EVALUATION OF PSYCHOLOGICAL SERVICES
AT THE UNIVERSITY OF ZULULAND
COMMUNITY PSYCHOLOGY CENTRE

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COMMUNITY PSYCHOLOGY CENTRE

BY
MKHULEKISENI SIBIYA

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE:
MA (COUNSELLING PSYCHOLOGY)
IN THE DEPARTMENT OF PSYCHOLOGY

FACULTY OF ARTS

UNIVERSITY OF ZULULAND
YEAR 2006

SUPERVISED BY: PROF. S.D. EDWARDS
DECLARATION

I, Mkhulekiseni Sibiya hereby declare that the work:

"Evaluation of psychological services at the University of Zululand community psychology centre" is my original work. Sources consulted or cited have been acknowledged in the text as well as in the list of references.

SIGNED ........................................

DATE .................................
DEDICATION

This work is dedicated to my aunt, Mrs. Thulisiwe and her husband, Armstrong Mkhwanazi, my mother and late father in law and my parents.
I wish to express my most sincere gratitude and appreciation to the following people for their support, assistance and endless contribution to this study:

1. The Lord Almighty for giving me strength and ability to undertake this project.

2. My supervisor Prof. S.D. Edwards, without his encouragement, pushing and expertise I would not have completed this project.

3. My dear, loving wife, Dr Mbali Sibiya. Thank you for your support and assistance.

4. My children, Mengezi, Lusizo and Sithakosekhethelo

5. NRF for financial support (Scholarship)

6. Community Psychology Centre
ABSTRACT

The University of Zululand Community Psychology Centre (CPC) is a joint project of the Department of Psychology, Educational Psychology and Industrial Psychology. It was established in response firstly to the University's need to provide relevant training for its post-graduate psychology students and secondly to meet the need within the Zululand community for affordable psychosocial and psycho-educational services. The Centre works in partnership with other local Zululand Mental Health centres. The Centre is accredited with the Professional Board for Psychologists of the Health Professions Council of South Africa (HPCSA). This board ensures that institutions providing psychological services observe ethical codes of conduct and good practice (HPCSA, 2002).

The present research was motivated by the fact that the CPC functioning has never been evaluated in terms of service delivery and relevance. The desire to know whether the CPC serves the purposes for which it was established, and to identify areas that need improvement, is a strong motivation. This helps to identify its viability, effectiveness, and value for the University of Zululand and the community served by the University.

The aims of the study were to evaluate the CPC in terms of clients' perceptions with regard to effectiveness of the centre in meeting their needs and improving their psychological well-being.
An accidental or convenient sample was used. An invitation to volunteer was extended to clients who happened to come for the CPC services. Volunteers completed a questionnaire, which included a biographical inventory needs analysis questionnaire and Ryff's Scale (1995) of psychological well-being. Participants were pre and post-tested on the variable of psychological well being.

The study concluded that the CPC still serves the purpose for which it was established. It is still relevant to the demand of the community. The results revealed that pre and post testing was associated with a significant improvement in total psychological well-being as with special reference to personal growth and positive relations with others.
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CHAPTER ONE

Introduction to the study

1.1 Introduction

Evaluation is an important tool for improving management (Lawler, Nadler and Cammann, 1980). Organizations or institutions need to check whether they serve the purpose for which they are established. It is therefore important for organizations or institutions to evaluate either themselves or their programmes. According to Lawler et al. (1980), the effectiveness of an organization is evaluated through measuring its functioning, problems and achievements.

Organizational evaluation "measures, compares and analyses the coherence between results and specific objectives and between specific objectives and general objectives of institutional projects, programmes or plans" (FAO, 1997: 1). It can helpful in identifying:

- whether or not the objectives and goals originally established are being achieved, as well as their expected effects and impact;
- whether the organization is adapting to new environments, changing technology and changes in other external variables so as to efficiently utilize the available resources;
- areas which need to be improved, modified or strengthened; and
- different modes to better fulfill the needs of the clients of the institute.
The University of Zululand Community Psychology Centre (CPC) is a joint project of the Department of Psychology, Educational Psychology and Industrial Psychology. It was established in response, firstly to the University’s need to provide relevant training for its post-graduate psychology students and secondly to meet the need within the Zululand community for affordable psychosocial and psycho-educational services (Khanyile, 1999). According to Khanyile (1999) and Sibaya (1988), the CPC offers the following services:

- assessment of, and interventions for, emotional, social, behavioural and learning problems;
- therapy and counselling for individual children and their families;
- therapy and counseling for adults experiencing marital, work-related or other interpersonal problems;
- crisis counseling for victims of violence, and sexual, emotional and physical abuse;
- guidance with respect to career choice and planning.
- professional consultation with community groups, organizations, institutions and schools regarding psychological, social and learning problems.

The CPC is accredited with the Professional Board for Psychologists of the Health Professions Council of South Africa (HPCSA). This board ensures that institutions providing psychological services observe ethical codes of conduct and good practice (HPCSA, 2002). This means that clients are protected and can report any ill-treatment by a psychologist or intern psychologists. According to the mission statement, formulated by
the Executive Committee of the Professional Board for Psychologists' [2004] of the Health Professions Council of South Africa (2004:1) there is commitment “to provide protection for the public and guidance to the profession, based on the transparency, integrity and consultation and to be cognisant of both the South African context and international perspectives, through formulating and regulating standards for professional education, training and best practices”. Therefore Masters, students, intern psychologists and psychologists are required by laws, to register with the HPCSA before practicing.

In addition to rendering a professional psychological service, the CPC conducts relevant, accountable research concerning psychological, social and psycho-educational issues in the community. The Centre works in partnership with other local Zululand centres such as Empangeni High School, Bell Equipment, Richards Bay Coal Terminal (RBCT), Ticor, Ngwelezane Hospital, Emoyeni Hospice, Ngwelezane Place of Safety, Richards Bay Family Care Centre and Africa Centre.

1.2 Motivation of the study

Organizations or institutions want to excel in service delivery. The Community Psychology Centre, as an organ of the University of Zululand, needs to excel in service delivery and to be in line with the main vision of the institution. If the University has to achieve its purposes, all parts that comprise it need to excel in their service delivery. The present research was motivated by the fact that the CPC functioning has never been evaluated in terms of service delivery and relevance. The desire to know whether the CPC serves the purposes for which it was established, and to identify areas that need
improvement, is a strong motivation. This will help to identify its viability, effectiveness, and value for the University of Zululand and the community served by the University.

The CPC is a health centre which specializes in psychological well-being of the clients. The Centre needs to know whether the interventions used are benefiting the clients, i.e., whether clients experiencing depression, trauma, bereavement, marital problems, behavioural problems and other psychological problems improve their psychological well-being through psychological interventions.

1.3 Statement of the problem

- How is the CPC perceived by its clients?
- Do the services provided by the CPC improve the well-being of its clients?

1.4 Aims of the study

The aims of the study are to evaluate:

- the CPC as perceived by clients, i.e., whether it meets their needs.
- the well-being of clients before and after receiving the intervention of the CPC.
1.5 Hypothesis

It is hypothesized that receiving psychological help at the CPC results in beneficial change in the psychological well-being of clients.

