;
- to enable certain children to feel special and so enhance their self-confidence;

- to enable children to freely express themselves through the medium of play;
- to offer timely intervention to more pupils;
- to let the children direct proceedings.

It appears that the staff were quite clear on their perception of the purpose of the programme and that the initial briefing given them by the principal was effective. The staff saw the benefit of widening the support network by using parents in a well structured parent-school partnership programme. The fact that the staff were so willing to participate reflects the ethos of the school and supports the literature (Campbell, 1992) on the role of the principal in facilitating this type of involvement.

B. What the Programme Attained.

The following attainments were realized as perceived by staff:

- the enjoyment by the children of their sessions;
- perceived behavioural and academic improvements;
- some children have matured and have stopped seeking attention from the teacher;
- they have settled down more effectively over a shorter period of time than normal;
- distractibility and concentration seems to have improved;
- children were seen in an envious frame by those children not on the programme, and this boosted their status and self-confidence amongst peers;
- the principal reported that she had received fewer complaints about behaviour in the junior primary section than in previous years.

All the children did not benefit in the same way and to the same degree. Overall the impression given by the staff suggests a very

positive view of what they believe the programme may have achieved. The principal's reflection is most illuminating in supporting this opinion. The literature on early identification of children with difficulties (Cowen, 1973) suggested that with the early identification was a better prognosis of positive behavioural changes. In this study this appears to be confirmed in the light of the teacher's statements.

C. Difficulties with the programme.

The following issues emerged:

- other children wanted to be involved in the programme;
- other children felt left out;
- a feeling that other children (not only those selected through the Connors forms) should be included on the request of the teachers. The teachers expressed this need based on their observations of the children on the programme. Looking at what had been achieved, they felt other similar children would benefit
- the programme needs to continue to the end of Sub B for those pupils presently in Sub A;
- some children, and especially when they invited a friend, would miss relevant work. This was an unsolvable problem. Having to catch up work often led to increased stress;
- the principal was concerned about those PCA's who had "dropped out" (3 of them) and what the negative effect this had on the child's perception of adults.

The last point was of great concern, but given the logistics of a programme involving the commitment of so many people for such a period of time, it was inevitable that circumstances would emerge that caused people to retire from the programme. With

these specific cases there was no extra support or special termination procedure adopted. This could still prove to be a problem although no adverse comments were forthcoming from the teachers teaching these children.

Generally the comments suggested that the difficulties are about how to increase participation in an effective way and is linked to the idea of increasing an effective networking system.

D. Suggestions to improve the programme:

The following suggestions were given:

- it be timetabled so that children miss non-academic subjects;
- including pupils based on class teachers recommendation (especially with pupils who are shy and timid). This could be in addition to those selected through the Connors;
- the principal suggested expanding the programme in some way (either into other standards or increased numbers) but this would have to be discussed;
- more feedback needs to be given to teachers as to the development of the children in the programme through the year;

The suggestions are positive with a theme of some type of expansion to include more pupils. The question of feedback is problematic in that the non-directive emphasis of the play sessions made the assessment of any developments very difficult.

E. Childrens' attitudes to attending:

- all the children looked forward to their sessions;
- they were often visibly upset if sessions were cancelled.

F. Continuation of the programme?

- all four staff suggest that continuation should occur;
- possibility of extending it into senior primary was discussed.

G. Rating scales: (0 = not at all; 10 = very much).

On the rating as to whether the programme had helped the children three teachers rated a score of 10 and one an 8. All four rated a 10 for repeating the programme next year and for the children's positive attitude to attending play sessions.

7.2.2 Parent Questionnaires:

Twelve parents completed this questionnaire (addendum 19: layout of the questionnaire).

A. Understanding of the purpose of the programme?

The following points emerged:

- to help children through play;
- to use play preventively - to forestall major problems developing;
- to reach many more pupils by using adults (parents) under supervision of an educational psychologist;
- children are supervised by a non-judgemental adult;
- children learn to make use of their own "repair strategies";
- to assist children with classroom skills;
- to assist children who suppress their feelings to express them at their own given time;

It appears that the parents were largely understanding of the purpose of the programme, suggesting that the information evening held with them had achieved its goal.

B. What has programme done/not done for your child?

Done:- she is much happier;

- helped boost her self esteem;
- her weekly sessions have "anchored" her week;
- her work has improved;
- she has been able to off-load her problems;

- she has acquired self restraint;
- since the programme started her chronic soiling problem has almost gone;

Not done: - has not helped her concentrate;

- not sure what it has done (3);
- we have had no feedback;

Many of the parents suggest positive influences emerging from their child's participation in the sessions. Others are more sceptical of the benefits and would like to be better informed and given results. The fundamental issue was not really about people getting feedback, but was about various adults noticing and sharing ideas about the children with one another. This is a form of collaboration of significant adults in the child's life, particularly at school, being sensitized to the specific needs of the children considered more at risk than others.

C. Comments by the child about the programme.

- she looked forward to the sessions and was disappointed if they were cancelled (11);
- she has formed a strong bond with the PCA;
- no comment;

The feeling is almost unanimous about the children having enjoyed tremendously, their weekly sessions.

D. Have any difficulties arisen out of her involvement in the programme?

- there was no sign of peer pressure (Opposite - envy);
- no problems (12);

No child was seemingly disadvantaged in any way by being on the programme.

E. Suggestions for improvements.

- to have more structured play rather than free play (3);
- to be given more feedback (4). This point has been discussed previously in terms of adult collaboration.
- to know how we as parents can assist;
- to know the aims of the programme;

The suggestions point to one area of the programme which needs to be addressed, that is, a better understanding by the adults in the programme as to the idea of collaborative involvement. The suggestions relating to more directed - goal oriented intervention have not fully understood the reasons behind the non-directive play therapy approach. This is mirrored in the last statement made by one parent. There is also an expressed need for further parental involvement which is an encouraging sign in that the parents acknowledge the need to become involved.

F. Parent Ratings:

Twelve parents answered the questionnaire.

a.) The programme has helped your child this year.

0	1	2	3	4	5	6	7	8	9	10
	1				2	3	1			2

Three did not commit themselves

b.) Your child enjoyed these sessions each week.

0	1	2	3	4	5	6	7	8	9	10
		1				1				10

c.) The involvement of your child in the programme was

	p	r	o	b	l	e	m	a	t	i	c		t	o		y	o	u	.
0	1	2	3	4	5	6	7	8	9	10									
														1					

d.) Do you think the school should continue implementing such a

programme in the future?

0	1	2	3	4	5	6	7	8	9	10
								6		6

7.2.3 PCA Questionnaires:

There were twelve PCA's who completed questionnaires.

A. What was your knowledge of the purpose of the Programme?

The following points emerged:

- to spend quality time with a child;
- those children identified as having behaviour or adjustment problems would have the opportunity of spending time in a one to one relationship with an adult so that they could express their feelings, fears and needs through play;
- PCA's are facilitators to allow the child to play freely;
- a precautionary measure for children who might develop problems later;
- to take some pressure off referrals to the school clinic;
- to help prevent a remedial problem by providing individual support;
- the PCA takes a passive role - the child directs;
- its a time in the week for the child to have her unlimited space without recriminations;
- hopefully it fills a gap in her home life where in a busy home parents don't always have the time to listen and talk to her, to discuss her problems and insecurities, and to play with her;

The replies indicate that the PCA's had acquired a reasonable understanding of the aims of the programme as stated in their training workshops. Although not stated here, the implication of their involvement was that the PCA's would become empowered to be

"psychologists" in their own right, and thus achieve the aim of a consultative indirect service delivery on the part of the EP.

B. What are your feelings about what the programme has done for the children?

- a free chance to vent her frustrations and problems without involving her parents or teacher;
- forging of a strong bond with her positive engagement;
- child has better insight, is more confident and secure;
- absolute enjoyment of the break in the school day;
- scepticism that a half hour per week can affect great changes;
- child has become more and more trusting of me;
- best answered by teachers and parents;
- made her feel special and important;
- she is less fidgety and more focussed;
- the importance of their self expression cannot be overemphasized.

The overall impression given suggests that the PCA's most important function was to provide support and containment for the children. The fact that certain PCA's were still not prepared to acknowledge the changes they observed reflects in part the characteristics of the South African education system which has always compartmentalized special support services. In this case it is the parents response, but often this is also the case with teachers where they become paralysed about their own abilities to perform a function when it is perceived to be the expertise of another within the profession. Teachers with years of experience are often best placed to offer services, yet do not do so because of this perception. In the new dispensation this phenomena will need to be shifted. This perception may also be a national

phenomena supported by years of an authoritarian national government which discouraged individual initiative and emphasized group compliance. This would link with understanding the macro-systemic influences affecting the programme as suggested in the work done by Bronfenbrenner (1974).

C. Suggestions to improve the Programme:

The following issues emerged:

- give present PCA's more training and expand on the present programme;
- more training with present programme;
- more contact between the teachers and the PCA's;
- feedback for parents, teachers and PCA's;
- the half hour sessions are too short (minimum 45 min.);
- better toys and facilities need to be provided;
- more feedback from the psychologist to the PCA's;

The suggestions once again focus on the feedback problem. The ideas of getting specific feedback as opposed to the programme being a forum for sharing and collaboration needed better initial contracting between the EP and all adults involved. The nature of the non-directive ethos tended to be foreign to them not providing them with adequate measurable feedback. This was difficult for them to reconcile. The short time for sessions remained a problem throughout.

D. List of activities most engaged in:

Fun games, painting, drawing, finger puppets, card games, plasticine building, playing ball games outside, problem solving puzzles, memory games, dominoes, imaginary/ make believe games, eating, talking, playing with dolls (esp. barbie dolls), making christmas decorations, shooting hoops with a ball, hopscotch,

cutting-out, board games, reading (with and to), walking in the gardens and on the fields.

Activities were varied among the children, although children seemed to enjoy repetitive activities from one session to the next. It was not possible to record the frequency of games and activities performed but assessment suggests they were generally varied with up to three and four activities taking place per session.

E. Difficulties experienced in sessions.

The following issues caused difficulty for the PCA's:

- learning to play a passive role and not taking the initiative;
- not directing the course of play;
- children who don't talk much are hard to get to know - the process is very slow;
- thinking of new things to do. Some PCA's initially felt obliged to have suggestions available to get sessions going. As the children got used to the format of the sessions, this feeling fell away;
- having to sometimes intervene to impose some structure or control;
- when more than one child was present, the dynamics of the session changed and it was more difficult to control. PCA's were not required to control sessions and this control refers more to the changes in the relationship dynamics which tended to be a lot less intimate with other children present;
- ending sessions when the children wanted to continue playing;
- some children's inability to spend more than a few minutes on a task;
- not becoming too emotionally involved with the child especially

as the relationship got stronger;

- the time of 30 minutes was far too short, 45 minutes was recommended.
- the feeling that nothing was happening while the child was just sitting doing her own thing;
- the fact that I was trying to interpret the child's actions and conversation all the time instead of just letting it be;

Difficulties express a theme which suggests the PCA's were having trouble adjusting to their role of passive bystander with the children taking control. The feeling of lack of control in trusting the control to the child, and the belief in the non-directive play therapy approach were not easy practices and concepts to adapt to. In part this accounted for the wish to have "feedback" as a means of the PCA's feeling that what they were doing was beneficial. Their own observations told them this, but there still persisted this need for some linear measured support to be made available.

F. The child's reaction to coming to the sessions.

Although there was initially some caution with certain children, no PCA reported that the children did not want to attend the sessions. In fact, most responded very enthusiastically.

G. The difficulties of particular children.

It was interesting to note the types of observations and interpretations made by the PCA's as to what they felt the problems of the children were:

- some disagreed with the teachers assessment of the difficulties (these often related to the social group difficulties not seen in the one to one situation);
- the child was abused by her parents (emotionally and

physically);

- lack of self-confidence, sticking to activities she knows she can handle and which give her security;
- distractibility and inability to focus or concentrate;
- low self-esteem, shyness, not trusting adults;
- inability to relate to the peer group;
- need to ask questions secure in the knowledge that she will be taken seriously and not criticized;
- emotional immaturity and need to be praised;
- lack of ability to grasp concepts;
- parental divorce has left her insecure.

The flavour of these responses suggests that the PCA's were well tuned to the emotional needs of their children, and that in many cases issues like security, emotional immaturity, lack of confidence were predominant issues.

H. What have the PCA's gained from their experiences?

- a feeling of having done some good and helped a child in some way;
- given insight into the desperate needs of some children and doing something that caters for her little life;
- it was a growth experience;
- it showed me that I still have a lot to learn about children;
- it loosened up some of my inhibitions;
- it was exhausting focussing attention on the child for the session. Some days you are left feeling positive, and others, totally drained;
- It has given me a better understanding and appreciation for the difficult task teachers have in dealing with difficult children;

- + I am more aware of my own children's needs;
- it is rewarding to see the child start to respond;
- it has made me reconsider many aspects of mothering;
- I was interested in seeing how my emotional state was so easily identified by the child and how it affected our sessions;
- how the emotional well-being of the child is so important to their schooling;
- it made me feel guilty because I do not spend enough time with my own children;
- it taught me to observe a child objectively without becoming too emotionally involved (not easy);
- I surprised myself! I did not think I had it in me - it was very rewarding.

It appears that a wide range of experiences have touched the PCA's in various ways, leaving them more sensitive to the special needs of children, and to the needs of the child in the family and the school. They have also developed in themselves through the experiences they have gained and this has affected other areas of their lives. The findings are well supported by the research (Beck 1989) as to the benefits of having parents functioning within the school in partnership with the teachers.

I. Continuation of the programme?

Most of the PCA's were emphatic that the programme should be repeated next year. Two proviso's were added by two PCA's. That it be monitored by a psychologist, and that it should be proved to have done some good. The last point illustrates the lack of trust they have, both in their own observations and in the teacher's observations (discussed elsewhere in this chapter and reflected upon in chapter 8).

J. How else can the school involve parents?

Given the particular character of the school involved, it is always searching for new ways in which to utilize its parent body. The following suggestions were put forward:

- cooking classes;
- sewing classes;
- multiplication tables - extra maths (drilling);
- any sport involvement (helping);
- reading sessions;
- doing projects with a child around a certain theme;
- parents used to collect useful information (for projects);
- collect materials for use in creative classes;
- relaxation classes;
- groups of children seen by PCA's in pairs or in small groups;
- parents can help only if supervised by teaching staff;
- More handwork classes especially to the young children;
- Teachers must let parents know they need help;
- extra lessons;
- parents to assist in the remedial department under supervision;
- parent education evenings on various aspects of the child's development.

The ideas for increasing the parent network is varied and some good ideas have been generated.

Ratings:

a.) The programme helped the child in your care?

0	1	2	3	4	5	6	7	8	9	10
			1			3	2	3	1	1

(one PCA did not commit herself to an answer. This was unusual in that her stated observations clearly indicated that she felt

there was positive development).

b.) The programme should be repeated next year?

0	1	2	3	4	5	6	7	8	9	10
							1	2	1	7

(one PCA did not commit herself to an answer - see above comment)

c.) The programme improved the child's confidence.

0	1	2	3	4	5	6	7	8	9	10
						1	2	6	1	2

d.) Did the child like coming to the session?

0	1	2	3	4	5	6	7	8	9	10
							1	1	1	9

7.3. A triangulated summary:

The objective of evaluating each child's participation separately, and analysing the questionnaires and other available data, was to collect the descriptions and judgments from those involved with the outcomes and interpret these in the light of the aim of the programme. Earlier in this chapter the summaries of each child (together with a fuller collection of data available in appendix 1), and the feedback of the questionnaires were collected to establish trends and patterns from the data assembled. This will also be viewed in the light of the literature search. The aim would be to provide decision makers with information to assist them in deciding as to the merits of the programme, and as to its further implementation or termination.

From the data collected, the following trends and patterns emerged:

The children:

- the children enjoyed the sessions and looked forward to attending;
- children chosen for the programme acquired a status amongst their peers. This helped many children who were in the selected group and who were having peer group inter-personal problems. When the children were able to invite other children to their sessions, this increased their status even more;
- the fact that the children selected were on the programme heightened the sensitivity of all the people involved with the children, and this was itself beneficial to these children;
- the children resisted attempts to allow PCA's to interfere with the "contract" as first established in the sessions ie. that they were allowed to dictate the format of the play sessions. This was best illustrated by the number of children who resisted attempts to get them to do DAP and KFD drawings;

From the data collected the best indicator of the children's perspective about how they felt about the programme was their willingness to be involved and attend their sessions. Because of the resistance to the drawings and their infrequent production it was difficult to see any progression of positive or negative clinical emotional indicators emerging.

The Parents:

- parents co-operated willingly in allowing their children to be on the programme;
- parents wanted better and more regular feedback as to their child's development in the programme;
- certain parents requested more directed intervention in the play sessions rather than just non-directed play;

- parents enquired as to how they could be more involved;

The data collected from parents suggested that the programme needed to employ a better system of involving them in the process. This would be especially important in terms of more regular contact with opportunities for the parents to report on their children's behaviour, and also to consult directly with the EP. The possibility of contact between PCA's and parents could also have improved the networking possibilities. This latter idea would need to be monitored in terms of preparing the PCA's for their role in this type of consultation, but it could also evolve using the teacher in a four-way DAT type meeting (parent, PCA, teacher and EP) or variations of this group.

The PCA's:

- the PCA's involved became more sensitive and attuned to the needs of the children which affected their own roles as mothers and parents. Their knowledge of the role of teachers and the problems within a school were also heightened.
- most PCA's were critical of the time period of 30 minutes not being long enough for the play sessions.
- the most important function performed by the PCA's centred around providing children with a feeling of security and so developing self confidence.
- PCA's were continually plagued by feelings of isolation and insecurity as to how well they were doing, or if what they were doing was correct.

PCA's tended to be apprehensive about their roles at first, but as they became more relaxed with the children their insights into what they were observing and doing with the children was

surprisingly astute. The Connors Rating Scales used by the PCA's were not as informative as the weekly diary insets or the consultations. The information gained through the latter sources, not only because of its nature, but also because of its regularity, tended to inform the EP more in helping with decision making.

The Teachers:

- teachers involved were more positive than any other group as to the benefits of the programme.
- teachers felt a need to have closer involvement and knowledge about the development of the child in the sessions.
- teachers perceived the following behaviours most improved by the programme: ability to settle down more quickly, distractibility and concentration.
- teachers felt that the programme could be extended to involve more children from different standards, possibly even senior primary.

Teachers response to the programme was very positive although their input was limited to giving feedback through the Connors Rating Scales and the questionnaires. As suggested above, more qualitative data could possibly be obtained through structured consultation groups being set up including the teachers. At best this was achieved only through informal meetings with the EP. Reports by the teachers on children in the programme suggested a trend that these children seemed to be a lot calmer in class and were no longer requiring as much of the teacher's time as before.

General:

- the opinion of the majority of people involved in the programme

was to suggest that the programme was successful and should be repeated next year.