1.6 The significance of the study

Counselling improvements that result from proper evaluation will lead to clients getting better quality care. The study will be able to identify the needs of clients and how they will be better met. It will increase commitment to staff and therapists. It will ascertain whether or not the objectives and goals originally established are being achieved, as well as their expected effects and impact. It will also ascertain whether the CPC is adapting to new environments, changing technology and changes in other external variables so as to efficiently utilize the available resources. Moreover, it will also help identify areas which need improvement, modification and strengthening. This study will also reveal to psychologists whether or not clients know what to expect from them.

1.7 Résumé

Evaluation research is valuable in that it helps the authorities see gaps that need to be filled between what is and what is expected. This chapter has outlined aims and objectives of the present study. The literature explaining the findings from other studies investigated will be reviewed and presented in the next chapter. This will include a
comprehensive report on services that have been provided by CPC since it was established.
CHAPTER TWO

Literature Review

2.1 Introduction

This chapter will review theories concerning psychological well-being, psychological interventions and ethical issues. It will give more details on what has been introduced from Chapter One. Furthermore, this chapter will show how the CPC has been functioning.

2.2 The Community Psychology Centre

The CPC is a community project based at the University of Zululand. The project was initiated by the department of Psychology in collaboration with the Department of Educational Psychology and Industrial Psychology. It is directed and managed by the University of Zululand. The CPC places intern psychologists in various partnership centres. Partnership centres and the CPC hold quarterly meetings. In these meetings, intern psychologists report on the progress and difficulties they experience during their service delivery in their various centres. Representatives from partnership centre also report on their own perspective. If there are problems, all members work together to resolve them.
2.2.1 Staffing of the CPC

1. Administrative assistant
2. Coordinator: Psychological Clinics

2.2.2 Supervising Psychologists of the CPC

1. Professor and HOD, Educational Psychology department
2. Professor and HOD, Psychology department
3. Professor and Clinical Psychologist
4. Clinical Psychologists
6. Educational Psychologist
7. Educational Psychologist
8. Industrial Psychologist
9. Counselling Psychologist
10. Psychometrist

2.2.3 Psychological Service Providers

1. Intern Psychologists (Counselling and Educational)
2. Psychology Masters Students (Counselling and Clinical)
3. Psychology Masters Students (Educational)
4. Psychology Honours Students
5. 4th year B. Psychology Students
2.2.4 Community Psychology Centre facilities

1. Personnel offices
2. Consultation rooms
3. Psychological Test library
4. Play therapy room
5. Observation room
6. Conference and video rooms
7. Journals of Psychology
8. Computers

2.2.5 The aims of the Community Psychology Centre

To:

- provide relevant training of a high standard to B.Psych, B.Ed, Honours, Masters and Doctoral Students in Psychology, Educational Psychology and Industrial Psychology.
- render an affordable psychological services to the communities surrounding the University of Zululand.
- conduct relevant, accountable research concerning psychological, social and psycho-educational issues in the community (Khanyile, 1999; Sibaya, 1988).

The centre gets referrals from the institutions in Kwa-Zulu Natal Province such as schools, hospitals and welfare centres. The institutions that constantly refer clients are: Nkandla Hospital, Bethesda Hospital, Mosvold Hospital, Esikhawini Welfare and Stanger
Hospital. The clinics serve both children and adults. However, the children are in the majority (Edwards, 1999; Khanyile & Sibiya, 2003). The clients are provided with well-typed reports prepared by the psychology student who conducted the assessment under the supervision of a senior psychologist. Psychological services offered by the CPC are listed in Chapter One.
2.2.6 Client statistics from 1997 to 2005

Figure 1: Graph showing average number of clients per year

Clients were seen at an average of 394.4 individuals per year in the period from 1997 to 2005. The reports (Khanyile & Macleod, 1997; Edwards & Khanyile, 1998; Khanyile, 1999; Khanyile, 2000; Khanyile, 2001; Sibiya, 2002; Khanyile & Sibiya, 2003; Khanyile & Sibiya, 2004) revealed that the number of clients per year was increasing (see graph 1). The majority of referrals were for interventions with individuals. School-going children who were referred were in the first four grades, a period when learning difficulties first become evident.
Figure 2: showing referral problems

The largest referral problems were for Learning Difficulties with (19%) of total referral from 1997 to 2005, followed by marital problems (8%), anxiety (5%), sexual abuse or rape (5%), depression (5%), intellectual assessment (5%), behavioural problems (5%), career counselling (4%), HIV/AIDS counselling (4%), trauma (3%), and family conflicts/problems (3%) (see figure 2). Just less than half the interventions were
Community workshops and training sessions were held at a variety of centres (Mandini Clinic, NPA previously Portnet, Lifeline, Tugela Secondary School, Ngwelezane Hospital, Ticor, Africa Centre). Topics covered included: support for people with AIDS; raising funds; life-skills training; career choice; sexuality education; drug abuse and usage; stress management; child abuse; assisting the perpetrators of child abuse; caring for carers; bereavement counselling and marital counselling.

2.3 Health psychology and well-being of clients

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (Conway & Macleod, 2002; Seeman, 1989, WHO, 1946). Health is comprehensive in scope and transactional in character (Seeman, 1989). When one speaks of health, one speaks of organismic lawfulness and regulation in all parts of the human system. Health is also contextual: one may view the system as a whole and note the effects of regulation and disregulation in all relevant parts of the system (Seeman, 1989).

The well-being of individuals, communities and populations is promoted and maintained through health psychology. Health psychology is concerned with understanding the relationships between mind and body as these affect the overall state of an individual’s well-being. It is also concerned with the promotion and maintenance of health, prevention and treatment of illness, the identification of an etiology, diagnostic correlates of health,
illness and related dysfunction, and with the analysis and improvement of the health care system and health policy formation (Sheridan & Radmacher, 1992).

Health promotion programs are increasingly employing psychological knowledge and approaches in a variety of interventions. Primary health care physicians are employing more clinical, counselling and health psychology expertise, while surgeons, anaesthetists and other clinicians are to an increasing extent applying health psychology research and practice in their clinical work (Sheridan & Radmacher, 1992).

2.4 Psychological well-being of clients

Psychologists aim not only at reducing psychological distress but also at enhancing and promoting psychological well-being. Psychological well-being has been defined by Roothman, Kirsten and Wissing (2003) as a combination of specific qualities, such as coherence, satisfaction with life, affect, balance, and general attitude of optimism or positive attitude to life. Qualities that characterise general psychological well-being include having an interest in the world and the motivation to carry out activities on a behavioural level (Wissing & Van Eeden, 2002). Roothman et al (2003) consider difficulties in life as challenges rather than insuperable problems. Some authors conceptualise psychological well-being in terms of specific components or processes, such as affective process (Diener, Emmons, Larsen & Griffen, 1985; Roothman et al, 2003). According to Roothman et al (2003), psychological well-being is a cognitive process that emphasises life satisfaction as the key indicator of well-being.
2.4.1 Personality and well-being

The distinction between emotional states (affect and well-being) and emotional traits (personality) lies in the current experience of affect versus enduring tendencies to experience affect (Schmute & Ryff, 1997). Affect is the central component of personality structure. Discussions of well-being have identified positive emotion, or happiness, as a hallmark of positive functioning (Schmute & Ryff, 1997). The patterns of experienced affect over long periods of time (e.g., many happy days versus few sad days) are believed to provide insight into the individual's underlying personality dispositions. John (1990) maintains that affects, or states, are temporary, brief, and externally caused whereas traits are stable, long-lasting, and internally caused.

Schmute and Ryff (1997) argue that although these definitions capture some central differences, they ignore a central premise in the personality and well-being literature: states such as happiness, may be influenced not only by external event, but also by internal dispositions.

2.4.2 Measuring psychological well-being

Psychological well-being is measured according to Ryff's Scale of Psychological Well-Being (Conway & Macleod, 2002). There is a conceptual debate about whether well-being is a purely subjective phenomenon (life satisfaction or subjective well-being) or whether it should be defined in relation to some ideal of what makes the good life (Conway & Macleod, 2002; Ryff & Singer, 1998).
<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Autonomy</td>
<td>My decisions are not usually influenced by what everyone else is doing.</td>
</tr>
<tr>
<td>2. Personal Growth</td>
<td>I have the sense that I have developed a lot as a person over time.</td>
</tr>
<tr>
<td>3. Environment Mastery</td>
<td>In general I feel I am in charge of the situation in which I live.</td>
</tr>
<tr>
<td>4. Purpose in life</td>
<td>I enjoy making plans for the future and working to make them a reality.</td>
</tr>
<tr>
<td>5. Positive relations with others</td>
<td>I enjoy personal and mutual conversations with family members or friends.</td>
</tr>
<tr>
<td>6. Self-acceptance</td>
<td>In general I feel confident and positive about myself.</td>
</tr>
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Table 1: Dimensions of psychological well-being (Conway and Macleod, 2002:28).

Currently, Ryff's Scales of Psychological Well-Being are the best approximation to measure objective well-being (Conway & Macleod, 2002).

2.5 Psychological Intervention

There is clear and compelling evidence that there are psychological interventions which are effective in treating a wide range of child and adult health problems, including: Depression, Generalized Anxiety Disorder, Panic Disorder, Post-Traumatic Stress Disorder, Eating Disorders, Substance Abuse, and chronic pain (Canadian Psychological
Association, 2002). There is also mounting evidence that there are effective psychological treatments for diseases and disorders that are routinely seen in primary medical care practices but that are typically difficult to medically manage, including: type 1 diabetes, chronic tension-type headaches, chronic low-back pain, chronic fatigue syndrome and a range of medically unexplained physical symptoms (Canadian Psychological Association, 2002).

Psychologists use different psychological interventions depending on the presenting problem of the client. Psychological intervention begins with assessment, evaluation and diagnosis, then treatment. Relevant therapy depends on relevant diagnosis. Psychological interventions may include: psychotherapy, psychoanalysis, brief psychotherapy, behaviour therapy, cognitive therapy, psychosocial treatment and rehabilitation, combined psychotherapy and pharmacotherapy and Person-Centered Counselling. These interventions can be provided in the form of: individual therapy, group therapy, family therapy and couples therapy.

2.6 Mental health model

A holistic model of mental health care is based on principles of harmony, prevention and promotion (Edwards, 2002). Edwards (2002) identifies distinct phases of the healing cycle: prevention of illnesses and promotion of health. Mental health care intervention is described as follows:
• Tertiary prevention is indicated prevention to reduce illness, disability and handicap typically in persons at high risk.

• Secondary prevention is selective prevention to reduce the prevalence and/or duration of illness in persons at risk, as in interventions to reduce harmful drugs during pregnancy, or school-based educational programmes to assist teachers in the early identification and referral of abused or learning disordered children.

• Primary prevention is universal intervention to reduce the incidence of illness in persons of potential risk, as in interventions for safe sex.

• Primary promotion is universal intervention to promote and improve health, such as “walk for life or run for life” campaigns.

• Secondary promotion refers to interventions to improve human rights, empowerment and health promotion advocacy for all persons but particularly in cases of disempowerment.

• Tertiary promotion refers to interventions to improve meaning, self and social realization and actualization. This form of intervention is specifically directed to community workers to ensure an ongoing cascade of mental health promotion.

2.7 Ethical considerations in the provision of psychological services

Health work is moral work. As a result all health care workers are provided with ethics to guide them (APA, 1992). Often, health-care decisions are made with very little conscious thought about rights and wrongs of doing things one way rather than another. However, there is a need to be aware of the ethical implications of everyday decisions and choices which influence the information provided, intervention given and evaluation or follow-up
Health psychologists work within the ethical codes of their national and regional professional boards and societies. In South Africa, all psychologists are registered with the Health Professions Council of South Africa (HPCSA) so as to clearly identify them. The patients therefore have a place to lodge complaints if they have been ill-treated by psychologists.

The HPCSA is committed to promote the health of the population, determining standards of professional education and training, and setting and maintaining fair standards of professional practice. The overriding objective of the Council is to assist in the promotion of the health of the population of South Africa on a national basis (HPCSA, 2005). The Patients’ Rights Charter states that patients must be treated by a named health care provider (DHN, 2002). Every patient has a right to know the credentials of a person that is providing health care and therefore must be attended to by a clearly identified health care provider.

Psychologists working in the United States of America are guided by American Psychological Association’s Ethical Principles (APAEP) (APA, 1992). European psychologists are guided by the Meta-Code of Ethics produced by the European Federation of Professional Psychologists Association (EFPPA, 1997). It means psychologists in Europe strive to help the public in developing informed judgments and choices regarding human behaviour, and to improve the condition of both the individual and society. They have four principles which are not really different from human rights provided in the constitution of the Republic of South Africa and HPCSA: respect for a person’s rights and dignity; competence; responsibility and integrity (EFPPA, 1997).
Psychologists, therefore, must not compromise their profession nor the interests of their patients. They must show their professional competence, as well as a protective attitude in safeguarding the best interests of patients (HPCSA, 2002). In order to reduce the number of misconducts, most professions provide guidelines or ethical rules to ensure competence and professional behaviour (Louw, Moller & Scherrer, 2002). These guidelines serve a two-fold purpose. On the one hand, the community is given the reassurance that psychologists will have a minimum level of expertise and skills, therefore better protecting the interest of the community. On the other hand, the profession is also protected from interference by outside organizations, for example, by the state, if it should undertake to protect the community itself. Professional persons however, should also exhibit responsibility and healthy judgment; consult regularly with colleagues; remain up-to-date with the latest developments through reading and continued education as well as engage regularly in reflecting on their own motives and behaviour (Louw et al. 2002).

2.8 The client’s complaints and perceptions

Regardless of the ethical code of conduct or guidelines provided by the Professional Board of Psychology, complaints against psychologists in South Africa are common (Louw et al. 2002). The Patients’ Rights Charter (DHN, 2002) states that everyone has the right to complain about health care services and to have such complaints investigated and receive a full response on such investigation. According to the Constitution of the
Republic of South Africa (1996), everyone has the right to equal treatment, the right to dignity, the right to life, the right to privacy, and the right to access the medical care. These complaints do not pass unnoticed and even in cases where the complaints are false or without any substance, the accused’s professional career may be affected negatively (Louw et al. 2002).