- a difficulty in assessing the merits of the programme using the quantitative and qualitative methods. What emerged out of the quantitative methods (eg. the rating scales) did not always concur with what emerged qualitatively (questionnaires and observations). Often these were in stark contrast.
- the EP had difficulty coping with continual requests by some participants, to produce a measurable evidence that what was being done, was in fact, correct and successful.
- the programme was able to identify certain children at risk who required further referral to the local support centre.
- it was clear that different people perceived development of the children differently depending on their function. PCA's playing with children would appear not to notice changes, while the teacher in class would notice improvements - parents were affected similarly.

Recording the children's marks from the June and September exams did not offer much information in terms of suggesting great academic improvement. This is partly due to the format of how the marks are presented by the school. The emphasis by the school itself, tends to be on qualitative on-going information sharing with parents concerned and not a lot of information can be gleaned from a child moving from a 5 to 6 in any one subject - suffice to say that some improvement has occurred.

The questionnaires proved to offer a wealth of information on various issues about the programme. Participants answered them

with candour and showed their interest and commitment to wanting to analyze the programme in the interests of it being a pilot study for future programmes of a similar nature. The teacher questionnaire needed a different design which enabled them to comment more appropriately on each child's progress.

Issues raised above will be further discussed in chapter 8, but in the light of the literature review, and certain recommendations put forward.

CHAPTER EIGHT.
CONCLUSIONS AND
RECOMMENDATIONS.

The aim of the research project was to locally contextualize and critically evaluate a Parent Counsellor Assistance programme implemented in a local primary school. The process of the implementation and evaluation was guided by the use of the strategy of evaluation known as the CIPP model of evaluation. By using this model, the emphasis was on analysing the structures, patterns and processes functioning within the education system with a view to providing a framework for ongoing evaluation by the decision-makers in the system. The particular framework was compatible and promotive of a consultation model for education support services. A number of similarities and differences in the evolution of the programme could be identified when compared to the literature. Furthermore the programme illustrated the effective role that can be played by an EP in the role as consultant. In South Africa with the advent of a new unitary system of education, a reconceptualization of the service delivery model presently used by local education support services, namely a shift in emphasis to an indirect service delivery model, is needed. As Guttkin and Conoley (1990) have stated, the key is to increase vastly the number of persons who can provide quality treatment - psychologists need to give psychology away to non-psychologists. The research findings in this study support this contention by having illustrated that by using PCA's under the supervision of an EP, it was possible to extend the service delivery in this particular system to provide

support to a wider group of the school community considered to be at academic risk. The use of parents as the providers of this indirect service delivery is well documented (Hattie, Sharpley & Rogers 1990; Kramer, 1990; Martens & Mellor, 1990) and is again supported by this particular study.

Central to this study however, was the understanding that to implement an effective programme required cognizance of the systemic influences acting on all participants in the system and the understanding that only after analysis of these systemic influences, would it be possible to implement a programme using one or more of the system's resources; in this case members of the parent body. In this particular school the implementation and consequent success of the programme was largely determined by the manner in which its introduction was accepted by the participants. A history of previous parent involvement in various forms was the catalyst promoting the easy assimilation of the programme into existing daily schedules and the rhythm of the school.

The programme used a schools-based and parent-trainer model (Cronin et al;1992) to promote active parent-school partnership. This partnership became well developed in the programme and as suggested by Campbell (1992), the ultimate responsibility for creating the harmony between parent and school allowing for this type of venture, rested primarily with the leadership of the principal. This leadership was based on an integrated ecosystemic approach aimed at improving the position of the child in the school by providing them with the opportunity of having

meaningful relationships with adults who became significant in their lives. The role played by the principle supported what was predicted by the research (Campbell, 1992).

The benefits of parental involvement as stated by Beck (1989), were also evident in this study:

- children at academic risk were supported and seen to improve behaviourally in the observations made by teachers in the classroom situation;
- children were monitored more closely and all who dealt with them were sensitized to their special needs;
- parents who acted as PCA's were made aware of the stresses applicable to the system giving them better understanding of the school so improving parent/teacher understanding;
- generally parents were made aware through parental participation in such a programme of the influences they were having in the school, with the concomitant feelings of belonging that this engendered in the school system as a whole;
- insight gained by parents into the complexities of children which initiated their questioning of their own parental practices;
- releasing teachers in the classroom for teaching time, by improving the time usually spent handling children with behavioural problems,
- by improving the general management of behavioural difficulties at principal level through the reduction of the number of these cases emerging while the programme was running.

With parent participation some difficulties did emerge but these were largely based on poor communication between participants and structural difficulties related to timetabling and personal

schedules.

Reference to the Rochester CAP and PMHP programme on which this study was predicated suggest the following similarities and differences in findings:

- whereas the CAP programme used systematic screening and detection procedures and tools (designed for the particular programme) in identifying early school adjustment difficulties, the screening devices used in this programme, namely the Abbreviated Connors Rating Scales and the Teacher and Parent rating scales, were not so suitable for the purposes for which they were used. The scope of this research in terms of time and resources were limited, necessitating the use of the Connors as the most familiar tool available to teachers in the local school system. Notwithstanding this handicap, the selection of pupils based on the Connors forms and supported by good qualitative input by the principle and teachers, helped to identify the children most in need of what the programme had to offer. So-called misdiagnoses of children or labelling of children chosen was also not an issue and on the contrary, children selected were seen as having elevated status by their peers.
- the suggestion that nonprofessional help agents can be used to expand the reach of effective services. The programme illustrated this well.
- in this study the training of the PCA's was less intensive than that of the CAP programme owing to the differences in function of the PCA's. Whereas the CAP counsellors performed a more directive role in their counselling, the PCA's utilized non-

directive play strategies allowing for less intervention and more reliance on the natural tendencies of the child to develop given the space, time and correct environment to do so, as defined by the non-directive theory.

Use of the (CIPP) model of evaluation elucidated a number of issues relating to the evaluation of educational programmes. The understanding of seeing evaluation as a process aimed at providing information which best helps to improve knowledge about the object under investigation, utilizes a systemic theoretical basis for understanding its dynamics. This systemic theoretical basis is not always a clearly understood paradigm of thought. When encountering a system which is so immersed in linear measurement, it becomes difficult to cope with the anxieties, criticisms and ambiguities that emerge when the accepted linear paradigm of evaluation attempts to cope with a systemic evaluation. Out of this emerges scepticism as to the accomplishments of the programme and a lack of understanding which suggests that if no significant difference can be found, nothing has changed. This feeling is more pronounced when a programme set in a school system and dealing not only with educators, but also parents, requires the investigator to supply periodic feedback as to the progress of the programme under investigation. Understanding by the people involved of the processes of what is being achieved from a systemic viewpoint, requires an imaginative leap not easily assimilated.

What the (CIPP) model did do, was to provide a systematic framework so as to meet existing needs, and to ensure that

existing resources were put to the best possible use. In this way it promoted growth by helping the responsible leadership to make informed decisions based on the data collected. The EP was also continually aware of the autopoietic nature of the programme as the participants became immersed in what they were doing. The system seemed to assimilate and swallow the programme giving it recognition, status and incredible interest from diverse sources.

The data collection methods required a second imaginative leap in the perception of those involved in the programme as to the programme's emphasis and consequent success or failure. The triangulation method required the collation of data being viewed firstly from different theoretical perspectives (CIPP theory, Systemic theory, Developmental theory, Play therapy and Drawing theory) and also using different methodological strategies (observation, behaviour rating scales, PCA diaries, questionnaires and drawings). The following strengths and weaknesses emerged from the use of the triangulation method. It gave a more holistic view of the programme under evaluation, particularly the questionnaires which provided the opportunity for many of the participants in the programme to "speak directly" to the decision-makers as to their feelings about the programme. The programme was complex and the approach enabled the researcher to generate a fuller and more realistic view of the respective observations and results generated by the programmes participants. It permitted discussion of the results on a comparative basis. It also succeeded in representing a multiplicity of perspectives to be the expressive social position of each informant - representing fairly the differing and often

conflicting viewpoints. The question of the validity of data sources was problematic to the participants, but not to the researcher. Most of the sources were qualitative providing no real guarantee that the number of sources purporting to provide evidence concerning the same construct were in fact doing so. Linked to this was the fact that the Connors behavioural rating scales, the most quantitative measuring tool used, was also not the most appropriate one as perceived by some of the participants (particularly by the PCA's who used the parent rating scales) led to scepticism on their part of its effectiveness. Given that the EP was attempting to work from a systemic framework (in itself foreign), and using more qualitative data collection methodologies, within a system steeped in linear measurement practices, did cause some scepticism to emerge. Nevertheless, the researcher felt that the quality of the qualitative data, together with the feedback from the Rating scales, was sufficient to suggest that significant behavioural shifts had occurred with most of the children involved in the programme, and in most cases the behaviour and attitudes were more positive and conducive to better academic performance of these children identified as being at academic risk.

In attempting to draw out patterns and meanings which would legitimate the implementation of the programme as an effective support system to be used in the school, the following issues emerged; one was the already stated weaknesses in available measuring instruments, but the other was the differences between quantifiable and qualitative data, or between sets of qualitative data. The first issue called for more refined and

valid instrumentation, the second for acknowledging similarities and differences and within the CIPP structure allowing the decision makers to view the perspectives of those involved so that informed decisions could be made. Given the feedback accumulated the decision makers seemed to have been given direction by the participants involved, that the programme had achieved its goals and would be worth implementing in the forthcoming year. Certain recommendations were identified as possible addenda to this decision.

8.1 Recommendations:

1. The consultant of the programme needs to contextualize more effectively that the programme is not about the adults involved receiving regular feedback, but about various adults noticing and sharing their ideas and observations in a collaborative function in the best interests of the children. Termly get togethers of all adults involved in the programme (an example being the cheese and wine) may be the most effective means of providing the sharing of information that has been requested.
2. It will be possible for the consultant to be someone else other than an EP. In the case of this particular school the remedial teacher will be more than capable of taking over the programme for next year.
3. Children in play sessions must not be instructed to do anything by the PCA's (like drawing). The programme must adhere to its non-directive play therapy theoretical base.
4. A follow-up study can be conducted to monitor the development of the children who have been on the programme for the year.

5. Children who have been on the programme for this year may be involved for another year if the teachers believe, through the identification process being reconvened at the start of next year, that they qualify.
6. Teachers having been exposed to the results of one year of the programme, may be better situated into selecting children they believe will benefit from the programme. This will call for more astute qualitative analysis on their part which they will be able to do.
7. It appears that individual sessions between PCA and a child are important at the start of the programme until suitable bonding has taken place (up to 5/6 sessions). Once this has been established other pupils can be invited to sessions, but this must be monitored and not occur every week. The special relationship between the child and the PCA is precious and can be compromised by a third party. The value of introducing other children in sessions gives the PCA insight into how the child relates to her peers and this is valuable information allowing her to give support if difficulties are seen. Many of the children were having inter-personal peer group problems and it was healthy for them to interact with their peers in a secure environment.
8. PCA training can now be extended to include role playing, observation of a session, personal PCA experience and observations of video material. This will better prepare new PCA's for their tasks.
9. The initial contract made with PCA's must stress strongly the commitment to the programme for the full year (March to December).

10. The agenda of the initial parents evening will have to stress more the idea of systemic intervention and how and why this will have beneficial input into their child's performance.
11. A suggested meeting with both the teachers and PCA's should be held at the beginning of the course so that both fully understand their respective alliances and input into the course.
12. Decision-makers will have to discuss the possibility of timetabling longer play session periods as the shortage of time was a general complaint expressed by the PCA's.
13. Research is required to find better quantifiable tools to measure the factors that are most applicable in the development of the children in the programme. A more appropriate tool than the Connors could be found or developed.
14. A similar research programme needs to be conducted at a boys or mixed sex primary school to observe similarities and differences.
15. Research needs to be conducted into the possibility of networking amongst parents in the school to extend the play sessions and other similar programmes so that the school draws more on the resources of a very capable parent body.
16. The questionnaires used need to be re-evaluated in terms of giving those participating in the programme a chance to express their views, and provide information that is relevant to help the decision makers make informed decisions.

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ADDENDA.**ADDENDUM 1**

List of emotional indicators on DAP's of children: (Koppitz, 1968: pp 333-334)

(All the emotional indicators are considered valid for girls age 5 to 12 unless otherwise stated)

QUALITY SIGNS:

- * Poor integration of parts of figure (G - 6)
- * Shading of face
- * Shading of body and/or limbs (G - 6)
- * Shading of hands and/or neck (G - 7)
- * Gross asymmetry of limbs
- * Slanting figure, axis of figure tilted by 15 degrees or more
- * Tiny figure, two inches high or less
- * Big figure, nine inches or more in height
- * Transparencies

SPECIAL FEATURES:

- * Short arms, arms not long enough to reach waistline
- * Long arms, arms long enough to reach knee line
- * Arms clinging to side of body
- * Big hands, hands as large as face of figure
- * Hands cut off, arms without hands or fingers (hidden hands not scored)
- * Legs pressed together
- * Genitals
- * Monster or grotesque figure
- * three or more figures spontaneously drawn
- * clouds, rain, snow

OMISSIONS:

- * No eyes
- * No nose (G - 5)
- * No mouth
- * No body
- * No arms (G - 5)
- * No legs
- * No feet (G - 7)
- * No neck (g - 9)

ADDENDUM 2.

Curricula choice at Greenfields Primary

Group A.	Group C.	Name _____ Id _____	
Stories of Miracles Buddhism, Muslim Studies Famous Families of the Bible Scripture Union	Puzzles Sewing Painting Playreading Keyboard Skills (computer typing) Choir Needlepoint	Monday 2. _____ _____	First Choice Second Choice _____ _____
Group B.	* Afrikaans Aid (R70 per term)	Tues. 1. _____ _____	_____ _____
Volleyball Aqua-aerobics Swimming Tennisette Table Tennis Biathlon Aerobics Mini-Cricket Tennis	Modern Dance Cross stitch Candlewicking 3-D Construction	Tues 2 _____ _____	_____ _____
You must choose 1 from Group A 2 from Group B 2 from Group C + 1 from any group. = 6 modules.	Cooking Sew - Shorts Sew - Tracksuit top Orchestra Calligraphy (pens needed) Australian Crossstitch	Thurs 1 _____ _____	_____ _____
	Drawing & Painting * French (R70 per term)	Thurs 2 _____ _____	_____ _____
	General Knowledge Beginner Recorder	Fri 1 _____ _____	Note that Choir on Tuesday! is compulsory for Choir members. Orchestra is Thursday 1.

ADDENDUM 3.

Co-curriculum programme at Greenfields:

- CO-CURRICULAR PROGRAMME - TERM 1 - 1994

VENUE	HALL	LIBRARY	NW ROOM	ART RM	POOL	COURTS	FIELD	A/CARE	MUSIC RM			
M O N 13:35 14:20	2 VOLLEYBALL Volleyball c. Baister	Ruzzles F. Myrdal	Junior Sewing 2/3 S. Jewell	Painting- Glass Wood Fabric P. Day 2/3	Aqua- Aerobics					Rayreading [Sub A] rom	Keyboard Skills [Comp. Rm]	Stories of Miracles [Sub B] n. Baker
T U E S D A Y 10:50 11:35 13:35 14:20	1 Chor R la Grange	Needlepoint Canvas D. Black		Painting- Glass Wood Fabric P. Day 4/5	Sewing 4/5 c. Baister	Tennis 2/3 J. Soderlund				Afrikaans Arel 2/3 [Std 3] J. Versteeg	Keyboard Skills [Comp. Rm]	
2 Modern Dance J. Resnick	Cross stitch work J. Veitch D. Black	Candlewick Cushion 3/4/5 S. Jewell	B-D Construction 4/5 P. Day	Sewing 2/3 J. Soderlund				Cooking Skills J. Alexander			Keyboard Skills [Comp. Rm]	
1 Table Tennis C. Baister			B-D Construction 2/3 P. Day	Biatlon Run/Swim J. Soderlund			Biatlon Orchestra R la Grange		Buddhism Hindu music Studies [Std 4] C. Potgieter	Calligraphy Skills [Std 3] S. Jewell	Keyboard Skills [Comp. Rm]	
2 Aerobics Mrs. Kaitie			Drawing of Painting 2/3 P. Day			Mini cricket C. Baister	Cooking Skills J. Alexander		French 5 [Std 5] S. Kover *	Scripture Union [Sub B] A. Amoy	Keyboard Skills [Comp. Rm]	
1 Aerobics J. West			Drawing of Painting 4/5 P. Day		Tennis J. Soderlund		Beginner Recorder R la Grange		Famous Families of the Bible [Std 4] C. Potgieter F. Myrdal [5]	Afrikaans Arel 4/5 [Std 2] J. Versteeg	Keyboard Skills [Comp. Rm]	

ADDENDUM 4.

Principal statement about Parental Involvement.

Parent involvement at Greenfield Girls' Primary is essentially dual purposed. On the one hand we have the conventional fundraising committees whose main responsibility is to devise ways and means of raising additional funds. Functions are limited to two major events per annum - namely a highly successful Golf Day which relies heavily on sponsorship from beyond the parent community and a full field of 120 players.

The other event involves the parents and the pupils and is usually site-based and of a social/fete nature. The broad principle of limiting the fundraising events has resulted in parents feeling less pressurized and more willing to participate in the events.

A large number of parents, particularly mothers and grandmothers assist us in the day-to-day activities of the school. At present we have teams of mothers who listen to reading in the Junior Primary classes, take children through language enrichment programmes where necessary and run Play Therapy sessions under the auspices of the psychologist from the Education Support Centre at Newlands.

Mothers assist with the coaching of sport and transportation to and from matches. This year we are running an extensive Co-Curricular Programme and mothers are involved in diverse courses such as Scripture Union, Cooking, Christmas Decorations, Aerobics and Art. In fact without their participation it would be very difficult to offer the courses.

Fathers play a lesser role in these areas, although they do assist with activities such as pool maintenance and computer support. We rely heavily on the business acumen of parents who serve on the Board of Governors and we have been fortunate in retaining the services of both an attorney and a director of companies who no longer have children at Greenfield but who willingly give of their time and ability. The annual audit is carried out at a nominal fee by a parent who is a Chartered Accountant and Auditor.

Greenfield enjoys strong parental support and I see no reason to doubt that such support would not be forthcoming in the future. As more parents are compelled to work full time and classes increase, I can see a possibility of the school retaining the services of certain parents on a part-time financial basis, thus enabling the school to offer a broad spectrum of services and at the same time offering part-time employment to members of the community.

ADDENDUM 5.

Letter to parents requesting volunteers for PCA programme:

18 January 1994.

Dear Parents

At present the Remedial Service which the school offers is based on the itinerant Remedial Teacher who is here three mornings a week and the itinerant Speech Therapist who is here one morning a week.

An ever increasing number of pupils who need individualised attention has made us think of alternative methods to attempt to provide assistance for a wider range of pupils.

We propose having a group of mothers, grannies friends who would be prepared to undergo some basic instruction and then assist with pupils requiring help during school time. Apart from the initial "training" we would be looking for approximately an hour a week of your time on a regular basis. A commitment of at least six months would be necessary to ensure continuity for the pupils with whom parents would be working. Helpers would not be required to work with more than a few pupils at any one given time.

This programme would hopefully act as a preventive measure and forestall major problems developing. No parent would ever work with their own child and all "helpers" will be carefully monitored with feedback to the class teacher and the parents.

Please consider this proposal seriously and if you feel you would like to be part of the "Parent Assistant Therapists" group, please return the reply slip by 24 January.

A meeting to discuss the training and work involved will be arranged once we have a response to this letter.

Yours sincerely

Headmistress

.....
.....

I would like to be part of the "Parent Assistant Therapists" group.

Name: Phone no:
.....

Daughter's name and standard

ADDENDUM 6.

Letter to parents of children on the programme.

28 February 1994

Dear Parents

As you are aware, Greenfields Girls' Primary has always paid special attention to those pupils we recognise as being at academic risk. Academic risk is a broad term and can encompass a number of categories, from difficulties with Arithmetic, through to temporary emotional problems perhaps stemming from a death in the family.

The support system within the school centres on the work done by the teachers in identifying the areas of concern in the development of the children. By communicating with one another and by holding DAT (Didactical Aid Team) meetings, the school has been successful in its attempts to "catch the problems" early, before they develop into issues that are much harder to control.

The Newlands Education Support Centre plays its role in the support system by being a consulting forum, offering the services of both Psychologists and Remedial teachers, who assess and work out programmes for the children needing aid.

The school would like to embark on a further programme which will work in tandem with the above structures, and hopefully give more support to a much wider group than has been able to receive special attention in the past.

Mr Duncan, an intern Educational Psychologist from the clinic is instituting Parent Counselling Assistance Programme which will be implemented over the next few weeks. By using play therapy techniques with children for a half hour session per week, we are hoping to give a greater number of children the opportunity to benefit from some extra attention and so monitor their progress and see if the play therapy works as an additional assessment and support system.

To this end, we invite you as parents to join us on Wednesday 2 March at 18h00 in the staffroom to hear more about the project as we would like your daughter to be involved in the programme. The meeting should take approximately 45 minutes.

Please phone the school if you are intending to be present on Wednesday. If you are unable to attend please complete the attached form.

Yours sincerely

Headmistress.

.....
.....I/we.....do not agree/agree to our
daughter participating in the playgroup

sessions to be held at Greenfields Girls' Primary School under the consultancy of Mr Barry Duncan of the Newlands Education Support Centre.

Signed

ADDENDUM 7.

Letter of thanks to parents who volunteered their services:

28 January 1994

Dear

Thank you for responding to our appeal for parental assistance with remedial help.

Mr B Duncan who will be monitoring the programme has extracted those names of parents who are able to assist within the parameters of the time available. He will be contacting those parents directly once the children who need assistance have been identified. This should occur in the week of 17 February 1994. Training will take place on Thursday morning, possibly 24 February.

If we are unable to utilize your services in this area, we will surely be able to do so elsewhere.

Yours sincerely

Headmistress.

ADDENDUM 8.List of activities for play therapy sessions:

1. Collages.
2. Story telling.
3. Beginning a story and letting the child finish the story.
4. Reading to them. Talking about what has been read. Get the child to bring a favourite book.
5. Sharing news of the previous weeks events.
6. Working with play-dough.
7. working with plasticine
8. Drawing activities.
9. Playing with beads.
10. Creative dramatics - child relives familiar experiences and explores new ones.
11. Playing with dolls.
12. Naming games.
13. Number games.
14. Outside play (running, skipping, balls, picnics etc.)
15. Letter writing.
16. Completing the sentence.
17. Lego play.
18. Working with discarded material.
19. Flash card games.
20. Play with discarded clothing (handbags, dresses etc.)
21. Role playing (What if....) (Being the teacher, a queen etc.)
22. Painting
23. Koki pen drawing.
24. Paper folding and cutting.
25. Card games.
26. Sequencing cards.
27. Threading beads.
28. Guessing games.
29. Making something together.
30. Show pictures - make up a story.
31. Finger puppets.
32. Draw your favourite food and talk about it.
33. Body awareness (get children to be certain things eg. a pretzel. Touch body parts and name or copy movements)
34. Playing with a ball
35. Hop skip and jump.
36. Who am I?.
37. Co-operative story telling.
38. Animal sounds.
39. "Because" game.
40. ABC game.
41. Simon says.
42. I spy or I see something and it sees me.
43. The eating and drinking game.
44. What is my work?
45. Take a trip (Make a sentence and leave out the nouns).
46. Dot to dot linking.
47. The shopping game.
48. Vocabulary game.

ADDENDUM 10.

Connors 39 Item Teachers Rating Scale:

Connors Teacher Rating Scale

TEACHER'S QUESTIONNAIRE

Name of child _____ Date _____

Date of birth _____ Name of teacher _____

Age _____ Sex _____

Instructions: Please answer all questions. Beside *each* item below, indicate the degree of the problem with a checkmark (✓).

Observation	Degree of activity			
	Not at all	Just a little	Pretty much	Very much
Classroom Behavior				
1. Constantly fidgeting				
2. Hums and makes other odd noises				
3. Demands must be met immediately – easily frustrated				
4. Coordination poor				
5. Restless or overactive				
6. Excitable, impulsive				
7. Inattentive, easily distracted				
8. Fails to finish things he or she starts – short attention span				
9. Overly sensitive				
10. Overly serious or sad				
11. Daydreams				
12. Sullen or sulky				
13. Cries often and easily				
14. Disturbs other children				
15. Quarrelsome				
16. Mood changes quickly and drastically				
17. Acts "smart"				
18. Destructive				
19. Steals				
20. Lies				
21. Temper outbursts, explosive and unpredictable behavior				
Group Participation				
22. Isolates himself or herself from other children				
23. Appears to be unaccepted by group				
24. Appears to be easily led				
25. No sense of fair play				
26. Appears to lack leadership				
27. Does not get along with opposite sex				
28. Does not get along with same sex				
29. Teases other children or interferes with their activities				
Attitude Toward Authority				
30. Submissive				
31. Defiant				
32. Impudent				
33. Shy				
34. Fearful				
35. Excessive demands for teacher's attention				
36. Stubborn				
37. Overly anxious to please				
38. Uncooperative				
39. Attendance problem				

Note. Scoring is on a 4-point scale: 0 (*not at all*), 1 (*just a little*), 2 (*pretty much*), 3 (*very much*). Table C-65 in Appendix C provides norms for the Connors Teacher Rating Scale for ages 4 through 12 years.

Source: Courtesy C. Keith Connors.

ADDENDUM 11.

Parent Connors Rating Scale.

PARENT'S QUESTIONNAIRE				
Name of child _____	Date _____			
Date of birth _____	Name of parent _____			
Age _____	Sex _____			
<i>Instructions:</i> Please answer all questions. Beside <i>each</i> item below, indicate the degree of the problem with a checkmark (✓).				
	<i>Not at all</i>	<i>Just a little</i>	<i>Prety much</i>	<i>Very much</i>
1. Picks at things (nails, fingers, hair, clothing).				
2. Sassy to grown-ups.				
3. Problems with making or keeping friends.				
4. Excitable, impulsive.				
5. Wants to run things.				
6. Sucks or chews (thumb; clothing; blankets).				
7. Cries easily or often.				
8. Carries a chip on his or her shoulder.				
9. Daydreams.				
10. Difficulty in learning.				
11. Restless in the "squirmy" sense.				
12. Fearful (of new situations; new people or places; going to school).				
13. Restless, always up and on the go.				
14. Destructive.				
15. Tells lies or stories that aren't true.				
16. Shy.				
17. Gets into more trouble than others same age.				
18. Speaks differently from others same age (baby talk; stuttering; hard to understand).				
19. Denies mistakes or blames others.				
20. Quarrelsome.				
21. Pouts and sulks.				
22. Steals.				
23. Disobedient or obeys but resentfully.				
24. Worries more than others (about being alone; illness or death).				
25. Fails to finish things.				
26. Feelings easily hurt.				
27. Bullies others.				
28. Unable to stop a repetitive activity.				
29. Cruel.				
30. Childish or immature (wants help he or she shouldn't need; clings; needs constant reassurance).				
31. Distractibility or attention span a problem.				
32. Headaches.				
33. Mood changes quickly and drastically.				
34. Doesn't like or doesn't follow rules or restrictions.				
35. Fights constantly.				
36. Doesn't get along well with brothers or sisters.				
37. Easily frustrated in efforts.				
38. Disturbs other children.				
39. Basically an unhappy child.				
40. Problems with eating (poor appetite; up between bites).				
41. Stomach aches.				
42. Problems with sleep (can't fall asleep; up too early; up in the night).				
43. Other aches and pains.				
44. Vomiting or nausea.				
45. Feels cheated in family circle.				
46. Boasts and brags.				
47. Lets self be pushed around.				
48. Bowel problems (frequently loose; irregular habits; constipation).				

ADDENDUM 12.

Timetable of PCA sessions:

	MON	TUES	WED	THUR	FRI
08:00 1					
08:30 2					
09:00 3					
09:30 4					
10:00 5			X		

TEA 10:30 - 10:50

10:50 6		X	X	X	X
11:35					
11:35 7			X		X
12:00 8			X		X
12:30 9					X
13:00					

LUNCH 13:00 - 13:30

	5 MIN PERIOD				
13:35 10	X	X	X	X	
14:20	X	BASE	PERIOD	X	
14:30	X			X	

ADDENDUM 13.

Roster of weekly time sessions.

TIME	NAME
8.30	
9.00	
9.30	
10.00	
10.30	
11.00	
11.30	
12.00	
12.30	

ADDENDUM 14.Play therapy handouts:

General Comment to PCA's about sessions.

A number of you have experienced some difficulty in "reflecting" in conversations with your charges. This is a little technique that may be helpful to employ when talking to the children - it may help you (and the child) to focus on an issue or feeling that the child is trying to express.

Use three types of questions:

- | | |
|--------------------------|-------|
| - How do/did you feel? | FEEL |
| - What do/did you think? | THINK |
| - What do/did you do? | DO |

You can "rollercoast" with these questions in any order, and obviously when the time to do so is appropriate. This is done just to get the child/ or give the child the chance to reflect on the issue or idea they are attempting to express. It will also help them to reflect on what others did/felt etc.

It may help!

Keep up the good work.

BD.

ADDENDUM 15.List of requirements for play cupboard:

Request to Headmistress:

We may need to subsidise the equipment in the play cupboard by buying the following articles:

plasticene

paper (various colours and sizes)

crayons

pencil crayons

paint and brushes

chalk

plastic ball

cards

glue

Anything else that the art dept. can supply.

BD.

ADDENDUM 16.Play Therapy Handout.Task to be completed.

I would like you to get the children to do two things for me:

1. Give them a piece of paper and a pencil and ask them to do the following:

"I want you to draw a picture of a person doing something - any person - draw the best picture you can." Once they have completed the task ask them:

- Who the person is?
- What are they doing
- Any other questions you may feel are relevant ie. what is the persons likes/dislikes etc.

Please record the answers on the paper.

2. Give them the second piece of paper. Here they must draw their family including themselves. Each member of the family must be doing something.

After they are finished, ask them what each member is doing and any other relevant question as above.

Again please record answers on the page.

Once completed please take in the drawing if permitted to by the child and leave it in your diary. If your child resists this, please wait for an opportune moment.

BD.

ADDENDUM 17.Play Therapy Course Handouts.

(These notes reflect the gist of the PCA training course)

Play Therapy.

The opportunity that is offered the child to experience growth under the most favourable conditions. Play is the child's natural medium for self expression - the child is allowed to play out her accumulated feelings of tension, frustration, insecurity, aggression, fear, bewilderment and confusion.

Play is seen as self expression - not to be interpreted - an expression of uniqueness. The therapist reflects feelings, thoughts and emotions as surmised by the therapist. The therapist DOES NOT GET involved in directing play - they let it run.

Two directions of therapy:

Directed play - therapist assumes responsibility.

Non-Directed play - therapist leaves responsibility and direction to the child.

Personality Structures:

8 principles of Play Therapy:

1. Establish a good relationship with the child.
2. Full acceptance of the child as she is.
3. Permissiveness - freedom to express themselves completely.
4. Alert to recognizing feelings the child is expressing and reflecting them back in such a manner that the child gains insight.
5. Deep respect for the child's ability to solve their own problems if given the opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
7. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of her responsibility in the relationship.

The child is brought to understand the foregoing principles and thus is able to use them fully.

Why are we using PLAY?

- it is indicative of the child not being able to speak her mind.
- the child's inability to understand emotional lability ie. contradictory emotions existing at the same time.

- the child does not realize that feelings can be hidden.
- children do not understand that developmental differences can limit successes and failures.
- there are developmental differences in self descriptions.

PTD.

Some issues about play?

1. Play therapy is fun and easy.
2. Too much personal responsibility on the child to change is removed.
3. PCA caught in trying to be acceptable or in directing proceedings.
4. Does innocence actually exist in childhood?
5. What is your opinion of the child - contamination.
6. The relationship with the therapist is vital - must be accepting.

What is Play?

1. Active, pleasurable, spontaneous and chosen involuntarily.
2. A simulation of behaviour - the effects of a particular behaviour without the reality of the consequences.
3. An imaginary form of desire - provides immediate gratification.
4. It allows the child to gain control over thoughts and desires.

Types of play.

1. SENSORY-PATHIC:

Play with your senses (we as adults have lost this). Basic materials used (clay, paint, water, sand) - for sensory and affective experiences (touching, smelling, kneading, etc.) No form (goal) is given to the activity.

2. MANIPULATORY PLAY:

Objects are used in their everyday functions eg. hammer, car, ball etc. This is very active play and on an everyday level.

3. AESTHETIC PLAY:

All things like blocks, lego, paint, clay, etc. are used. There is an element of surprise (out of play emerges pleasing aspects.)

4. ILLUSORY PLAY: All spaces and toys in the playroom can be used. They suspend time and place (structure and content - thematic, involves specific sequencing). Images are evolved around toys and objects. Scenes are set up in an illusory manner. Themes develop. From the theme, a history emerges.

Play is like dreaming.

ADDENDUM 18.

Extracts of replies by Educational Psychologist to Diary requests.

* "....this is coming on nice and slowly. Keep up the good work. I have a suspicion that you may be well rewarded in the long run for being patient and consistent with the child."

* " go with the flow - let her lead and if you feel comfortable with it, then go with it. Anything that will, at this initial stage, develop your relationship and relax "C" - I think you should go for."

*this is a general message to all PCA's - please remember the talk we had at the beginning of the year about confidentiality - it is important that we keep our activities with the children to ourselves. Use your diaries or speak to me should you feel the need to off-load some feelings".

* "..... do not be concerned that you do not seem to be doing any "work" -the essence of the sessions is to play. If this is the only thing you seem to have done since starting, then congratulations - you are more than meeting my expectations of what you need to do".

* ".... I feel your sessions are really going well. I like particularly the way you are giving the child absolute freedom to choose and direct matters in the sessions. From what you say, she seems to have developed significantly with respect to her self confidence."

* "..... I think a lot of things are going on here that might emerge at a later date. What is important is that you are letting them happen by providing the correct atmosphere. I like the way that you have given her the space, but at the same time you have set reasonable parameters for her to function within - these she seems to find comforting".

* ".... under no circumstances must we attempt to make her draw if she does not want to. I do hope that my request for drawings has not compromised your position too badly. Take it easy with her in the next few sessions as we are still really in the bonding phase and she needs to feel secure in the knowledge that she is present to explore for herself and in control of the session."

* ".... I agree that your observations about the child are probably close to the truth. I like the assumptions you are making, but we must be careful that we do not make these assumptions into truth that may affect the manner in which we view the child, and more importantly, how we interact with the child."

* " an interesting observation about the changes in the child after the holiday separation. Your next observations in the following sessions will be interesting to see if there are significant changes."

* " try to end the session by negotiating what she would like to do in the next session. You might say, "Lets talk about next week. What do you think we could plan to do next week." If nothing is forthcoming you may want to give a range of activities from which she may choose. This will help her to understand the idea of planning (something she seems to need to do), it will also take some of the stress off of you to be creative each week. We want her to take more responsibility for organizing the sessions."

ADDENDUM 19.

Parent letter and Questionnaire:

PARENT QUESTIONNAIRE.

Dear Parents

The time has arrived for us to evaluate the Parent Counsellor Assistance Programme (PCA) which we initiated in February this year. In most cases the programme has run smoothly with most of the children being involved in activities each week. Owing to a lot of disruptions in the second term and in some cases difficulties experienced by the counsellors themselves, and pupil absentees, some of the children have not had as much exposure to the play therapy as we may have wished. Nevertheless I feel that we have done enough to evaluate our progress and would appreciate your input at this stage.

I would appreciate your completing the questionnaire below and the behaviour checklist which is included and returning it in a sealed envelope to the school (addressed - Attention Mr Duncan). These questionnaires are confidential and I will be the only person looking at them.

Please feel free to express your feelings openly and frankly. We need the feedback to make a realistic appraisal of the programme.

NAME: Mr/Mrs.....

Daughters Name:

1. What was your knowledge and understanding of the purpose of the PCA programme?
2. What is your feeling about what the programme has done\not done for your child?
3. Has your child made any comments to you about her involvement in the programme. What were these?
4. Have any difficulties arisen because of her involvement in the programme?
5. Do you have any suggestions to improve any part of the programme as you know it.

6. Please circle the appropriate number:

0 = not at all; 10 = very much.

a. The programme has helped your child this year.

0 1 2 3 4 5 6 7 8 9 10

b. Your child enjoyed these sessions each week.

0 1 2 3 4 5 6 7 8 9 10

c. The involvement of your child in the sessions was problematic to you.

0 1 2 3 4 5 6 7 8 9 10

d. Do you think the school should continue implementing such a programme in the future?

0 1 2 3 4 5 6 7 8 9 10

ADDENDUM 20.Teacher questionnaire:**PCA PROGRAMME.**

Please express your feelings openly and frankly. We need this feedback to realistically appraise the programme. Please write on the back of the paper if more space is required.

NAME:

1. What was your knowledge and understanding of the purpose of the PCA programme?
2. What are your feelings about what the programme has done for the children?
(You may have to specify for each child)
3. What difficulties did you see the programme has?
4. What suggestions could you offer to improve the programme?
5. What were the childrens attitudes to attending the sessions each week?
6. What are your opinions about the continuation of such a programme next year?
7. Please circle the appropriate number:
0 = not at all; 10 = very much.

a. This programme has generally helped the children.

0 1 2 3 4 5 6 7 8 9 10

b. This programme should be repeated next year.

0 1 2 3 4 5 6 7 8 9 10

c. How much (generally) did the children like going to the sessions.

0 1 2 3 4 5 6 7 8 9 10

ADDENDUM 21.PCA Questionnaire:PCA Questionnaire.

Please express your feelings openly and frankly. We need this feedback to realistically appraise the programme. Please write on the back of the paper if more space is needed.

NAME:

1. What was your knowledge and understanding of the purpose of the PCA programme?
2. What are your feelings about what the programme has done for the children?
3. What suggestions could you offer to improve the programme?
4. List the types of activities most engaged in by you and the child in your sessions.
5. What difficulties did you experience in your sessions?
6. What do you feel was the child's reaction to coming to the sessions each week?
7. If you were asked to give your opinion about what the difficulties were that your particular child has, what would you say?
8. What has your involvement in the programme done/not done for you this year?
9. What is your opinion about the continuation of such a programme next year?
10. Do you feel that there are any other ways in which parents can be used in the school setting to provide help to the teachers in their education and support to the children in general?