Nevertheless, complaints indicate dissatisfaction on behalf of clients about services they received. The number of complaints lodged with the board may indicate that even though psychologists provide good services, they are negatively perceived by their clients as professionals who sometimes misbehave. Regarding the psychological services provided by the CPC, there are no records in reports from 1997 to 2005 indicating misconduct by staff. This does not mean that there is no misconduct committed by healthcare workers in this centre since complaining depends on many factors. Patients may lack information about how they should lodge their complaints or they may lack assertiveness. Complaints lodged with the CPC management may not reach the HPCSA.

Complainants are often family members rather than the clients themselves (Louw et al. 2002). The nature of complaints against psychologists include the following:

- problems regarding accounts;
- breach of contract;
- neglecting to register;
- problems regarding reports;
- incompetence;
• unacceptable rendering of services;
• consulting with a minor without the guardian’s consent;
• breach of confidentiality;
• rendering a service outside the category of registration;
• sharing practice with person not registered with the HPCSA;
• improper behaviour towards another colleague (Louw et al. 2002).

2.9 Résumé

The literature reviewed gives further insight into the argument of this study. The next chapter presents the methodology to be followed in soliciting the information needed to answer the question, which initiated this investigation.
CHAPTER THREE

Methodology

3.1 Introduction

The aims of this study are to evaluate the CPC as perceived by clients - whether it met their needs as well as to evaluate the well-being of clients before and after receiving the intervention of the CPC. This chapter is a lays out all the procedures followed to accomplish these aims.

3.2 Sampling

An accidental or convenient sample was used. Welman and Kruger (2001) argue that an accidental sample may be considered only if there is no other option. The invitation to volunteer was extended to clients who happened to come for the CPC services between April 2004 and April 2005. According to the client statistics of the CPC, more than 10 new clients are seen per month (on average). During the period of 13 months, a sample of 25 clients consented to being interviewed. According to Babbie and Mouton (2001), a major tenet of medical research ethics is that experimental participation must be voluntary, and so it should be with social research.
3.3 Psychological techniques for data collection

The complete questionnaires used in this research appear in appendix A. The following tools were used to collect data.

3.3.1 Biographical inventory

A biographical inventory was constructed. The following information was obtained from each subject:

- Identifying details
- Occupational and educational status.

3.3.2 Needs analysis questionnaire

The participants were required to identify their needs in terms of the following:

- Onset, duration and intensity of the presenting problem
- Expectations of the clients from the CPC.

3.3.3 Ryff's Scales (1995) of Psychological Well-Being questionnaire

A standardized 18-item scale of objective psychological well-being (PWB) was used to assess participants on six dimensions of well-being: self-acceptance, positive relations, autonomy, environmental mastery, purpose in life and personal growth. The PWB
contains a set of questions dealing with how one feels about oneself and one’s life. The participants were pre- and post-tested with this questionnaire (see appendix A).

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Items</th>
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</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>1 (-)</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>2 (+)</td>
</tr>
<tr>
<td>Personal growth</td>
<td>3 (+)</td>
</tr>
<tr>
<td>Positive relations with others</td>
<td>4 (-)</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>5 (-)</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>6 (+)</td>
</tr>
</tbody>
</table>

Table 2 Dimensions of PWB and the scoring patterns.

From the above table it is clearly demonstrated that for each dimension of psychological well-being there are three items. Every item is accompanied by a positive or negative sign. This sign simply shows that the items with the positive sign are positively scored and the items with the negative sign are negatively scored, meaning that the scores are reversed.

3.3.4 CPC evaluation questionnaire

A short open-ended questionnaire was constructed, which aimed at inquiring how the participants perceived the CPC service. It was hoped that this would make it possible to secure precise details of personal reactions from clients, whether their needs were met or
not and suggestions for the improvement of the service based on the appreciative inquiry process.

Appreciative inquiry has its roots in both action research and organizational development (Bushe, 1995). It is an ethnographic method for examining the life of an organization. It is a framework that has been successfully used in large complex systems. It reflects the aims of institutions or organizations, in order to explore the innovations and developments that are taking place across the system in ways that do not become problem-focused and prevent ability to move beyond this (Reed, Pearson, Douglas, Swinburne & Wilding, 2001; Molekwa, 2004).

Cooperrider and Srivastra (1987) describe four basic principles underpinning appreciative inquiry: it should start with appreciation, be applicable, be provocative and, be collaborative. Bushe (1995) and Molekwa (2004) argue that these principles translate into a process of inquiry. Appreciative inquiry focuses on assessing the positive dimensions of an organization's culture, while simultaneously providing by the end of the process, qualitative data that could help managers and administrators to reform elements of the programe (Molekwa, 2004).

Appreciative inquiry differs from most evaluative approaches in that it is a method of changing social systems in an attempt to generate a collective image of a new and better future by exploring the best of what it is and has been (Bushe, 1995).
3.4 Procedure for data collection

This was a programme-evaluation type of design, where participants were pre- and post-tested on the variable of psychological well being. Each participant was interviewed twice, once before receiving the service and once after termination with the practitioners. During the initial interview, the biographical inventory, needs analysis questionnaire and the PWB questionnaire were administered. On the last interview, the PWB questionnaire (post-intervention) and the CPC service evaluation questionnaires were administered.

3.5 Techniques for data analysis

3.5.1 Qualitative data analysis

The responses of the clients to the open-ended questionnaires were analyzed using content analysis. Several main themes emerged concerning their expectations, evaluation and appreciation. The various main themes that emerged will be presented in the next chapter.

3.5.2 Quantitative data analysis

The Statistical Programme for Social Sciences statistical (SPSS) programme was used to analyze data. Data from the questionnaires were quantified to facilitate analysis. Descriptive statistics were used to describe the basic features of the data in the study. They provided a simple summary about the sample and the measures. Descriptive
statistics were used to present quantitative descriptions in a manageable form (Mantzopoulos, 1995). After initial descriptive statistical exploration, data were subjected to inferential statistics using the t-test for paired, small samples. The results of these calculations will be presented in simple percentages, tables and graphs and presented in chapter 4 of this research report.

3.6 Ethical considerations

The participants were made aware of the purpose of the study. They were informed about their freedom to volunteer as well as to withdraw from the study. They were assured of anonymity, privacy, confidentiality and safety of the material they were volunteering. The information received was treated sensitively. Moreover, a copy of research findings was made available to participants by keeping it at the CPC.

3.7 Résumé

The procedures followed in the present study have been laid out, including the questionnaire and the psychological techniques that were used to collect data. The next chapter presents data analysis and results of the study.
CHAPTER FOUR

Data Analysis

4.1 Introduction

The previous chapter laid out procedures followed in the study as well as the psychological techniques used to collect data. This chapter presents the data, analyzes it (in tabular and graphical forms) and discusses the results qualitatively.

4.2 Characteristics of the sample

A convenient sample of 25 participants volunteered to complete questionnaires out of the clients that presented at the CPC. The following descriptive characteristics of the participants were identified.

4.2.1 Age

The ages of the participants ranged from 8 to 45 years with a mean age of 27.68 years. Fifty two percent of the participants’ ages were above the mean, while 48% of the participant’s ages were below the mean. Twelve percent fell within the age range of 8-15 years, 16% within the age range of 16-23, 8% within the age range of 40 - 47 years and the majority of 64% fell within the ages of 24-39 years as table 4.1 below indicates.
### Age range

<table>
<thead>
<tr>
<th>Age range</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-47</td>
<td>8</td>
</tr>
<tr>
<td>32-39</td>
<td>32</td>
</tr>
<tr>
<td>24-31</td>
<td>32</td>
</tr>
<tr>
<td>16-23</td>
<td>16</td>
</tr>
<tr>
<td>8-15</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 3: indicated percentages of ages of participants.

#### 4.2.2 Gender

Out of 25 participants, 32% constituted males while 68% were females.

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>32</td>
</tr>
<tr>
<td>Female</td>
<td>68</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4: Gender of participants.
4.2.3 Educational level

Regarding the level of education of participants, data indicated that 16% of respondents had primary education, 52% had secondary education and 32% had tertiary education.

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>16%</td>
<td>16%</td>
<td>0%</td>
<td>32%</td>
</tr>
<tr>
<td>Female</td>
<td>0%</td>
<td>39%</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Total</td>
<td>16%</td>
<td>52%</td>
<td>32%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 5: level of education of participants.

4.3 Needs analysis and service evaluation.

When clients presented for the first time at the CPC, they were asked to fill in the needs-analysis questionnaire and at termination of the current service they were asked to fill in the CPC service evaluation questionnaire. This was done to fulfil the first aim of the current research: to evaluate the CPC service as perceived by clients with special reference to whether or not it met their needs.
4.3.1 Needs analysis

When the responses of the clients to the open-ended questionnaires were analyzed using content analysis, several main themes emerged concerning their presenting problems, expectations, evaluations and perceptions with regard to assessment, interventions, therapy and counselling:

4.3.1.1 Themes

The duration of the following presenting problems ranged from one week to three years:

- poor performance at school
- counselling for victims of violence
- poor concentration and forgetfulness
- emotional and social problems
- stress due to family problems
- trauma following car hijacking and house breaking
- bereavement due to death of a family member
- relationship conflicts
- poor performance at work and work related conflict
- post-traumatic stress
- substance abuse (alcohol)
- need for ventilating, support and empowerment
- negative self image.
The intensity of psychological problems were evaluated in such terms as bad, worst, severe, worrying, troubling, and bothering.

4.3.2 Expectations

Clients reported the following different expectations:

- healing and wellness
- improvement in school results
- referral to relevant or appropriate schools after diagnosis
- better concentration
- behavioural modification
- improvement in self-confidence
- freedom from anger
- freedom from fear
- ability to solve problems.

4.3.3 CPC service evaluation (with appreciative inquiry)

Firstly, after receiving psychological intervention most clients’ expectations were met and they appreciated the CPC for its services. There were those who did not know whether their expectations were met or not because of ignorance about the service provided by psychologists at the CPC. Some clients expressed feelings of dissatisfaction. The following reasons made clients feel that their expectations were met:
• given insight and empowered
• problem was solved
• help was effective
• able to make own choices and decisions without pressure
• help that was received was more than expected
• services brought great improvement
• had feelings of being better.

Secondly, the majority of the clients were satisfied about services provided by the CPC. Some of the clients were unable to comment on what the centre should do to improve its service. Some were able to identify areas that need improvements, such as:

• Punctuality: some psychologists delay in attending to them even when the clients were earlier than the appointment time.
• Clients should be seen at short intervals. They preferred to be seen three times a week rather than once a week to speed up the process.
• The service should be extended to other places because kwaDlangezwa is a long distance away for some clients.
• The centre should not be left unattended during working hours. If this cannot be avoided, the switch-board operators should be informed so that they can take messages.
• After assessment, psychologists should assist their clients in finding relevant placement, based on their recommendations.
• After assessment, there shouldn’t be an unnecessarily long delay before results are provided to clients.

• Offices that are used for consultation need improvement.

Thirdly, according to clients’ evaluation and appreciation, the centre is still effective, reliable and valid for psychological service. The degree in which clients would recommend the CPC services to other clients ranged from “probably” through “yes” to “definite”. Four percent of clients included “probably”, 56% said “yes” and 40% said they would “definitely” recommend these services to other clients.

4.4 Psychological Well-Being (PWB)

To evaluate the well-being of clients, participants were pre-tested before receiving treatment and post-tested after receiving treatment. Dimensions tested on were: autonomy (A), personal growth (PG), environmental mastery (EM), purpose in life (PLI), positive relations with others (PRr) and self-acceptance (SA).
The graph represents differences between means of the various well-being dimensions. From inspection of figure 3 it is clear that there were significant improvements in personal growth and purpose in life. To deal with the problem of sampling error in research, these differences were then subjected to inferential statistics using a two-tailed t-test for small, paired samples to test the research hypothesis: receiving psychological help at the CPC results in change in the psychological well being of participants. Results indicating significant differences between pre- and post-test scores (at 95% level of confidence with $t_{crit} = 1.71$; degrees of freedom $= 24$ and $n = 25$) are as follows:

(Total = significant at $p < 0.05$ level)
Table 6: indicates the summary of means and paired t-test results for these dimensions:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Pre (X₁)</th>
<th>Post (X₂)</th>
<th>D (X₂ - X₁)</th>
<th>D'</th>
<th>Df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>11.40</td>
<td>11.24</td>
<td>-0.16</td>
<td>0.03</td>
<td>24</td>
<td>-0.28</td>
<td>0.78</td>
</tr>
<tr>
<td>PG</td>
<td>15.92</td>
<td>17.00</td>
<td>1.08</td>
<td>1.17</td>
<td>24</td>
<td>2.60</td>
<td>0.02*</td>
</tr>
<tr>
<td>EM</td>
<td>12.76</td>
<td>13.68</td>
<td>0.92</td>
<td>0.85</td>
<td>24</td>
<td>1.51</td>
<td>0.15</td>
</tr>
<tr>
<td>PL</td>
<td>14.00</td>
<td>15.00</td>
<td>1.00</td>
<td>1.00</td>
<td>24</td>
<td>2.26</td>
<td>0.03*</td>
</tr>
<tr>
<td>PR</td>
<td>13.40</td>
<td>13.92</td>
<td>0.52</td>
<td>0.27</td>
<td>24</td>
<td>0.98</td>
<td>0.34</td>
</tr>
<tr>
<td>SA</td>
<td>12.44</td>
<td>13.04</td>
<td>0.60</td>
<td>0.36</td>
<td>24</td>
<td>1.34</td>
<td>0.19</td>
</tr>
<tr>
<td>Overall well-being</td>
<td>79.92</td>
<td>83.88</td>
<td>3.96</td>
<td>15.86</td>
<td>24</td>
<td>2.60</td>
<td>0.02*</td>
</tr>
</tbody>
</table>

4.4.1 Autonomy (A)

In the present research, there was no improvement on autonomy as can be seen in Table 6 and Figure 3. Although clients received psychological intervention, they did not improve significantly in autonomy.

4.4.2 Personal growth (PG)

Personal growth was the most improved dimension with the difference between post- and pre-test scores =1.08; $t = 2.60$ and $p = 0.02$ (significant and not just due to chance factors) as reflected in Table 6 and Figure 3. The current research shows that clients had tended to
become more open to new experiences and had a sense of realizing their potential. They tended to perceive improvement in self. Behaviour changed over time in ways that reflected more self knowledge and effectiveness.