11. Please circle the appropriate number:

0 = not at all; 10 = very much.

- a. This programme has helped your (ie. child in your care) child this year.

0 1 2 3 4 5 6 7 8 9 10

- b. This programme should be repeated next year.

0 1 2 3 4 5 6 7 8 9 10

- c. This programme has helped to improve the children's feelings about themselves and confidence in themselves.

0 1 2 3 4 5 6 7 8 9 10

APPENDIX.

Reporting on the children's responses:

To maintain anonymity of the people involved, each child will be given an alphabetical letter representing the name of that child. The layout for this section will have the following sequence for each child:

- some biographical data;
- general initial comment made by the teacher as to why the child was chosen for the programme;
- a record of academic performance for the second and third terms;
- bar graphs of the Connors Teacher Rating Scale and Parent Rating Scales (for parents and PCA's).
- a discussion of the graphs
- teacher, parent and PCA questionnaire feedback;
- PCA diaries and drawings will be scanned for further interpretations.

A note on the Connors Rating scale graphs:

The bar graphs produced represent the norm scores minus the base scores (the lowest possible score attainable) that can be attained for a particular child at her age, on a particular behavioural factor. This has been done to facilitate a more visually appropriate representation of the behavioural factors over time. If a child is functioning at a level which is "appropriate", this will now be reflected as a zero score on the bar graph. Theoretically, the closer the bar graphs are to the zero score, one would predict less difficulty with regard to the child settling into an academic rhythm. As the PCA's and Parents utilized the same Connors Rating Scale, their bar graphs appear

on the same graph.

Connors Rating Scale:

The following abbreviations refer to the behavioural factors in use with the Connors rating scales below:

Teacher Rating Scale:

Parent/PCA Rating Scale:

HYP - Hyperactivity	CP - Conduct Problem
CD - Conduct Disorder	LP - Learning Problem
EO - Emotional-Overindulgent	PS - Psychosomatic
AP - Active-Passive	IH - Impulsive-Hyperperactive.
AS - A-social	Anx - Anxiety
DA - Delay Avoidance	HYP - Hyperactivity

CHILD A.

Biographical Information:

Std: Sub B.

Age: 6:9 (at commencement of programme)

Teacher comment: "A" was a very sociable child which caused her to always be out of her desk and as a result she failed to complete tasks. Once behind in her work she lost all her motivation. Play sessions were requested to improve her concentration.

Academic Performance:

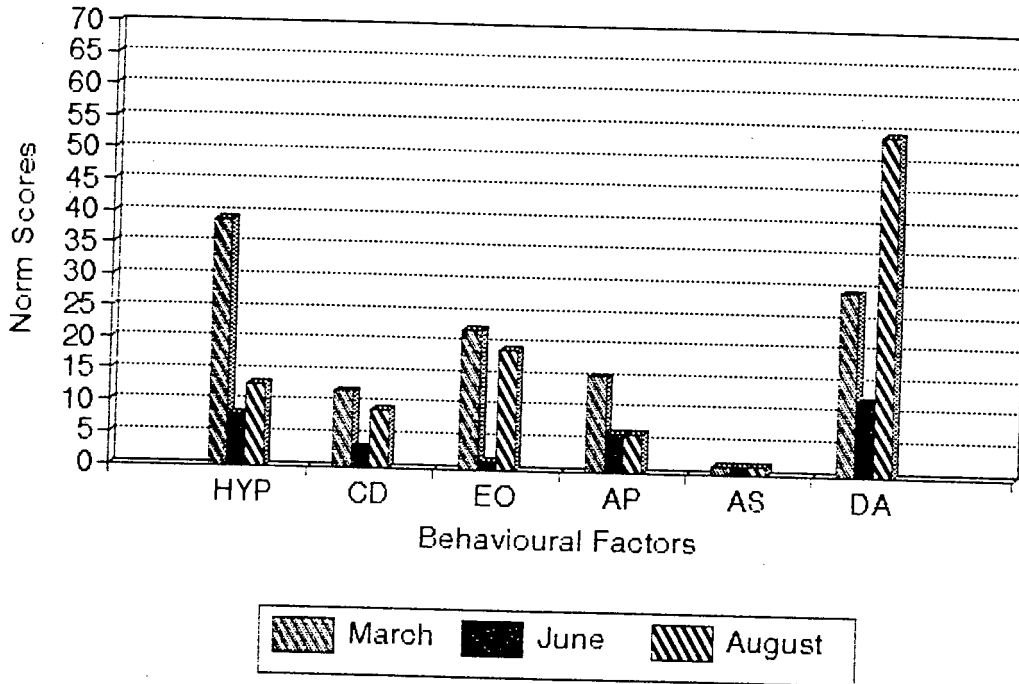
subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	6	6	6	5	7	6	6	5
Sept	6	6	6	5	7	5	6	6

(Subject classifications are: oral marks, reading, phonic spelling, Written work, Afrikaans, Mathematics, Handwriting, Self motivation)

Rating Scale Graphs:

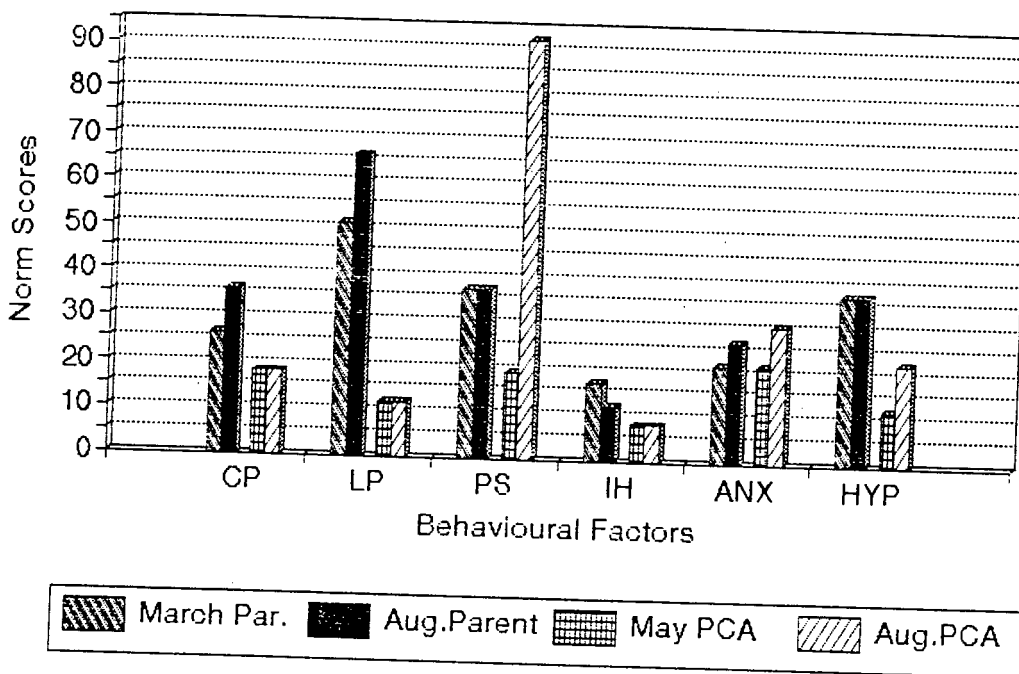
Teacher Rating Scale

Child A



Parent Rating Scales

Parent and PCA Ratings: Child A



Patterns: For the Teacher Rating Scale (TRS) there is substantial improvement in all factors between the March and June assessments. The August assessment falls between these two scores, still indicating lower scores in all except one, than the March assessment. The exception is the delay-avoidance factor which has increased significantly since June. For the Parent Rating Scale (PRS) there is very little difference between the scores of March and August. The pattern is relatively consistent. The perception of the parents suggests that "A" is showing more evidence of learning problems, conduct and anxiety problems, with the rest of the factors remaining constant.

For the PCA scale the pattern is quite consistent, with the August assessment indicating a psychosomatic rating which has increased, together with an increase in anxiety and hyperactivity.

Questionnaires and other feedback:

Ratings: (0 = not at all; 10 = very much).

STATEMENT	PAR.	PCA
The programme has helped the child?	6	8/10
The child enjoyed the sessions?	10	10
The programme should be continued next year?	8	10

The teacher reported that "A" looked forward to her sessions and was disappointed if, for some reason, they were cancelled. The teacher felt that she had come to realize that there was a lot more to "A" than met the eye. She was bright, but underachieving and her work had been erratic. She seemed oppressed and was

punished quite often at home. "A" had complained often of sicknesses, sore stomach etc, and there seemed to be a link between this and the punishment evident at home. She really looked forward to her sessions with her PCA.

The parents felt that the programme had made "A" much happier as she looked forward to her sessions each week. They felt it had not however, helped her concentration. They were pleased that there was no peer pressure placed on "A". Their initial fear was that placement on the programme would label her amongst her peers as being a poor pupil.

The PCA felt that "A" had been able to vent her frustrations and problems without involving her parents and teacher. As the relationship developed "A" became more trusting and disclosed more about the problems she was experiencing. The more she trusted, the more she told and the harder it became for the PCA not to become emotionally involved. The PCA expressed her concern about the regular punishment the child reported she received. ("She seemed terrified of her parents, who were both working and did not have time for her"). "A" stated that she counted the days to her next play session.

"A" produced two drawings that were handed in. Her DAP drawing was of her sister jumping into a swimming pool and possible clinical indicators suggested insecurity, shyness, body anxiety, dependency, anxiety and helplessness. The KFD drawing showed mother and father painting with the two sisters playing. Possible clinical indicators were the precarious positions of the female members of the family and the father's dominating position in the family.

Fifteen play sessions with "A" had been held. The PCA and child

joined very well and developed a relationship quickly and easily. The child liked her sessions and was often reluctant to go back to class. She verbalized frequently that her mother and father did not give her "any time". She presented on most occasions as a fidgety and nervous child, who chewed her nails. Her health was not always good, suffering from boils and colds and often appearing to be tired at school. She was given a hamster for her birthday and the animal was put in her room, keeping her awake. Father refused to have it moved as she had wanted it in the first place. Session 13 elicited a very distressed child who revealed to the PCA that she was being severely punished (marks on her body) and that she was scared to go home that day as the parents had been invited to the school by the teacher to discuss her progress. This, she felt, would result in her being further punished. "A" was reluctant, as usual, to part with the PCA and was physically sick. This issue and past issues reported by the teacher which suggested the possibility of lack of care by the parents, prompted the EP to refer the case to the local EP for his attention. Mother and Father have had contacts with the school which appear to indicate to the staff that they are "very busy" and do not want to be concerned with unnecessary communication. An appointment was made with the local Education Support Centre (ESC) under the veil of academic problems so that the suspected fears of abuse could be investigated.

CHILD B.Biographical Information:

Std: Sub B.

Age: 8:0

Teacher Comment: "B" was spending her second year in Sub B. Initially she had taken a while to adjust. Even though she had worked for longer periods, she still was restless and tended to daydream. She seemed not to have made all that many friends. She also needed to develop her concentration skills. "B" was included in remedial classes for the year.

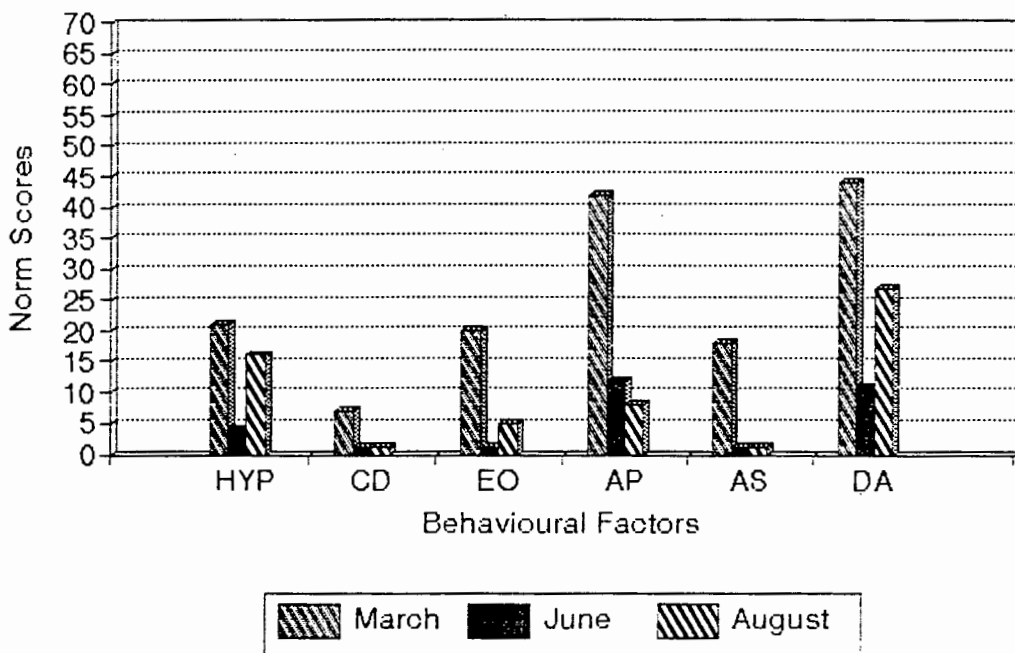
Academic Performance:

subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	7	8	7	6	6	6	7	7
Sept	7	8	7	6 ¹ / ₂	6	6	7	7

Rating Scale Graphs:

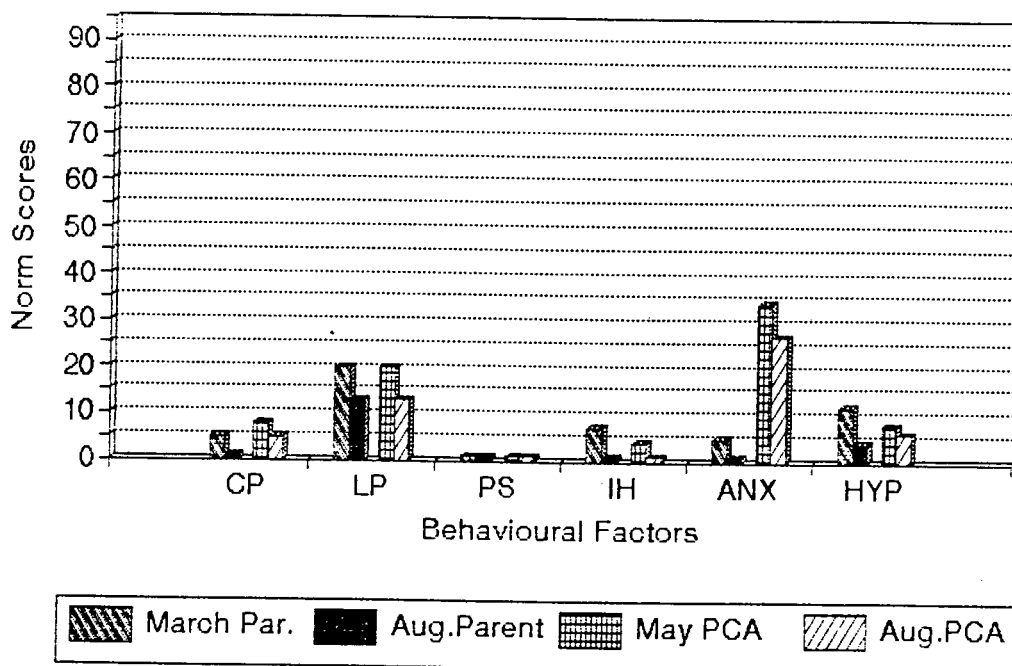
Teacher Rating Scale

Child B



Parent Rating Scales

Parent and PCA Ratings: Child B



Patterns: For the TRS the graph indicates considerable behavioural changes between the March rating and the later June rating in all areas. The August rating is still lower than the initial March rating although the factors of hyperactivity, emotional-overindulgent and delay-avoidance are higher.

The PRS indicates a very consistent pattern with lower scores in all factors between the May and August assessments. The final

rating is very close to the base scores. The PCA rating has a very consistent profile indicating lower scores between May and August. The August Impulsive - Hyperactive rating is slightly increased from the May rating, but still a low score. Given the fact that the PCA did not have as good a knowledge of the child with her initial rating, the second rating would indicate a better overall improvement than indicated here quantitatively.

Questionnaires and other feedback:

Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	NA	5
The child enjoyed the sessions?	10	7
The programme should be continued next year?	10	10

The teacher's report on "B" was very positive: "The reason I recommended her for the programme was because she was so dreadfully quiet. She has really come out of her shell - I think this is excellent". "B"'s attitude towards attending sessions was very positive and she looked forward to going. The parents were uncertain as to whether the programme had done anything for "B". "B" indicated to them that she thoroughly enjoyed her involvement and that no difficulties had arisen out of her sessions. The PCA described "B" as a very quiet and introspective little girl who was seemingly difficult to bond with. Week by week she seemed to become more trusting of the PCA. Sessions were at first characterized by very little communication as "B" was unwilling to reveal much about herself or her family - "B"

preferred to quietly concentrate on her activities (mostly problem-solving puzzles). It was difficult for the PCA to get to know her well. She gave the impression that she was neutral about the sessions, although she was always ready and willing to attend.

"B" did produce one Kinetic Family Drawing (KFD) under some protest. She was not prepared to let the PCA keep it, and the PCA did not push the issue. She attempted to cover it up while drawing. Mother was playing ball in the picture, her older sister (19), was not doing anything. Her father was working in the garden and her older brother (21) was not included in the picture. Possible clinical indicators suggested good psychological integrity with a possible inability to direct the force of competition.

Eleven play sessions were held with "B". The sessions were characterized by "B" usually getting engrossed in some activity quietly by herself. At first she did not make much eye contact and often her emotional responses seemed blunted. In session 7, she did present as being more sure of herself and there was a notable change. When the PCA was unable to make a session one week, she expressed her disappointment - the first real emotional indication as to her feelings about the sessions. In session 11 the PCA introduced some games (compendium) which were more competitive in nature. These seemed to elicit a much more animated child who clearly enjoyed the session. The PCA decided to give more of the same as this seemed to allow "B" some expression of her feelings, without her trying to contain herself.

CHILD C.