### 4.4.3 Environmental mastery (EM)

Environmental mastery refers to a sense of competence in managing the environment. In the present study the difference between post- and pre-test scores was 0.92; $t = 1.51$ and $p = 0.15$ (as reflected in Table 6 and Figure 3). This difference was not statistically significant.

### 4.4.4 Purpose in life (PL)

Therapy significantly improved purpose in the lives of the participants in the current study. The difference between post- and pre-test scores was 1; $t = 2.26$ and $p = 0.03$ (see Table 6 and Figure 3). This difference was not just due to chance factors. Participants felt more meaning in present and past life. They held beliefs that give life more purpose and had improved aims and objectives for living.

### 4.4.5 Positive relations with others (PR)

Even though there was an improvement in the post-test scores ($D = 0.52$), this difference was not statistically significant ($t = 0.98$; $p = 0.34$) as reflected in Table 6 and Figure 3.
4.4.6 Self acceptance

Even though there was improvement in the post-test scores ($D = 0.60$) following psychological intervention, this difference was not statistically significant ($t = 1.34; p = 0.19$) as reflected in Table 6 and Figure 3.

4.4.7 Total well-being

Total well-being improved in that there has no control group comparison to cause-effect relationship with regard to CPC interventions can be postulated. The results simply reveal that pre-test and post-test testing was associated with a significant improvement in total psychological well-being as well as in the separate sub-scales: personal growth and positive relations with others.

4.5 Résumé

This chapter constituted the presentation and analysis of the results. The results are presented both qualitatively and quantitatively. Tables and a graph were used to demonstrate clearly the change in wellness from pre-testing to post-testing due to psychological intervention. It was clear that the study yielded positive results. However, the study was not without limitations, and these will be outlined in the next chapter, together with the summary of the results. Recommendations for future research conclude the research report.
CHAPTER FIVE

Conclusion and recommendations

5.1 Introduction

This chapter concludes the present study, previous chapters covering of the aims of the study, the literature review, evaluation of the CPC by participants, change in their psychological well-being as well as the testing of the hypotheses. The main findings are the core of this chapter. The limitations of the study will be outlined and recommendations for future studies in this area of well-being and recommendations for the CPC authorities mark the end of the project report.

5.2 Summary of main findings

The first aim of the study was to evaluate the CPC as perceived by clients, i.e., whether it met their needs. After receiving psychological intervention, clients’ expectations were met and they appreciated the CPC for its services. There were those who did not know whether their expectations were met or not because of ignorance about services provided by psychologists at the CPC. Some clients did express feelings of dissatisfaction. The reasons that made clients feel that their expectations were met were that: they were given insight and were empowered; their problems were solved; the help they received was effective; they were able to make their own choices and decisions without pressure; the help that was
received was more than expected; services brought great improvement and they felt better.

According to clients’ evaluation and appreciative enquiry, the centre is still effective, reliable and valid for psychological services. Participants said they would recommend these services to other potential clients.

The second aim was to evaluate the well-being of clients before and after receiving the intervention of the CPC. The well-being of clients was specifically evaluated in six dimensions (autonomy, personal growth, environmental mastery, purpose in life, positive relations with others and self-acceptance). Results indicated significant differences (at 95% confidence level) between pre- and post-test scores for personal growth (PG), where $t = 2.60; p = 0.02$ and purpose in life (PL), where $t = 2.56; p = 0.03$ as well as the overall well-being where $t = 2.6; p = 0.02$. These differences were related to improvement over time on these dependent variables.

5.3 Limitations of the study

The testing intervals were limited to two tests, pretest and post-test, thus limiting the time for participants to apply what they had learnt in therapy in their daily lives. Such studies should therefore allow for testing of participants as a follow-up at least 6 months to a year after termination of therapy sessions.
The sample of 25 may not be a true representation of the population of clients seen at the CPC. Most of the volunteers were those clients attended to by the researcher as an intern, whereas there were other interns working in other centres. It is also seen as a weakness that the contact persons at the partnership companies like Ticor, RBCT, and Bell Equipment were not part of the study. It would have been valuable to know their evaluations of the CPC.

5.4 Recommendations

5.4.1 Recommendations for the improvement of CPC service

The majority of the clients were satisfied about services provided by the CPC. Some of the clients were unable to comment on what the centre should do to improve its service. Some were able to identify areas that need improvements such as:

- Punctuality: some psychologists delayed in attending clients.
- Clients should be seen more often. Some clients requested to be seen three times a week rather than once a week to speed up the process.
- The service should be extended to other places because kwaDlangezwa is a long distance away for some clients.
- The centre should not be left unattended during working hours. If this cannot be avoided, the switch-board operators should be informed so that they can take messages.
- After assessment, psychologists should assist their clients in finding relevant placements based on their recommendations.
• After assessment, there shouldn’t be an unnecessarily long delay before results are provided to clients.
• Offices that are used for consultation need improvement.

5.4.2 Recommendations for future research

The study recommends that further research be conducted in all community psychology centres and that all stakeholders of this project be involved in the evaluation of psychological services provided by the CPC.

5.5 Conclusions

The Community Psychology Centre still serves the purpose for which it was established. The centre provides relevant training to appropriate students as they are the main service providers of psychological interventions at the centre. The Community Psychology Centre was still perceived by clients as relevant to the demands of the community. They recommended that psychological service be extended to other places. Positive changes brought by psychological interventions indicated that psychological services should be recognized as one of the effective interventions in the human health arena. This research has served as a motivation to psychologists that they are important healthcare providers in the community.

The findings of this study, especially those that were discovered from the first aim of this project, should be made available to all CPC staff, and need to be taken seriously so as to
improve service delivery. Appreciative inquiry will then have achieved a meaning in this study. According to Bushe (1995), appreciative inquiry attempts to generate a collective image of a new and better future by exploring the best of what is and has been. Appreciative inquiry should begin with appreciation, should be applicable, should be provocative, and should be collaborative. The research provides evidence that psychological interventions are effective to human health and are important for clients' psychological well-being.
6. References


Health Professions Council of South Africa. (2002). *Ethical code of professional conduct.* Pretoria: South Africa


www.hpcsa.co.za *Media statement by the Health Professions Council of South Africa, 22 July 2004*
APPENDIX A

Imininingwane yakho

Iminyaka yakho........................................................................................................
Ubutili bakho ...........................................................................................................
Ulimi lwasekhaya .....................................................................................................
Izinga lakho lemfundo/Umsebenzi owenzayo ......................................................
Igama logulayo/Umzali/Omele umzali .................................................................

IMIBUZO MAQONDANA NEZINDINGO ZAKHO

Uyacelwa ukuthi ubeke ngokusoba la inkinga yakho futhi usichazele odinga ukuthi
sikwenzele khona noma sikwenzele umntwana wakho.

1. Yini inkinga yakho? ..............................................................................................
   Yaqala nini? ...........................................................................................................
   Isisindo sayo singakanani kuwe? ........................................................................

2. Yikuphi okulindele kithina? ................................................................................
APPENDIX D

BIOGRAPHICAL INVENTORY

Age ..........................................................................................

Sex ..........................................................................................

Language ..................................................................................

Educational status/Occupational Status .................................

Participant: Client or guardian ..............................................

NEEDS ANALYSIS QUESTIONNAIRE

Please express your problem as explicitly as you can and tell us what your need us to do for you or your child.

1. Problem ..................................................................................
   Duration ..................................................................................
   Intensity ............................................................................... 

2. Expectations ...........................................................................
APPENDIX A

Community Psychology Center Evaluation Questionnaire.

Describe your experience of the CPC and evaluate it as sincerely as you can. Feel free to express your views as it is important to the CPC to know where it needs to improve its service.

Chaza indlela ophatheke ngayo Ia e-CPC suthi uveze indlela oyibona iyiyona ngokuthembeka kwenhliziyo yakho. Khipha lonke uvo lwakho ukuze kwazeke lapho kufanele kulungiswe khona.

1. How did you hear about CPC?
   Waze kanjani nge CPC?
   ........................................................................................................
   ........................................................................................................

2. What did you appreciate about the service you received?
   Ikuphi ongakuncoma ngosizo oluthile?
   ........................................................................................................
   ........................................................................................................

3. Did the service meet your expectations YES/NO? Explain.
   Kungabe obukulindele ukutholile na? Chaza.
   ........................................................................................................
   ........................................................................................................

4. What does CPC need to improve on?
   Kufanele yenze ngcono kukuphi l-CPC?
5. Would you refer another person to the CPC? (circle one)

NO/Probably/YES/Definitely

Ungasho yini komunye umuntu ukuthi akeze e-CPC? (Kokeleza okukodwa)

Cha/Mhlawumbe/Yebo/Noma kanjani
Appendix A

The following set of questions deals with how you feel about yourself and your life.

Please remember that there are no right or wrong answers.

<table>
<thead>
<tr>
<th>Circle the number that best describes your present agreement or disagreement with each statement</th>
<th>Strongly Disagree</th>
<th>Disagree Slightly</th>
<th>Agree Slightly</th>
<th>Agree Somewhat</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ngithola uqozi kubuntu abanemibono Enzulu</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Ngicabanga ukuthi kubalulekile Ukuthola ulwazi olusha oluzochubuluza indlela ozibheka ngayo wena luqobo nomhlaba ophila kuwo</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Imvamisa, ngiziswa kuyimina Owengamele isimo engiphila kuso</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Ngiphilela inamhlane anginandaba Nekusasa</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Ngikuthola kunzIma futhi kuyinkinga Ukuceina ubudlelwane bubuhle kulabo Engisondelene nabo</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Uma ngibheka impilo yami, Ngiyagciliseka indlela izinto ezenzeka Ngayo</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Ngiyayethemba imibono yami ngisho noma ngabe ipambene nemibono yeningi</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>8. Kimina impilo iyisimo esiqhubekayo Sökufunda, ukuguquka nokukhula</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>9. Izidingo zemihla ngemihla zingithena Amandla</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Abanye abantu baphila impilo Engenanhloso, kodwa mina angifani Nabo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Abantu bangangichaza njengomuntu ovelele nofisayo ukunikezela ngesikhathi sakhe kwabanye</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Ngiyayihanda indlela engiyiyo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Ngizilinganisa ngalokho engikubona Kubalukekile kimi, hhayi ngalokho abanye Abacabanga ukuthi kubalulekile</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. Ngaphonsa ithawula kudala ekuzameni Ukuthuthukisa noma ukuguqula impilo Yami</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15. Ngiyakwazi ukuziphathela izidingo Zempilo yami usuku nosuku</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. Ngesinye isikhathi ngiyaye ngizwe sengathi sengikwenze konke okufanele ngikwenze empilweni</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17. Angikaze ngibe nobudelelwane obuhle Nobethembekile nabanye abantu</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>18. Inqubelela phambili yami empilweni Ingijabhisa ngezindlela eziningi</td>
<td></td>
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</tr>
</tbody>
</table>
Appendix A

Name:
Age:
Gender
Home language:
Address and contact number:

The following set of questions deals with how you feel about yourself and your life.
Please remember that there are no right or wrong answers.

<table>
<thead>
<tr>
<th>Circle the number that best describes your present agreement or disagreement with each statement</th>
<th>Strongly Disagree</th>
<th>Disagree Somewhat</th>
<th>Disagree Slightly</th>
<th>Agree Slightly</th>
<th>Agree Somewhat</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I tend to be influenced by people with strong opinions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>2. I think it is important to have new experiences that challenge how you think about yourself and the world.</td>
<td>1</td>
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<tr>
<td>3. In general, I feel I am in charge of the situation in which I live.</td>
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<tr>
<td>4. I live life one day at a time and don’t really think about the future.</td>
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<tr>
<td>5. Maintaining close relationships has been difficult and frustrating for me.</td>
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<td>5</td>
<td>6</td>
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<tr>
<td>6. When I look at the story of my life, I am pleased with how things have turned out.</td>
<td>1</td>
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<td>3</td>
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<td>6</td>
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<tr>
<td>7. I have confidence in my opinions, even if they are contrary to the general consensus</td>
<td>1</td>
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<td>5</td>
<td>6</td>
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<tr>
<td>8. For me, life has been a continuous process of learning, changing and</td>
<td>1</td>
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<td>5</td>
<td>6</td>
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</tbody>
</table>
9. The demands of everyday life often get me down.  

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<th>1</th>
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<th>6</th>
</tr>
</thead>
</table>

10. Some people wander aimlessly through life, but I am not one of them.  

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<tr>
<th>1</th>
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</tr>
</thead>
</table>

11. People would describe me as a giving person, willing to share my time with others.  

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<th>1</th>
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<th>6</th>
</tr>
</thead>
</table>

12. I like most aspects of my personality.  

<table>
<thead>
<tr>
<th>1</th>
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<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

13. I judge myself by what I think is important, not by the values of what others think is important.  

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<thead>
<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

14. I gave up trying to make big improvements or changes in my life a long time ago.  

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<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

15. I am quite good at managing the many responsibilities of my daily life.  

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<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

16. I sometimes feel as if I've done all there is to do in life.  

<table>
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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

17. I have not experienced many warm and trusting relationships with others.  

| 1 | 2 | 3 | 4 | 5 | 6 |
18 In many ways, I feel disappointed about my achievements in life.
APPENDIX A

AUTONOMY

Definition: High Scorer: Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behaviour from within; evaluates self by personal standards.

Lower Scorer: Is concerned about the expectations and important decisions; conforms to social pressures to think and act evaluations of others; relies on judgments of others to make in certain ways.

1. Sometimes I change the way I act or think to be more like those around me.

2. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.

3. My decisions are not usually influenced by what everyone else is doing.

4. I tend to worry about what other people think of me.

5. Being happy with myself is more important to me than having others approve of me.

6. I tend to be influenced by people with strong opinions.
(+) 7. People rarely talk me into doing things I don’t want to do.

(-) 8. It is more important to me to ‘fit in’ with others than to stand alone on my principles.

(+)[ 9.] I have confidence in my opinions, even if they are contrary to the general consensus.

(-)[ 10.] It's difficult for me to voice my own opinions on controversial matters.

(-)[ 11.] I often change my mind about decisions if my friends or family disagree.