Biographical Information:

Std: Sub B

Age: 7:7

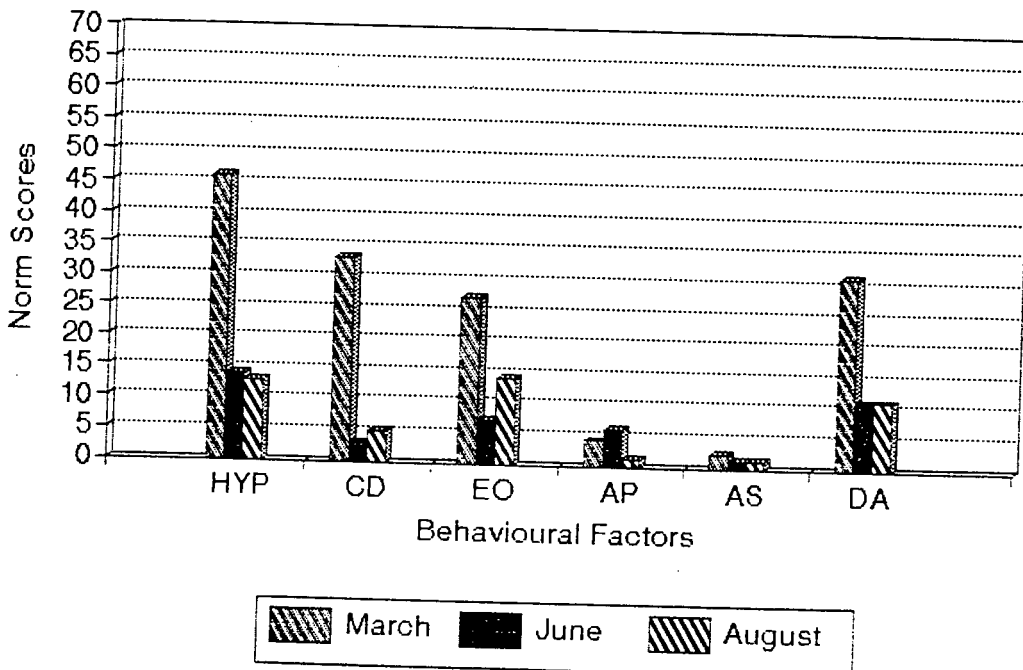
Teacher Comment: "C" was very interested in what was happening around her. She wanted to be involved in all activities and her concentration tended to be erratic. She needed constant encouragement to channel her actions.

Academic Performance:

subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	9	9	8	8	7	8	8	8
Sept	9	9	9	8	7	9	8	9

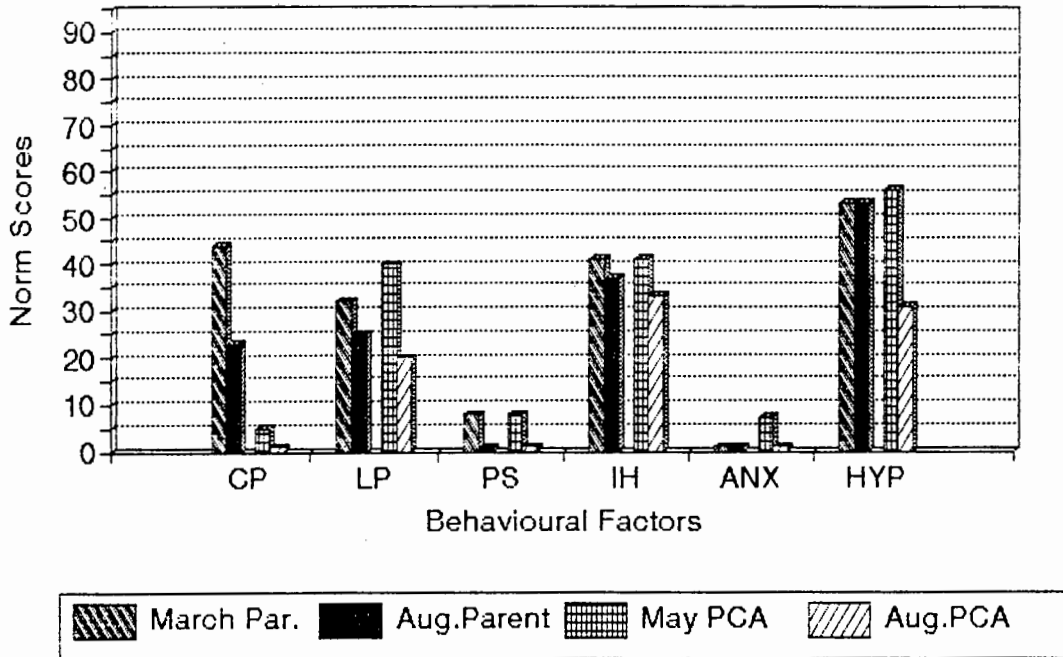
Rating Scale Graphs:

Teacher Rating Scale
Child C



Parent Rating Scales

Parent and PCA Ratings: Child C



Patterns: The TRS indicated considerable behavioural changes between the March and the later June and August assessments. The latter two assessments are relatively consistent and close to the base ratings. "C" was put onto medication (Ritalin) to help her focus her attention towards the end of July which was significant for the behavioural changes. The PRS indicates a very consistent profile with lower scores on four of the factors. The hyperactivity index was not affected in any way although the ritalin dosage would not be effective out of school hours.

The PCA rating indicates a very consistent profile indicating a degree of improvement in every rating on every factor between the May and August assessments. The PCA was unaware of the ritalin dosage and it was significant that she was able to detect significant changes (as was the teacher) when "C" started the medication.

Questionnaires and other feedback:

Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	10	8
The child enjoyed the sessions?	10	9
The programme should be continued next year?	10	10

The teacher felt very strongly that the programme had a positive effect on "C" and on other pupils. The teacher reported that "C" loved being singled out and having "her time" with the PCA. She enjoyed being singled out in a positive way and couldn't wait for her weekly sessions. The parents felt very positive about the sessions. C had a very difficult time in the school aftercare this year with her high activity level causing a great deal of irritation to those in authority. The play sessions, with the strong bond formed, helped boost her self esteem. When she was feeling low, there was always Thursday to look forward to. She verbalized this and had become generally more expressive this year. "We believe that maybe due to these sessions her chronic soiling problem is almost gone. She has had only a couple of episodes since beginning play sessions", reported her parents.

"C" did not know why she was chosen for the play sessions, but she did not question it - just enjoyed it immensely. The PCA experienced a strong bond being formed between her and the child with "C" responding very positively to the sessions. Difficulties in sessions revolved around finding new things to occupy her every 5 minutes. As sessions progressed this changed a lot and in later sessions she managed to engage a single task for the entire session. "C" was very responsive to any feelings of anxiety or discomfort felt by the PCA in sessions. The best times spent together were when the PCA was completely relaxed and unstressed about what they were going to do in the session. At the same time "C" did not like to have any specific task to perform, for example, a set drawing. "C" was positive and enthusiastic and if enjoying doing something she often did not want to go back to class. The PCA identified "C's" difficulties as being poor concentration, inability to focus on tasks, and low self esteem. The PCA felt that the self esteem had improved as "C" was certainly more open about her feelings than she was when they started.

"C" produced two drawings of note. Her DAP drawing was of herself feeding some ducks. She did not enjoy doing this and tried all manoeuvres to avoid doing it. The whole process of asking her to draw was so uncomfortable that the PCA cut it short. The teacher reported that she came to her twice that week in tears, but was not prepared to share her feelings. Possible clinical indicators suggested hostility, rebellion and anger, not viewing the world in same manner as others do, or not wishing to conform to expected ways of behaviour. There were feelings of inadequacy or guilt over failure to act correctly or over inability to act at

all. Finally there was concern or need for a structured environment, an attempt to control a threatening environment. The KFD depicted mother crocheting, father reading a paper, the two sisters reading a book and baby sister sucking her dummy.

Possible clinical indicators showed dependency with little acknowledgement of facial expressions, and with all figures attempting to control the environment. This linked with her soiling symptom in terms of control and autonomy issues.

Fourteen play sessions were held with "C". Session 1 was difficult in that "C" was very defensive. For the first 9 sessions the PCA felt obliged to initiate some activity. "C" could not do any task for more than 5 minutes before changing to another. She displayed a keen sensitivity and seemed easily hurt. The PCA forgetting something that "C" had said in a previous session could affect her feelings quite easily. The PCA was also involved in "C's" class as the reading lady and it became evident that this affected "C's" behaviour (acted up), so it was decided that the PCA would be replaced as a reading lady, so as not to compromise her position as "C's" PCA. This improved matters. "C" requested to invite friends to sessions periodically. The PCA recorded that this gave her valuable insight into how "C" related to her peers, but at the same time often introduced tension in the situation with "C" having to perform for them, or by compromising the built up privacy of the relationship that had been built up over the sessions. Session 7 produced the first spontaneous hug from "C" which was regarded as a special milestone. "C" seemed especially troubled by her school aftercare involvement and often off-loaded her problems about this to the PCA. Session 9 revealed another milestone with "C" initiating

play by herself for the first time. Sessions from this point on seemed to be much more relaxed. Another milestone was "C's" more relaxed ability to sit at one activity for a longer period of time than before. She was also able to talk more about herself and started revealing some thoughts on how she felt and thought about her life.

CHILD D.

Biographical Information:

Std: Sub A.

Age: 6:9

Teacher Comment: "D" was an active little girl who found it difficult to settle down and concentrate on a given task. She did not respond to instructions and so they continually needed to be repeated. She tended to shout out in class and looked for a lot of attention from the teacher. She was self-sufficient and liked to take on duties and responsibility. She socialized well and liked to be physically active. She had a lot of energy which needed to be released. Her academic work was sound.

Academic Performance:

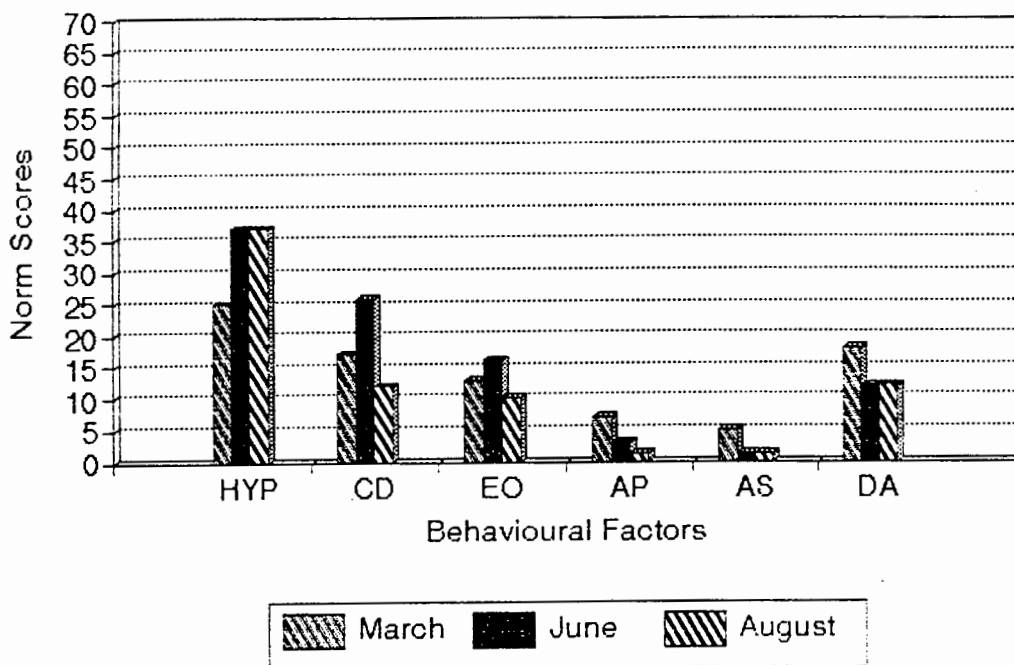
subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	7	7	7	6	NA	7	6	6
Sept	8	8	8	8	7	7	7	7

Afrikaans is only introduced into the syllabus after June.

Rating Scale Graphs:

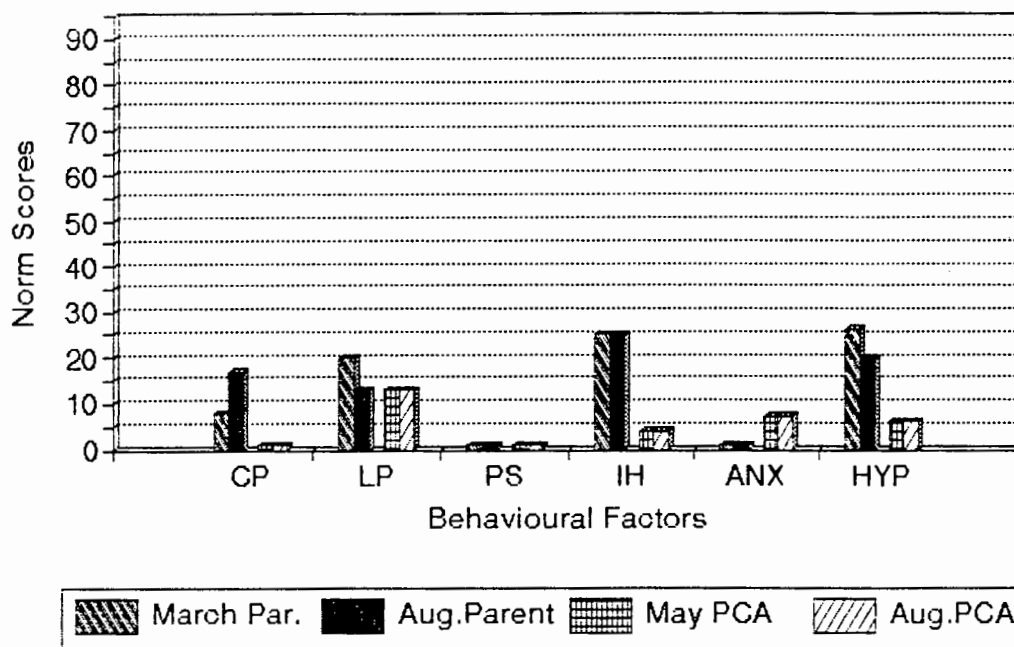
Teacher Rating Scale

Child D



Parent Rating Scales

Parent and PCA Ratings: Child D



Patterns: The TRS indicated significant behavioural changes from

March to August. With the exception of the hyperactivity factor, all the final August scores are lower than the initial March scores. The June rating showed some "regression" in the factors of hyperactivity, conduct disorder and emotional-overindulgent. The August ratings indicate the lowest scores consistent with a formulation that progress had been identified by the teacher in most of the factors rated. In the PRS the pattern is consistent in most of the rated factors. The conduct disorder factor has slightly increased from March to August, while the learning problem and hyperactivity factors have marginally reduced. Otherwise little other changes have been observed. The PCA rating indicates that the profiles for May and August were scored exactly the same. Both score relatively close to the base line scores for her age group. The score in the hyperactivity is high according to both the teacher and parents, although the PCA scores it low. This may be a context bound behaviour.

Questionnaires and other feedback:

Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	NA	3
The child enjoyed the sessions?	10	10
The programme should be continued next year?	10	10

The teacher suggested that the programme had really given "D" a better degree of confidence in herself. She looked forward to her sessions and saw it as a positive opportunity to do what she wanted to do. The parents felt that the programme had given them

very little feedback, although they were generally happy with "D's" development and her involvement in the programme had not caused any problems. "D" reported that she enjoyed going to her sessions. The PCA felt that "D" enjoyed her half hour sessions away from her school-work with no pressure and no need to perform. She was at first very hesitant and shy but had adjusted easily to the new situation and was very comfortable with it.

The DAP drawing was of "nobody" throwing a ball. Possible clinical indicators were immaturity, impulsivity and acting out behaviour. The drawing had happy facial expressions. The KFD drawing depicted mother putting baby sister to sleep. Father was working in the garden and "D" was playing with a ball. Possible clinical indicators were a barrier between "D" and her father - guardedness or defensiveness and conflict. There were indications of competition, jealousy and rivalry. While drawing this drawing the following verbalization occurred: "When my daddy plays with me he says he wishes he had a better daughter - a good one".

"Do you think you're a good daughter?"

"Yes, my daddy plays with me - doesn't he?" Later drawings produced were colourful and expressive. "D" enjoyed drawing in her sessions.

The PCA had twelve play sessions with "D". The introduction to the sessions went relatively well although "D" seemed to be distracted. In sessions 1 to 7 the PCA reflected that "D" remained "emotionally detached" with the predominant activity being to draw a figure of a girl, always the same, with the same sequence in method and in the same colours. She was also very "mess-conscious". She periodically looked to the PCA for approval of her work, although the PCA tried not to be judgemental of her

work. In session 8 they played cards and the PCA commented that she did not like a person to cheat. ("D" had been cheating.) After that they did not touch the cards again. The predominant activity remained drawing. In session 11, "D" invited the PCA for the first time to participate in the activities. Sessions then became a lot more "relaxed".

CHILD E.

Biographical Information:

Std: Sub A.

Age: 6:10

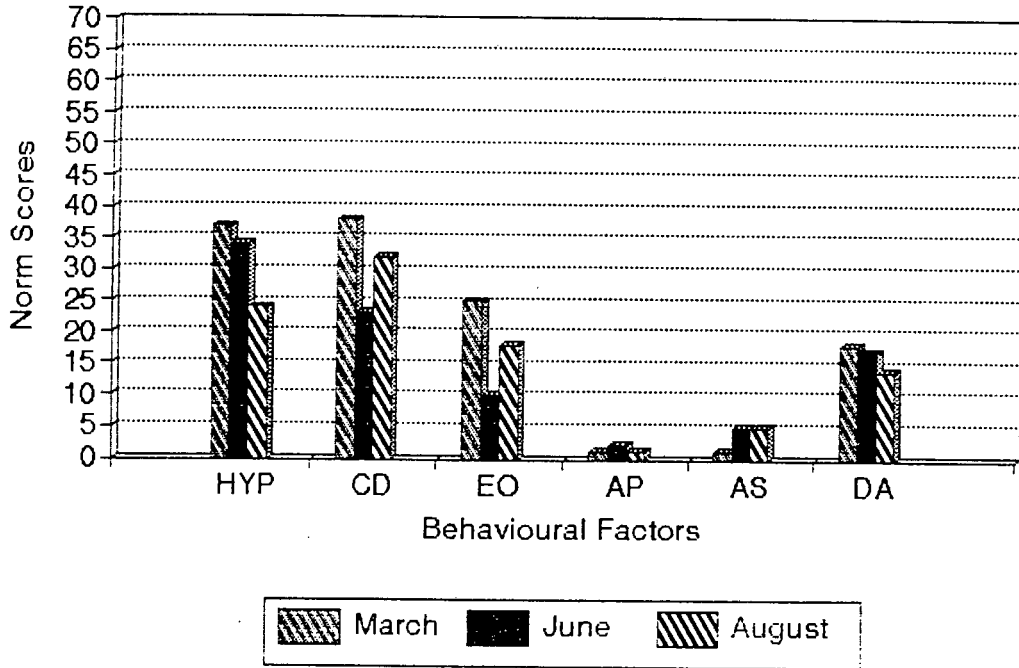
Teacher Comment: "E" was a confident and outgoing little girl who tended to be distracted and who distracted others. She was impulsive and needed constant encouragement to listen to instructions and to carry them out. She tended to rush through her work lacking perseverance and ability to concentrate. "E" managed to socialize with others but tended to bully her peers. She was quite immature in her self discipline and so needed constant encouragement.