(+)[12.] I am not the kind of person who gives in to social pressures to think or act in certain ways.

(-) 13. I am concerned about how other people evaluate the choices I have made in my life.

(+) [ 14.] *I judge myself by what I think is important, not by the values of what others think is important*.

(+ ) indicates positively scored items

(-) indicates negatively scored items.

Internal consistency (coefficient alpha) = .83

Correlation with 20-item parent scale = 9.7
PERSONAL GROWTH

Definition: **High Scorer**: Has a feeling of continued development: sees self as growing and expanding; is open to new experiences: has sense of realizing one’s potential; sees improvement in self and behaviour over time; is changing in ways that reflect more self knowledge and effectiveness.

**Lower Scorer**: Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviours.

(-) [1.] I am not interested in activities that will expand my horizons.

(+) 2. In general, I feel that I continue to learn more about myself as time goes by.

(+) 3. I am the kind of person who likes to give new things a try.

(-) [4.] I don’t want to try new ways of doing things – my life is fine the way it is.

(+) [5.] *I think it is important to have new experiences that challenge how you think about yourself and the world.*

2

(-) [6.] When I think about it, I haven’t really improved much as a person over the years.
(+)  7.  In my view, people of every age are able to continue growing and developing.

(+)  8.  With time, I have gained a lot of insight about life that has made me a stronger, more capable person.

(+)  9.  I have the sense that I have developed a lot as a person over time.

(-)  10.  I do not enjoy being in new situations that require me to change my old familiar ways of doing things.

(+)  11.  *For me, life has been a continuous process of learning, changing, and growth.*

(+)  12.  I enjoy seeing how my views have changed and matured over the years.

(-)  13.  *I gave up trying to make big improvements or changes in my life a long time ago.*

(-)  14.  There is truth to the saying you can’t teach an old dog new tricks.

(+)  indicates positively scored items.

(-)  indicates negatively scored items.

*Internal consistency (coefficient alpha) = .85*

*Correlation with 20-item parent scale = .97*
ENVIRONMENTAL MASTERY

Definition: **High Scorer:** Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.

**Low Scorer:** Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world.

(+) [ 1.] *In general, I feel I am in charge of the situation in which I live.*

(-) [ 2.] *The demands of everyday life often get me down.*

(-) [ 3.] I do not fit very well with the people and the community around me.

(+)[ 4.] *I am quite good at managing the many responsibilities of my daily life.*

(-) [ 5.] I often feel overwhelmed by my responsibilities.

(+)[ 6.] If I were unhappy with my living situation, I would take effective steps to change it.

(+)[ 7.] I generally do a good job of taking care of my personal finances and affairs.

(-) [ 8.] I find it stressful that I can’t keep up with all of the things I have to do each day.
(-)  [ 9. ]  I am good at juggling my time so that I can fit everything in that needs to get done.

(-)  10.  My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.

(-)  11.  I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.

(+)  12.  My efforts to find the kinds of activities and relationships that I need have been quite successful.

(-)  [ 13. ]  I have difficulty arranging my life in a way that is satisfying to me.

(-)  [ 14. ]  I have been able to build a home and a lifestyle for myself that is much to my liking.

(+)  indicates positively scored items.

(-)  indicates negatively scored items.

Internal consistency (coefficient alpha) = .86
Correlation with 20-item parent scale = .98
PURPOSE OF LIFE

Definition: High Scorer: Has goals in life and a sense of directedness, feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.

Low Scorer: Lacks a sense of meaning in life; has few goals of aims; lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning.

(+)
1. I feel good when I think of what I’ve done in the past and what I hope to do in the future.

(-) [2.] I live life one day at a time and don’t really think about the future.

(-) 3. I tend to focus on the present, because the future nearly always brings me problems.

(+)
4. I have a sense of direction and purpose in life.

(-) [5.] My daily activities often seem trivial and unimportant to me.

(-) [6.] I don’t have a good sense of what it is I’m trying to accomplish in life.

(-) [7.] I used to set goals for myself, but that now seems like a waste of time.
I enjoy making plans for the future and working to make them a reality.

I am an active person in carrying out the plans I set for myself.

Some people wander aimlessly through life, but I am not one of them.

I sometimes feel as if I've done all there is to do in life.

My aims in life have been more a source of satisfaction than frustration to me.

I find it satisfying to think about what I have accomplished in life.

In the final analysis, I'm not so sure that my life adds up to much.

(+) indicates positively scored items.

(-) indicates negatively scored items.

Internal consistency (coefficient alpha) = .85

Correlation with 20-item parent scale = .97
POSITIVE RELATIONS WITH OTHERS

Definition: High Scorer: Has warm satisfying, trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affecting, and intimacy; understands give and take of human relationships.

Low Scorer: Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others, is isolated and frustrated in interpersonal relationships, not willing to make compromises to sustain important ties with others.

(+)
1. Most people see me as loving and affectionate.

(-) [2.] Maintaining close relationships has been difficult and frustrating for me.

(-) [3.] I often feel lonely because I have few close friends with whom to share my concerns.

(+)[4.] I enjoy personal and mutual conversations with family members or friends.

(+)[5.] It is important to me to be a good listener when close friends talk to me about their problems.

(-) [6.] I don’t have many people who want to listen when I need to talk.

(+)[7.] I feel like I get a lot out of my friendships.
It seems to me that most other people have more friends than I do.

People would describe me as a giving person, willing to share my time with others.

I have not experienced many warm and trusting relationships with others.

I often feel like I'm on the outside looking in when it comes to friendships.

I know that I can trust my friends, and they know they can trust me.

I find it difficult to really open up when I talk with others.

My friends and I sympathize with each other's problems.

(+ ) indicates positively scored items.
(-) indicates negatively scored items.

Internal consistency (coefficient alpha) = .88
Correlation with 20-item parent scale = .98
SELF-ACCEPTANCE

Definition: **High Scorer:** Posses a positive attitude toward the self acknowledges and accepts multiple aspects of self including good and bad qualities, feels positive about past life.

**Low Scorer:** Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what one is.

(+) [1.] *When I look at the story of my life, I am pleased with how things have turned out.*

(+)[2.] In general, I feel confident and positive about myself.

(-)[3.] I feel like many of the people I know have gotten more out of life than I have.

(-) 4. Given the opportunity, there are many things about myself that I would change.

(+)[5.] *I like most aspects of my personality.*

(+)[6.] I made some mistakes in the past, but I feel that all in all everything has worked out for the best.

(-)[7.] *In many ways, I feel disappointed about my achievements in life.*

(+)[8.] For the most part, I am proud of who I am and the life I lead.
(-) [ 9. ]  I envy many people for the lives they lead.

(-) [ 10. ]  My attitude about myself is probably not as positive as most people feel about themselves.

(-) 11.  Many days I wake up feeling discouraged about how I have lived my life.

(+) [ 12. ]  The past had its ups and downs, but in general, I wouldn't want to change it.

(+) 13.  When I compare myself to friends and acquaintances, it makes me feel good about who I am.

(-) 14.  Everyone has their weaknesses, but I seem to have more than my share.

(+) indicates positively scored items.
(-) indicates negatively scored items.

Internal consistency (coefficient alpha) = .91
Correlation with 20-item parent scale = .99