Academic Performance:

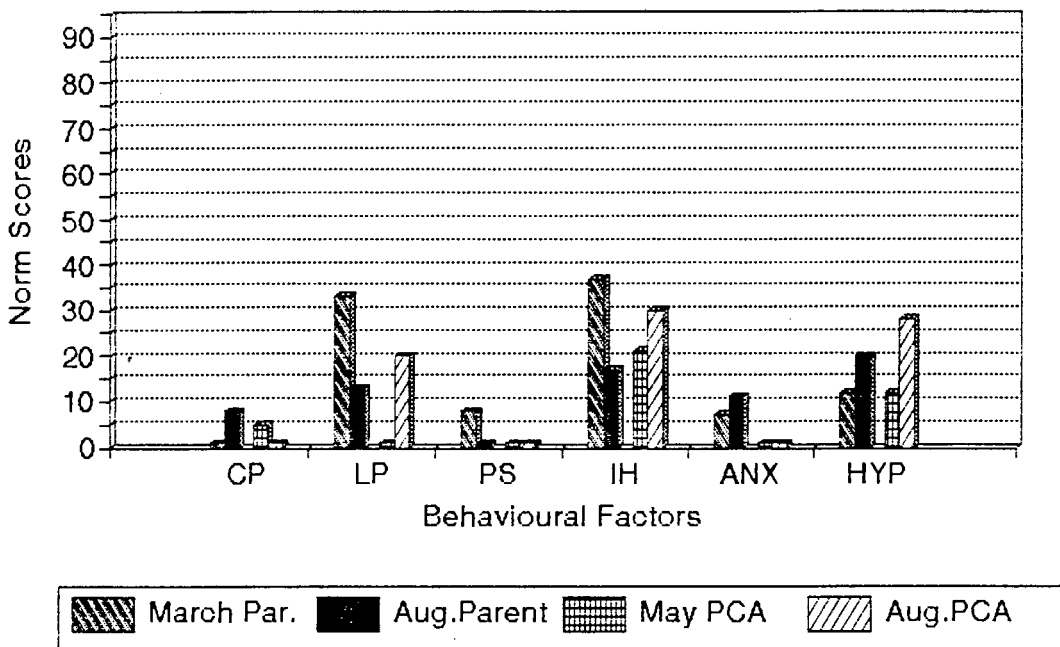
subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	8	7	6	6	NA	6	6	5
Sept	8	7	6	6	6	6	6	5

Rating Scale Graphs:

Teacher Rating Scale Child E



Parent Rating Scales Parent and PCA Ratings: Child E



Patterns: The TRS indicated a very erratic pattern of scores,

although in most factors the final August scores are lower than the initial March scores. The PRS indicated significant behavioural changes, although again the pattern was erratic. The PCA scores tended to contradict the trends in the parent rating with the exception of the hyperactivity score which has increased for both in the August rating.

Questionnaires and other feedback:

Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	NA	8
The child enjoyed the sessions?	10	10
The programme should be continued next year?	NA	8

The teacher saw the benefit of "E's" involvement in the programme as the significant change in her requests for individual teacher time. The play sessions gave her the individual time she was constantly demanding. It satisfied her as she tended to give more through helping, rather than constantly needing special attention. The mother did not recognize that the play sessions did anything for "E". "E" did look forward to the sessions, "but all she did was to have extra fun and play" (Mother implying that there should be achievable and measurable goals). No difficulties arose out of "E's" involvement in the programme. The PCA felt that the sessions enabled "E" to get a better insight into her thoughts and feelings, giving her more confidence and security. When "E" invited friends into the sessions she became very boisterous and disobedient. On a one to one basis the sessions were far more productive and relaxed. "E" felt extremely happy

and very special to be one of the girls chosen for the programme. The PCA's opinion was that "E" was insecure, hyperactive and had difficulty making and maintaining friendships.

The DAP drawing was of her mother. She was walking sideways like a model. She was walking to work from the station. Possible clinical indicators were anxiety and guilt over unacceptable behaviour involving arms or hands; guilt over hostility or sexuality. "E" refused to draw her family because; "I don't know how to draw my mommy with one pony tail. I don't know how my family look because they live in East London. I have a cousin in Cape Town. I don't have a daddy..... only a naughty daddy.....in Durban." Throughout the sessions held with "E", it was difficult for the PCA to establish who really constituted "E's" family.

"E" attended fifteen play sessions. Session 1 went well and "E" took to the idea of selecting games and playing. She played with the PCA and it was obvious that she liked to control matters. She was upset when time elapsed at the end of sessions. In session 4, when requested to draw her family she became uncomfortable, fidgety and on edge - the PCA did not pursue enquiries. "E's" first request in session 5 was not to draw her family and she visibly relaxed when her request was accepted. In session 6 she spoke of her difficulties with friends and alluded to a father in Durban. She liked to chat away while drawing. "E" seemed to look forward to her sessions and positively glowed when fetched from class, and during the session watched the clock as if hoping the session would not end. In session 9 "E" made three wishes: a daddy, a sister and a clown. "E" seemed preoccupied about having a family and was intrigued by the PCA's family forever asking questions about it.

In session 13 the PCA brought her baby to school for "E" to see. "E" enjoyed mothering the baby, but had to be guided in handling her and was proud to show the child off to friends. In session 15 "E" was allowed to invite 2 friends to the session. She ran amok, performing in front of the friends. This was punctuated with frequent hugs and kisses of the PCA although she was not directly involved in the play. The PCA felt very troubled by the session.

CHILD F.

Biographical Information:

Std: Sub A.

Age: 7:1

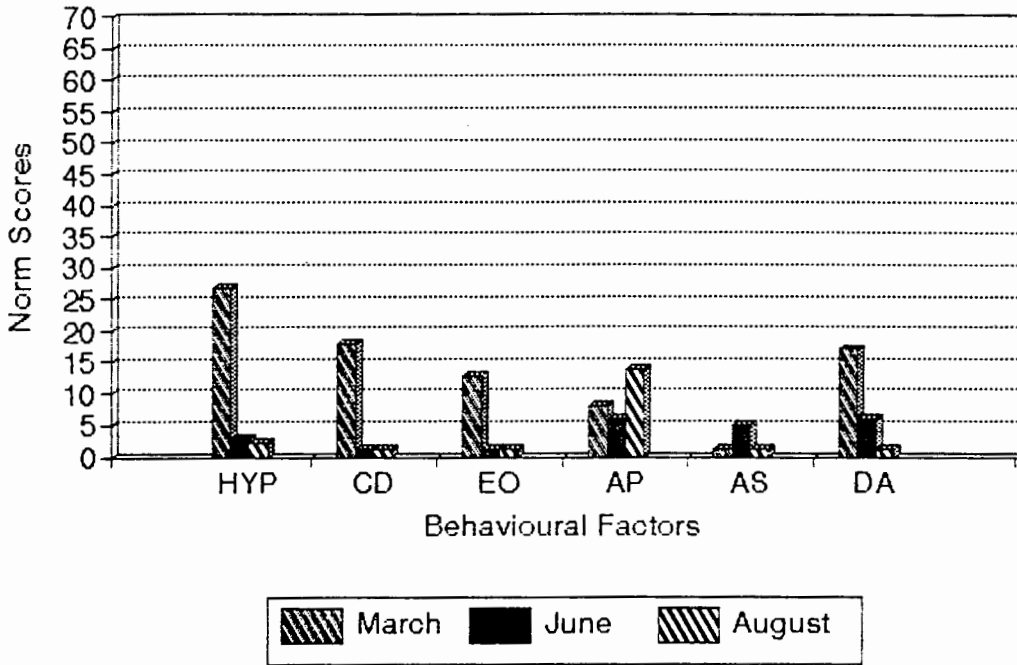
Teacher Comment: "F" was an open and friendly child who found it difficult to concentrate when listening and doing tasks. She was fidgety and restless. She was emotionally labile which affected her work from day to day and she continually needed encouragement as she was easily distracted. "F" was on Ritalin and also attended remedial classes.

Academic Performance:

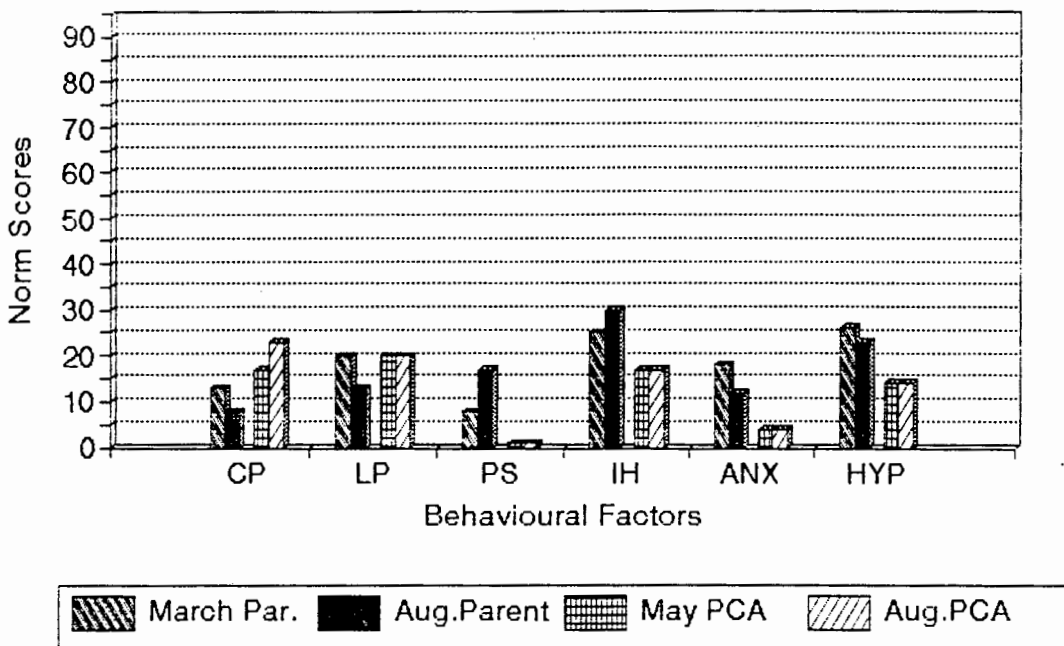
subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	7	7	8	6	NA	7	6	8
Sept	8	7	8	6	6	7	7	9

Rating Scale Graphs:

Teacher Rating Scale Child F



Parent Rating Scales Parent and PCA Ratings: Child F



Patterns: The TRS indicated a reduced scores in all factors from

the March assessment to the August assessment with the exception of the active-passive factor. The PRS indicated reduced scores in most factors except the psychosomatic and impulsive-hyperactivity factors, which increased. The PCA rating indicated a pattern little changed between the May and August assessments, with a slight increase in the score on the the conduct problem factor.

Questionnaires and other feedback:

Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	6	8/9
The child enjoyed the sessions?	6	10
The programme should be continued next year?	8	10

The teacher felt that the programme had matured "F" and given her self-confidence and self-motivation. The Mother felt that the programme was beneficial in that it gave "F" the chance to discuss any problems she had with a caring adult. "F" had no difficulties about being included in the programme and thoroughly enjoyed her sessions. The PCA felt that, without a doubt, "F" enjoyed the sessions, looked forward to them, and had grown in confidence, and was going to miss them. "F" often expressed her disappointment when sessions came to an end. When the sessions first began "F" was a little nervous and uncertain, but when she realized she had been "chosen" she warmed to the sessions. The PCA did not see any of the referred restlessness and distractibility in "F", as the PCA's sole attention seemed to service the needs of the child so as not to warrant this behaviour.

"F" produced a drawing depicting herself picking flowers and waiting for balloons to descend so she could catch them. Possible clinical indicators suggested a very happy and bright drawing with facial expression that were happy and smiling.

"F" had attended fourteen play sessions. After an initial cautious beginning, "F" warmed quickly to the sessions and by session 5 a good trust relationship had developed. "F" seemed to resist doing the family drawing as she apparently viewed it as work. The PCA backed off pressing for it to be done. "F" thoroughly enjoyed board games and these were what she chose to do in most of her sessions. It was discovered after the fourteen sessions of telling the PCA that she had a bothersome little sister that this little sister did not exist. The little sister was used in various ways to explain her troubles to the PCA. The PCA did not confront her about the sister.

CHILD G.

Biographical Information:

Std: Sub B.

Age: 7:8

Teacher Comment: "G" was a lovely child, yet very dramatic, and she tended to over-react to certain normal situations. She could turn on the tears and really "enjoyed a good old sob". In sub A she used to cry and perform for ten minutes or so; however she had only cried once in the first term of sub B. Not many children liked her because she could be quite bossy and she struggled to relate to her peers.

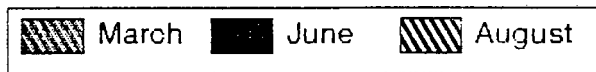
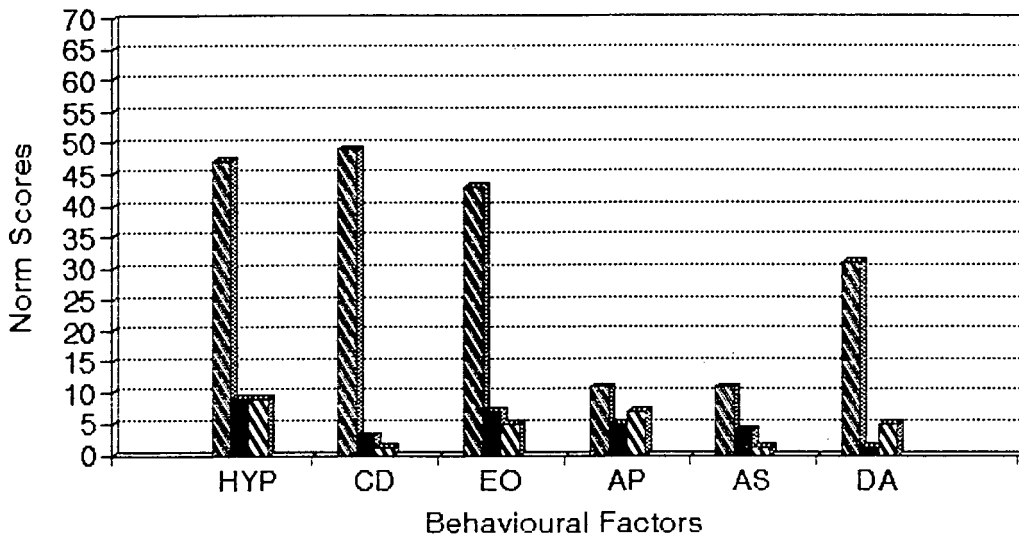
Academic Performance:

subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	8	8	8	8	8	9	8	6
Sept	8	8 ¹ / ₂	8	8	6	9	8	6

Rating Scale Graphs:

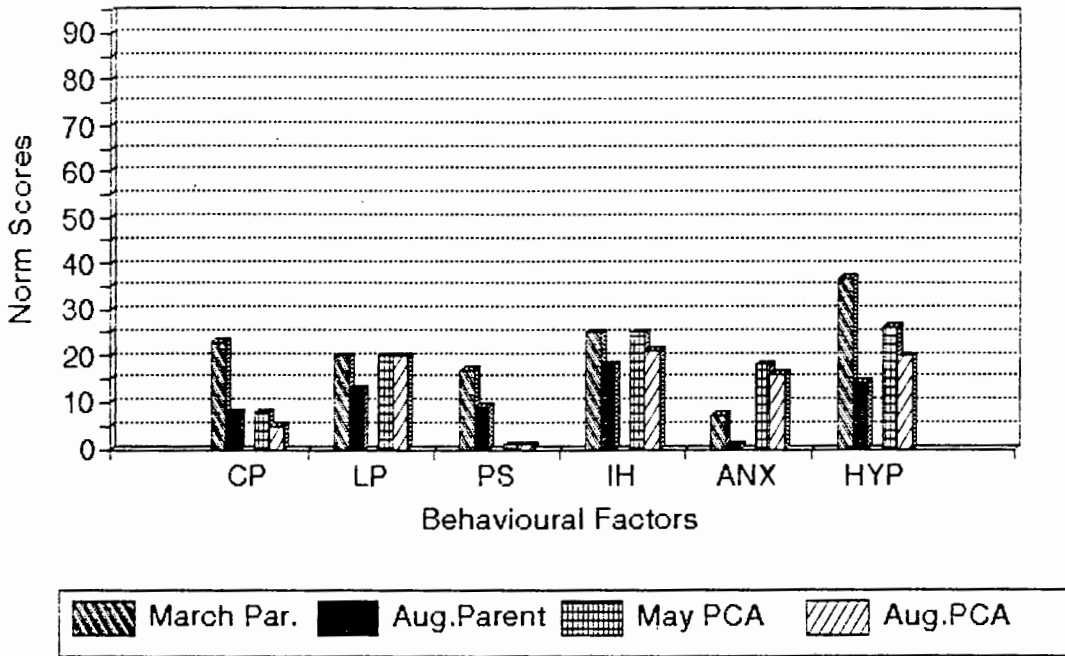
Teacher Rating Scale

Child G



Parent Rating Scales

Parent and PCA Ratings: Child G



Patterns: There were behavioural changes and improvement in the scores between the March and later May and August ratings of the TRS. These latter two sets of scores seem to be levelling out and approaching the base scores in a balanced profile with little differences between ratings. In the two PRS graphs there is almost identical improvement in all ratings across the profile between the periods of assessment. The pattern is a consistent pattern with all factors being either similar or showing an improvement between the two assessments.

Questionnaires and other feedback:Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	5	6
The child enjoyed the sessions?	10	8
The programme should be continued next year?	8	8

The teacher reported that "G" had certainly blossomed in that she was not crying and was now far more mature and her sense of humour was a real source of joy. She still had some difficulty settling down more effectively, but she was now far more attentive than before. Mother reported that it was extremely difficult for her to assess the positive or negative attributes of the programme. "G" in the classroom situation showed a marked improvement in her conduct, according to her teacher. Her scholastic performance had also improved. Mother believed that there were too many variables to suggest that play did this. Her mother felt that it could be because she is no longer working, or because of "G's" normal process of development in her self-control, self-esteem, or maturity. She did reflect that the play could only have had a positive effect on her development. "G" was at first concerned about attending play, but with some reassurance and explanation, she was quite content to continue. Mother felt that more structured play would be more beneficial than free play because certain types of play could be related to academic difficulties.

The PCA felt sceptical that the mere half hour per week could really impact on the child's life. The PCA had difficulty sitting

back and always letting "G" take the lead, especially when "G" felt self-conscious and wanted the PCA to take the initiative. "G" always looked forward to the sessions and enjoyed coming. The PCA's feeling was that "G" was emotionally immature and was thus easily led by her peers. She often required praise in order to boost her confidence. The PCA felt that there could be a clash of personalities between "G" and her father, with "G" being very close to her mother.

"G" drew a "a worker" pushing a wheelbarrow of bricks for her DAP. The person was described as being very happy and one who loved to go home at the end of the day to have a bath. He hated showers and fruit - especially bananas. He hated to be inside and loved to be outside. Possible clinical indicators were immaturity, impulsivity and acting-out behaviour. The KFD family was not really discussed, but "G" did comment that she was reluctant to draw Mother and Father. She stated that she often received a smack from them because she was naughty. If the PCA gave her a pair of scissors she would prefer to cut them out of the drawing. Possible clinical indicators suggested power/domination vs inadequacy and low self-concept within the family structure.

"G'" presented as a happy and involved child who quickly took to the play sessions. She expressed her delight that her mom was no longer working so she no longer had to go to aftercare. "G" communicated well with the PCA and by session 3 was already becoming disappointed at having to return to class at the end of her sessions. "G" is an only child and the PCA suspected that she was rather materially well catered for. Session 11 saw the introduction of a friend into the sessions which prompted a more

excitable "G". Session 13 was an unusual session in that it produced a rather unusual statement by "G" in the company of a friend in the session. She alluded to her dad's genitals being black because of too much sex - and having to see a vet. The comments were quickly passed over by "G" and her friend. "G" seems to like to invite friends to her session, although the PCA felt that this was starting to affect her close relationship with "G".

CHILD H.

Biographical Information:

Std: Sub B

Age: 7:9

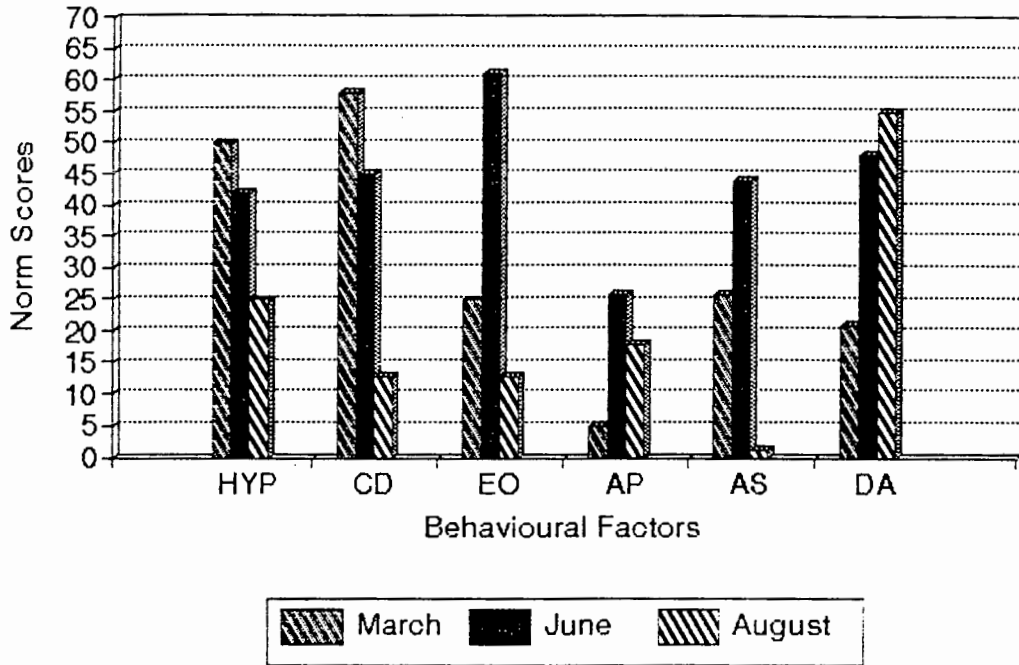
Teacher Comment: "H" was allowed to proceed to Sub B as she was a borderline decision. The Sub B teacher felt however that she was not really ready and was not keeping up with the work. She needed individual attention which would benefit her greatly this year. The teacher also felt that there was very little input from home which was part of the difficulties faced by the child. "H" attends remedial classes on a weekly basis.

Academic Performance:

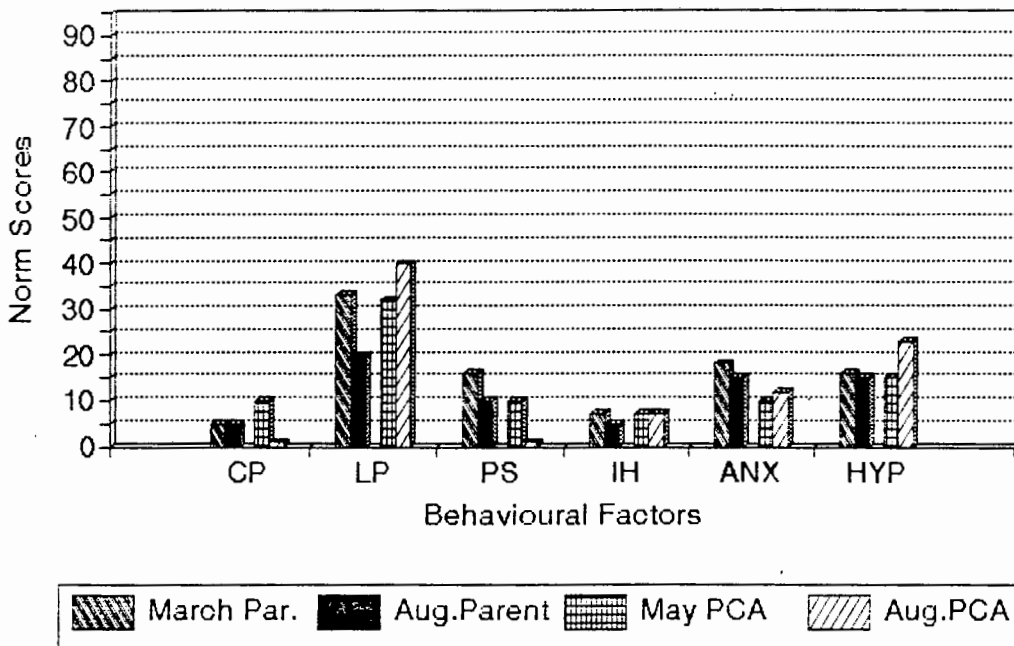
subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	4	4	4	4	6	4	8	4
Sept	5	3	3	3	6	3	7 ¹ / ₂	4

Rating Scale Graphs:

Teacher Rating Scale Child H



Parent Rating Scales Parent and PCA Ratings: Child H



Patterns: A very erratic TRS indicated behavioural changes

through the year with certain factors decreasing and others increasing. Overall there appears to be no regularity in the profiles. The PRS shows decreased scores in every factor although the reduction in each case is only slight and may be insignificant.

The PCA scale indicates slight behavioral changes either way between the May and August scores - some factors score higher and some lower. There does not seem to be an established pattern.

Questionnaires and other feedback:

Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	6	8
The child enjoyed the sessions?	10	10
The programme should be continued next year?	10	9

The teacher reported that "H" really looked forward to her sessions. In class she had been totally left behind and was drowning academically. On the whole however, her behaviour had improved. There appeared on the parents side a distinct lack of involvement in the programme as it took three attempts to get them to respond to the questionnaire sent home. Replies to questions seemed disinterested. The PCA believed that the programme had definite benefits for "H". A special relationship and an effective support system was built up which "H" needed. She had undivided attention weekly, she was praised, challenged and introduced to new concepts. "H" tended to prefer doing tasks which she could master and liked repetitive activities. Sessions moved very slowly.

Although "H" started the initial sessions cautiously, she soon looked forward to them and was very willing to attend. The PCA saw "H" as having an immature view of life for her age. She appeared to have the potential, but this was seldom tapped. "H" was low on self-confidence and really had difficulty grasping new concepts, hence the wish to do repetitive exercises.

The DAP drawing was of her father putting up a picture inside the house using a rope and nails. "H" is included in the picture watering some flowers. Possible clinical indicators suggested happy and smiling facial expressions, long arms controlling the environment/ overtly aggressive/ reaching out to others. Predominant feelings are of inadequacy, inability to act, insecurity, helplessness - "no feet to stand on". The KFD drawing depicted "H" standing on a chair with the mother, granny, father and a cousin standing around her. All the characters were minus arms except for "H". Possible clinical indicators suggested power/domination issues within the family structure.

"H" had eleven play sessions. "H" presented throughout her sessions as a happy and contented child. She was not overly adventurous in initiating activities, preferring to stick with repetitive exercises. While playing she was always very chatty. Her granny appeared to be a significant person in her life. "H" showed little emotional affect and had a limited vocabulary, not elaborating much on the statements she made. She presented each week as either really even-keeled, or slightly blunted in her emotions. "H" seemed to play with a lack of confidence and was reticent by nature. In session 10 she invited a friend to join her and they co-operated and played well together.

CHILD I.Biographical Information:

Std: Sub B.

Age: 8:6

Teacher Comment: "I" always seemed to be distracted, often disturbing other children and being quarrelsome. She appeared to be sullen or sulky and had been known to be aggressive and have difficulty relating to other children in the group situation. She made excessive demands for the teacher's attention.

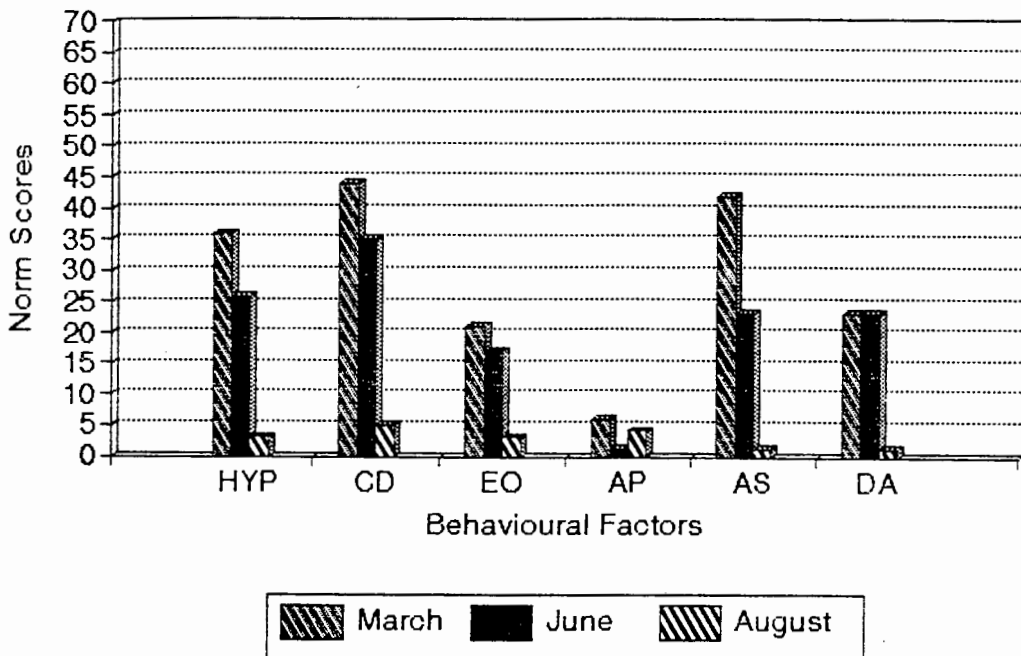
Academic Performance:

subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	6	5	5	6	6	5	8	5
Sept	5 ¹ / ₂	6	6	6	6	5	8	6

Rating Scale Graphs:

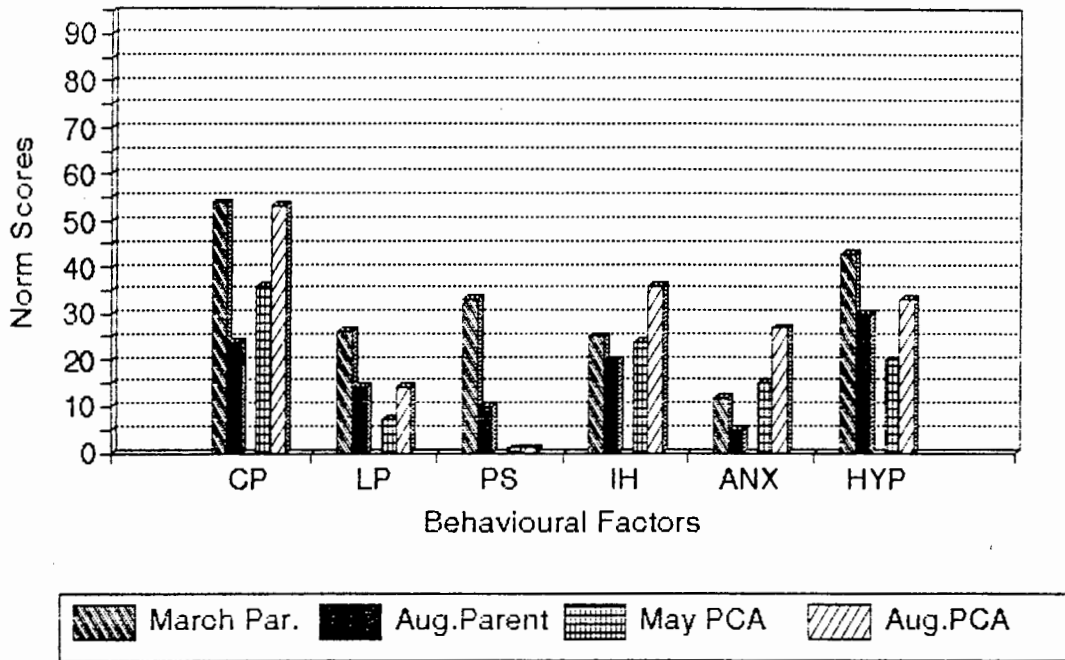
Teacher Rating Scale

Child I



Parent Rating Scales

Parent and PCA Ratings: Child I



Patterns: The TRS indicated considerable behavioral changes with all scores improving between the March and August assessments. The profile has "flattened" out and is very close to the base line score in every factor. The PRS of the parent also shows a consistent improvement in all scores between March and August. The PCA scale however, indicates that the August assessment shows that behaviour ratings are higher than in May.

Questionnaires and other feedback:Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	0	7/8
The child enjoyed the sessions?	2	10
The programme should be continued next year?	10	10

"I" was acknowledged by the teacher as having made tremendous progress, both in her work and in her ability to concentrate. The most telling statement from the mother was that she had only asked "I" once about her play sessions and "I" had not been very communicative. It took four forms to be sent to the mother and two phone-calls before she responded to the questionnaire. She seemed to be very career orientated and did not have the time to respond. The school understood this as typical behaviour on her part. The PCA felt that the programme provided "I" with the freedom to express herself in an environment free from fear of repercussions. The PCA felt that "I" often wanted to be questioned about things so that she could express what was bothering her. Initially "I" was perhaps even resentful at having to come to the session, but soon was flaunting the sessions to her peers and was often ready before her appointed time. If the PCA was indisposed for any reason, "I" was upset and verbalized her disappointment. The PCA saw "I's" problem as cultural, as well as home-based indulgence. She wanted desperately to be interpersonally connected and because she did not know how to go about it, she used negative behaviour, both to get attention and to express a very real frustration. It appeared that the PCA's

knowledge of "I" had been greatly increased as the year progressed and this might account for the reversed profiles in the PCA rating scale.

The DAP drawing depicted "I's" friend Sheila in a pretty dress clapping her hands because people were dancing on stage. Possible clinical indicators suggested instability, poorly integrated personality, poor co-ordination, impulsivity, immaturity and dependency. The KFD drawing depicted father watching TV and mother baking. Mother was a stick figure and father only had a head. Possible clinical indicators were defensiveness, passive defiance, poor relation with figures or fear of figures. There is also the possibility of the use of regression as a defence mechanism.

"I" had thirteen play sessions. At first "I" was hesitant about the sessions. Slowly she warmed to them enjoying the personal care and warmth shown by the PCA. By the end of session 3, the PCA felt that real bonding was starting to take place. The PCA also noticed that "I" had a fine motor co-ordination problem and also some language difficulties in understanding instructions. In session 9 a card game was played which was significant in that it supplied "I" with a good lesson in the PCA setting acceptable parameters that "I" acknowledged in a constructive way. The PCA also attempted through conversation to acknowledge the differences in "I's" background to make her feel that difference is okay. By session 12 it became apparent that the PCA was being used by "I" to help her answer some simple, yet complex questions about her environment. The questions were simple everyday issues about social interaction, but complex in that the PCA really had to carefully re-examine "taken for granted" ways of behaving and

logically explain them. It was obvious that "I" did not want to appear stupid, but needed some simple answers to better explain her environment.

CHILD J.

Biographical Information:

Std: Sub A.

Age: 6:01

Teacher Comment: "J" was described as an immature little girl. She lacked concentration and found it difficult to settle down and complete a task. She had a short attention span and tried to avoid working on tasks by talking or cleaning up the classroom. "J" was continually restless and constantly looked for attention through her helpfulness or by feigning sickness. She had poor fine-motor abilities which was the cause of her avoidance tactics. She lacked self-confidence in her work and needed encouragement and personal input all the time. "J's" ability to socialize was very good and the teacher believed she did not get enough attention at home. "J" was often without the necessary equipment asked for from home.

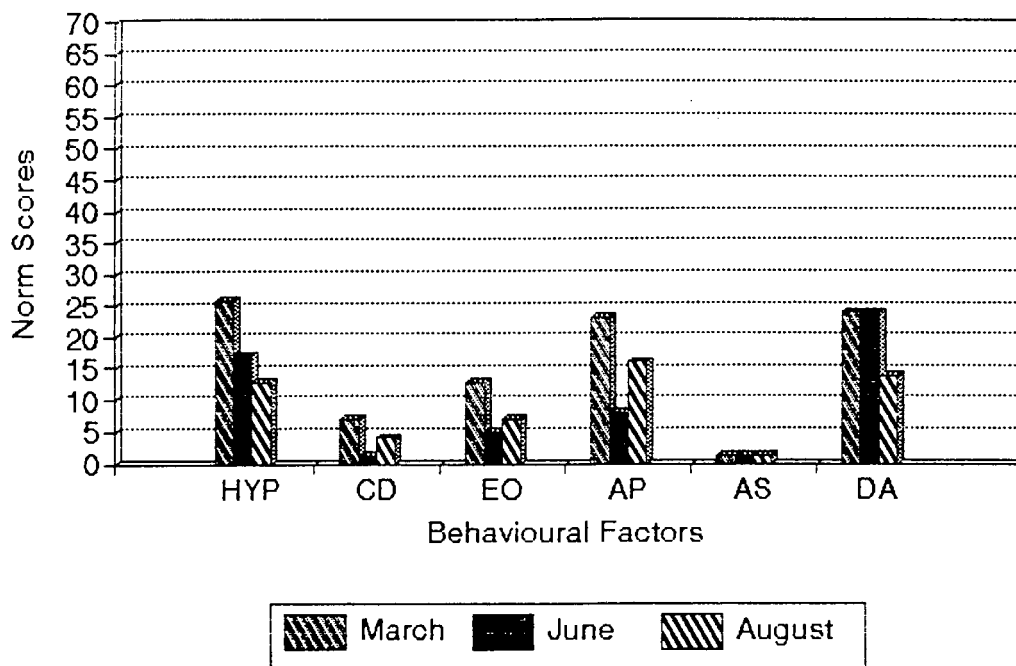
Academic Performance:

subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	7	6	6	6	NA	7	5	5
Sept	7	6	6	5	6	7	5	6

Rating Scale Graphs:

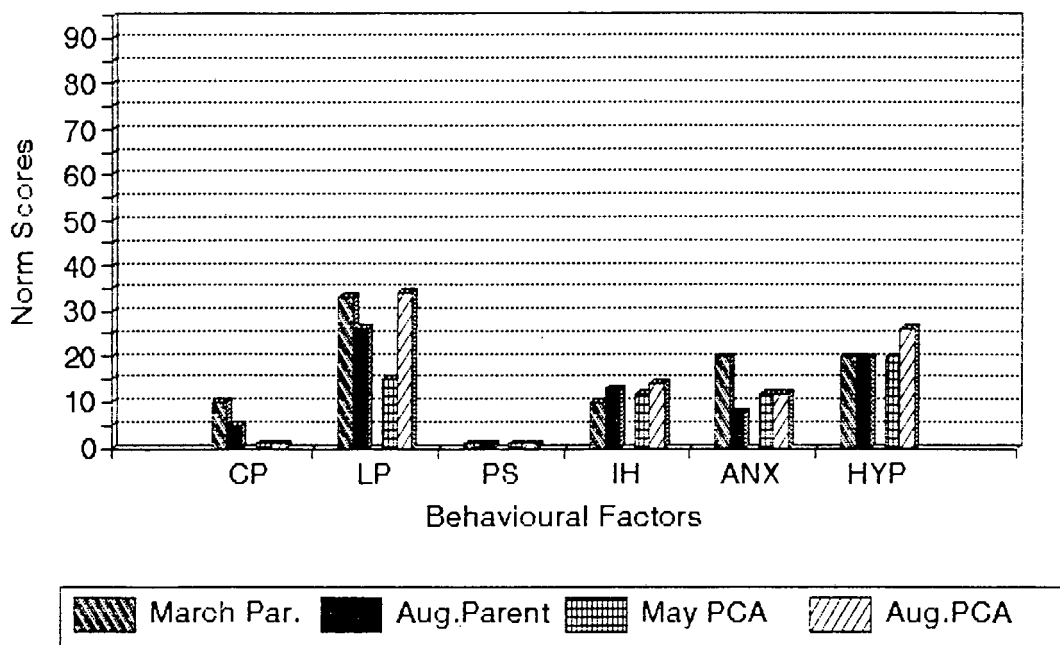
Teacher Rating Scale

Child J



Parent Rating Scales

Parent and PCA Ratings: Child J



Patterns: The TRS indicated an improvement in scores between the March and August assessments in all factors. The parent rating indicated improvements in most scores except the impulsive-hyperactivity score which had marginally increased. The PCA rating indicated increased scores in most factors over the time period May to August.

Questionnaires and other feedback:

Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	7	6
The child enjoyed the sessions?	10	10
The programme should be continued next year?	8	10

The teacher reported that "J" had settled down well this year. The programme had helped her to mature and settle down to tasks more readily. She no longer sought attention as her confidence level had improved. The PCA felt that "J" had benefitted greatly from the experience, although she contradicted this with a 6 score in the questionnaire. "J" tended to jump from one activity to the other and seemed to want to squeeze every minute out of her time in the sessions. She approached the sessions with great expectations and happiness breezing in to sessions with great expectations. It took some time for the PCA to get to know "J", but once bonding had occurred "J" appreciated a hug and was very lovable towards the PCA.

"J's" DAP depicted a drawing of a friend with a dog and some birds. Possible clinical indicators suggested instability, poorly integrated personality, poor co-ordination, impulsivity and

immaturity. There was evidence of poor fine muscle control, feelings of not being well coordinated and of being out of balance. There were also indicators of shyness, poor social interests, immobility to go forward with self assurance and anxiety. The KFD drawing was very confused with people changing their characters. Possible clinical indicators suggested a perception of being different.

Thirteen play sessions were held with "J". Although a little strained at first the relationship between "J" and the PCA started to develop by the fourth session. "J" was very active often asking what was to be done and then ignoring suggestions and doing what she wanted to do. She was very talkative during most sessions. It appeared that after the holiday period (session 9) there seemed to be some regression in the relationship as "J" seemed distracted. She still insisted on jumping from one activity to the next. With a little pre-planning at the end of one session for the next, this seemed to help the structure of the sessions. "J" seemed completely "in charge" of the sessions and seemed to thrive and look forward to her play time.

CHILD K.

Biographical Information:

Std: Sub B.

Age: 8:1

Teacher Comment: "K" always made excuses about being sick - either with an upset stomach or headache etc. If this was not the case, then she was being disturbed or troubled by someone else. She did not complete her work and if she did, it was done in a hurry. Often she copied her work.

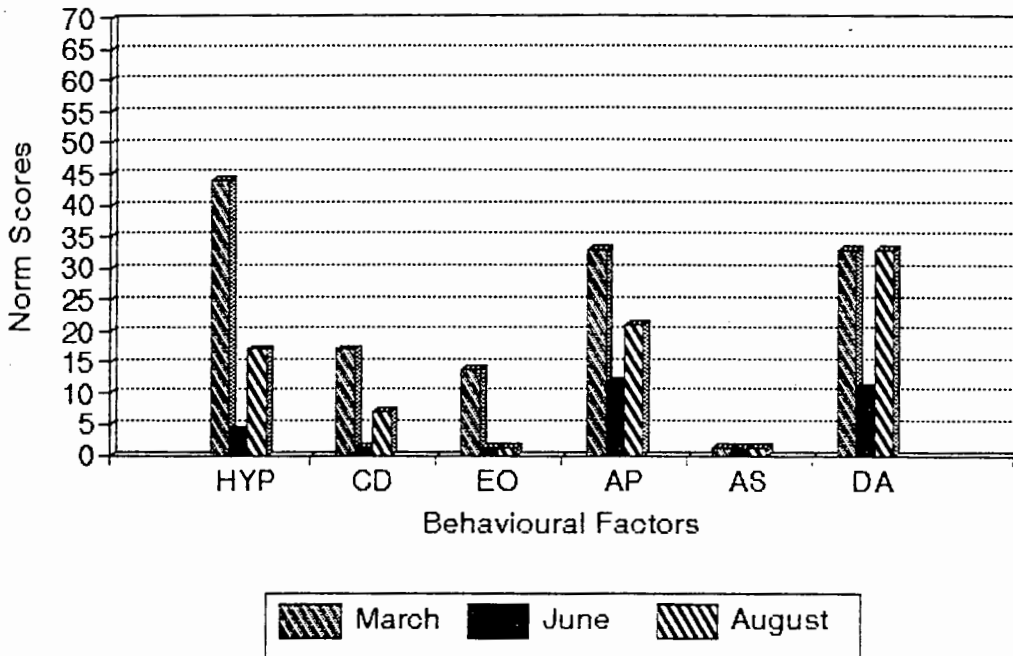
Academic Performance:

subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	6	5	6	6	6	6	6	6
Sept	6	5	6	6	6	6	6	6

Rating Scale Graphs:

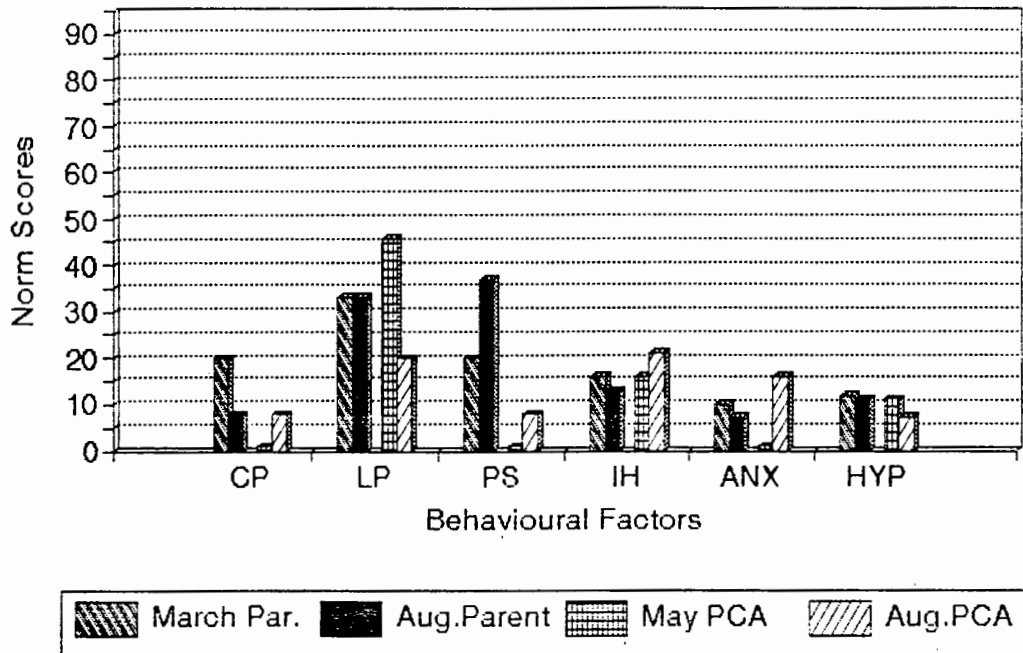
Teacher Rating Scale

Child K



Parent Rating Scales

Parent and PCA Ratings: Child K



Patterns: In the TRS there was improvement in most scores between the March and August assessments, except for the Delay avoidance factor. The June ratings reflect the best improvements in behaviour ratings. The PRS suggests incremental improvements in most scores with the exception of the psychosomatic rating. In the PCA ratings the August assessment profile reflects increased behaviour scores than those of the June profile, with the exception of the Learning Problem and Hyperactivity factors.

Questionnaires and other feedback:Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	6	5/8
The child enjoyed the sessions?	10	10
The programme should be continued next year?	8	7

The teacher reported that "K" really enjoyed her play sessions and seemed to have settled down even though her home life had been rather unsettled. The mother reported that she felt her daughter seemed more relaxed and contented about her school. She loved her sessions of play. There was also a request from the mother to have better communication about the programme before and during its implementation. The PCA felt strongly that the play sessions had made "K" feel special and important. She loved going to her sessions and had definitely become less fidgety and more focussed. The PCA felt that the divorce of her parents had confused her, causing her to make up stories and lies about her home situation. The most revealing session to the PCA was the session where a friend was invited. "K" was totally submissive (unlike her individual sessions) and allowed herself to be bossed around without seeming to mind. This gave the PCA a totally new perspective about "K".

The DAP drawing depicted her friend doing the splits. Possible clinical indicators suggested feelings of inadequacy or guilt over failure to act correctly or over inability to act at all, with some aggression. There were indications of shyness, poor social interests, immobility to go forward with self assurance,

and dependency. Her KFD drawing depicted "K" and her sister sitting at a table on stools drinking from cups. Possible clinical indicators revealed good psychological integrity although parents were omitted - associated with rejection, denial, and/or isolation, subtle conflict with the figures.

"K" had thirteen play sessions. From the start "K" was very talkative during her sessions although she tended to skip from one subject to the next. Her conversations about her family/step family tended to be quite confusing and mixed up as to who was who. She was very creative in sessions and became engrossed in what she did, often not listening to questions. Sessions were quite varied with her behaviour being erratic - either very active and talkative or quiet and uncommunicative. From conversation the PCA believed that Mom had remarried and that the step-father wanted the children not to interfere with the marriage - hence the children ate alone and then the adults ate. By session 8 it was apparent that "K" had really come to look forward to her sessions and was trying to find all manner of means to extend their time together. Session 10 was the session where a friend was invited and in which the PCA noted the subservient nature of "K's" behaviour in the company of her peers. The play sessions definitely gave "K" some self confidence as she enjoyed the attention and the envy of her peers that she should be one of a chosen few to have them.

CHILD L.

Biographical Information:

Std: Sub A.

Age: 6:4

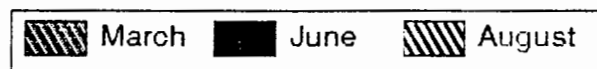
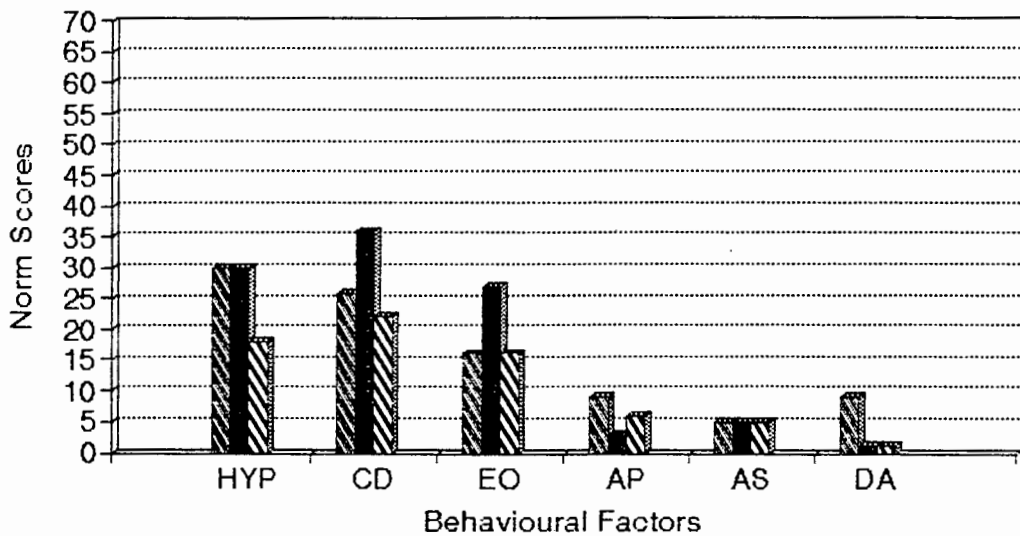
Teacher Comment: "L" was an immature little girl who required and sought constant attention to ensure that she was able to complete tasks set. She presented as an insecure child with a low level of self-confidence. She had periodic outbursts which would disturb others. Her attention span was short and because her expressive abilities were poor, she was frustrated when she was unable to express herself clearly. Her gross motor and fine motor abilities were fair, but she lacked structure and self discipline.

Academic Performance:

subj	oral	read	ph/sp	writt	Afr	math	h/wri	Sm
June	6	6	4	6	NA	7	6	6
Sept	7	6	6	7	6	7	7	8

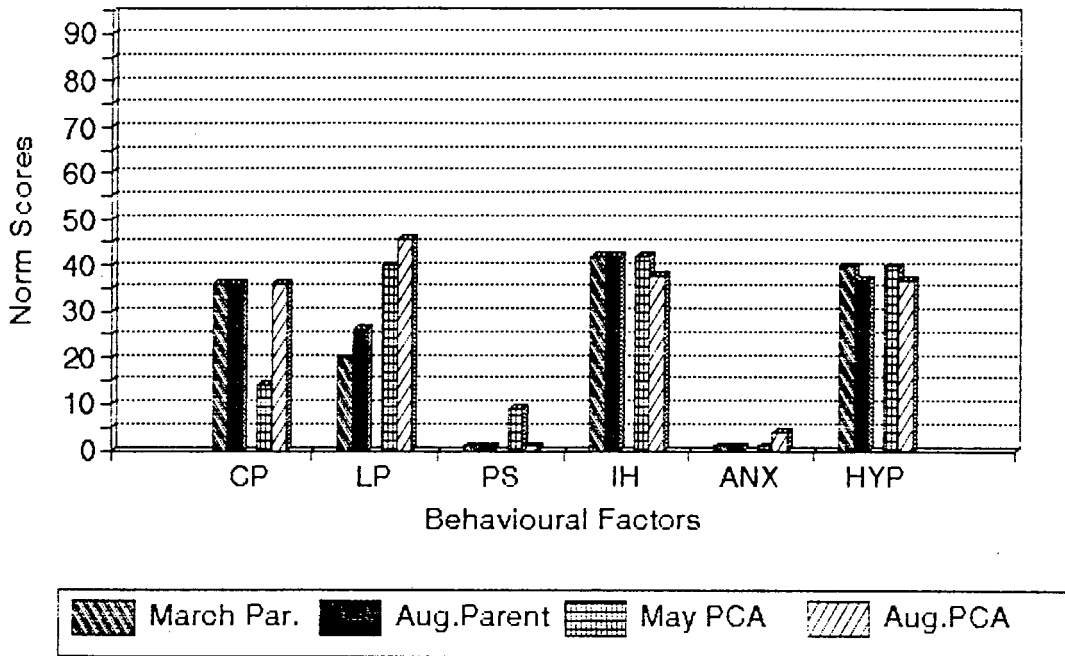
Rating Scale Graphs:

Teacher Rating Scale Child L



Parent Rating Scales

Parent and PCA Ratings: Child L



Patterns: The TRS indicates substantial behavioural fluctuations as perceived by the teacher over the period March to August. The final August assessments are marginally lower than the March assessment with most factors, with the June assessments fluctuating either side of these. The PRS scores are relatively consistent indicating behaviour changes in scores that are marginal, again both lower and higher. The PCA rating indicates changes between the June and August ratings. The conduct problem, anxiety and the learning problem factors have increased while the rest show marginal decreases in scores.

Questionnaires and other feedback:Ratings:

STATEMENT	PAR.	PCA
The programme has helped the child?	5	NA
The child enjoyed the sessions?	10	10
The programme should be continued next year?	10	NA

The teacher reported that the play sessions appeared to have developed "L's" maturity and confidence levels. There was improved general behaviour within the classroom situation. The parents did not feel that there was any noticeable changes in "L" although they acknowledge that she looked forward to her sessions with the "fun lady" each week. The PCA felt unable to assess to what degree the play sessions had actually helped "L". The difficulties she experienced were around the interaction of "L" with her own children at the school and "L's" inability to spend longer than a few minutes on each task that she tackled. "L" appeared to be very insecure in her relationships often using inappropriate means to acquire her friends. To feel safe she sought the company of the PCA's children hoping that there would be less chance of expected rejection. "L's" reaction to coming to the sessions was very positive and she obviously enjoyed making spontaneous physical contact with the PCA. The PCA perceived "L's" difficulties to be the need to be in control but still being very unsure of herself. She had an extremely short concentration span. She was also not keen to engage in any activity of which she was unclear or a game in which she might lose. "L" would not attempt anything if she was in doubt so

tended to stick to the same activities week after week. The DAP depicts her mother taking a picture with a camera. Possible clinical indicators were acting out behaviour, no inner controls, immaturity and impulsivity. Facial expressions were positive and happy. The KFD drawing depicted her mother doing nothing, her sister was looking at flowers, and "L" was taking a picture of them smiling at her. Qualitatively this drawing was poor compared to the DAP. Lining at the bottom of the page - provided a strong foundation for a child who felt that stress and instability permeated her family. There was also indications of poor relationships among figures.

"L" attended thirteen play sessions. "L" presented as a bright, sunny child who gave the PCA a voluntary hug after the first session. "L" liked to be in control and was described as a "bit of a whirlwind" - very restless, hyperactive and immensely appealing. The PCA and "L" seemed to form a close and immediate rapport with one another. "L" liked to win at games and was described as a ruthless competitor. She enjoyed opening and closing the play activity cupboard as it obviously made her feel important. There was often a reluctance to end her play sessions and the PCA had to be quite firm on occasions to get her to return to class. Her play sessions seemed to anchor her weeks into perspective. She appeared to like routine and conformity with her sessions. The PCA felt it was a stable part of her week which she looked forward to and did not want to deviate from. The PCA was ill for a period of time and when she returned "L" was ecstatic to see her again. In the interim the PCA observed that "L" was no longer hesitant about returning to class - she viewed this as a sign of her maturing. By session 13 the PCA felt that

"L" had definitely grown up, in that she appeared more independent and actually seemed to be handling interpersonal relations and her school life better.