

EVALUATION OF PSYCHOLOGICAL INTERVENTION PROGRAMS FOR
CHILDREN WITH BEHAVIOURAL AND EMOTIONAL PROBLEMS IN SCHOOLS
OF INDUSTRIES IN THE UKHAHLAMBA REGION

BY

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PROBLEMS IN SCHOOLS OF INDUSTRIES IN THE UKHAHLAMBA
REGION**

BY

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**A thesis submitted in partial fulfillment of the requirements for
the degree of Doctor of Philosophy (PhD) in Community
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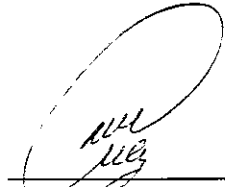
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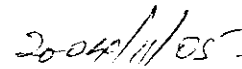
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DECLARATION

I declare that the work on: "Evaluation of psychological intervention programs for children with behavioural and emotional problems in schools of industries in the Ukhahlamba Region" is my own work, both in conception and execution, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



SIGNATURE
(BR CHEMANE)



DATE

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Embarking on a research project for a higher degree is a difficult and taxing undertaking, not only to the person doing the research, but also to those close to his heart. It encroaches onto the family quality time and interferes with the schedule and rhythm of life in the family. The success in such a project therefore hinges very much upon the support that the person busy with the research is getting from his family. It is for this reason that I am deeply indebted to my partner and my soul mate, Zoleka, my wife for her patience and faith in me. Xhanga, Mhlang'Olalintaka.

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TO: ANDILE, MINENHLE AND MTHOBISI, MY THREE
PRECIOUS BOYS

ABSTRACT

The general aim of this study was to determine the effectiveness of the psychological intervention programs in the two schools of industries (SOI's) namely, Mimosadale and Newcastle Schools of Industries. A third school, Bersig SOI was used for piloting the study and the results were incorporated in the main study findings.

Twenty-seven educators, one social worker and one consulting clinical psychologist, and sixty-one learners participated in the study. The major findings of the study were as follows: the psychological intervention programs at SOI's are ineffective; learners are benefiting only partially by being at SOI's. According to educators, learners are benefiting partially because they bunk classes, reconstruction social workers are not supportive, Department of Education is not supportive, no follow up programs for learners post-SOI, emphasis is placed only on structure – not therapeutic programs. Only 15% of educators were found to be adequately trained to teach at SOI. Although psychological intervention programs exist at SOI's, they are not structured and they are only administered on a need-to-basis (reactive rather than proactive/preventive). *Intervention strategies used at SOI's are based on individualistic, reactive, traditional mainstream psychology that is based on a disease/medical model.*

Based on these findings, the current study suggested a change of intervention strategies at these schools into strategies based on community psychological methods of intervention. It was also suggested that the non-mental health professionals e.g. teachers and house parents should be involved in conducting psychological intervention. To be equal to this challenge these non-professionals should be trained.

CHAPTER 1

INTRODUCTORY ORIENTATION TO THE RESEARCH STUDY

1.1 Introduction

The field of community psychology is a relatively new approach to dealing with human behaviour problems. It stresses the environment's role in causing adjustment problems and consequently emphasizes the significance of developing interventions that impact on environments or systems as well as individuals (Apter, 1982). Two recurrent themes that the community psychology perspective brings to the mental health field according to Heller and Monahan (1977) are:

- A concern for prevention, and
- The need to focus on broader ecological levels.

Mental health professionals were already questioning the effectiveness of psychotherapy in the late fifties (Ngcobo, 2002) and early sixties (Eysenck, 1961). Ngcobo (2002) further states that during the fifties there was growing scepticism about patients' permanent recovery as a result of psychotherapy. People began to realize that even if psychotherapy proved to be that effective, it could not withstand the large-scale mental health problems of the

society. In support of this notion, Eisenberg (1962) advances the following argument:

"The limitation of present therapeutic methods dooms us to training caretakers at a rate that ever lags behind the new directions in the search for cause and treatment.....Society can ill afford today's precious overspecialization in which trainees may learn one method even superbly well but a method that ever lags behind the demands placed upon it, while they remain abysmally unaware of the problems besetting the bulk of the mentally ill"
(p82)

Another concern had to do with the observation that psychotherapy seemed to be affordable to a few elite group of people while the big masses of people could not afford it.

Community psychology emerged as an alternative at the very time when there was still this confusion in people's minds. According to Ngcobo (2002) community psychology came as an outcome of professional soul-searching, discontent and practice introspection. It became obvious to community psychologists that the individualistic, elitist approach based on an expert knowledge of a professional was not making an impact in the society. Apparently, there was a need to change the intervention strategies. Rather than clinging to

"the expert knows all" stance, community psychology advocated collaborating with lay helpers in the community to forge community participation in social reform issues facing them. The emphasis on social change through community participation, according to Ngcobo (2002), was based on acknowledgement and acceptance that there is a very thin line between individual pathology and the ills of the society.

The call by community psychologists for alternative approaches to the traditional, individualistic mainstream psychological interventions may mean different things to different people. For some, Apter (1982) reckons, it could mean wide scale preventive programmes aimed at reducing the number of persons who need psychotherapy. For others, it could mean making psychotherapy more available by enabling less formally trained people to become providers. Thus the present study aims at following the latter approach since it is based on the community psychological principle, which takes as a point of departure the fact that there is a need to empower people on a large-scale rather than individually. Empowerment is placed at the heart of the field of community psychology (Rappaport, 1987).

Psychological intervention programs will be evaluated in the schools of industries. Based on the findings of the study, recommendations

will be made. These will inform education specialists who will (hopefully) draw up a program and train educators. This training will enable educators to manage learners with emotional and behavioural problems in the schools of industries. Part of the skills they will acquire, if this training is conducted, will be:

- Lay counselling
- Behaviour modification techniques
- Preparation of adolescents for termination of care

The training program would have to be developed from different intervention approaches and be based on the following assumptions:

- Different perspectives are available to explain the phenomenon of disturbance
- Each perspective has its own knowledge base and represents a sound view of the problem relative to certain purposes or utilities
- While each educator cannot be intensively trained in each perspective, he/she needs to be aware of alternative views of the problem
- Those not trained specifically in the education of emotionally/behaviourally-disturbed children need to be aware of the breadth of alternative valid perspectives on the

problem of disturbance

- There are major issues to which professional special educators and other educators and lay persons need to be sensitized that arise from the existence of competing frames of reference and from the premise that the phenomenon can and should be understood and altered. These issues include philosophy of science questions, philosophy of deviance, the nature and impact of the delivery system on the understanding and treatment of the problem, and the ethics of intervention (Rhodes & Paul, 1978).

It is important to state at this juncture that community psychological methods of intervention are not at variance with other individualistic approaches. The latter still have value in society. The difference lies in the emphasis and points of departure for these two approaches. Community psychology stresses the significance of: intervening at a number of ecological levels (individual or small group, organization, community) instead of focusing only on an individual; increasing competence instead of reducing deficits and being proactive rather than reactive in providing mental health care (Apter, 1982; Corsini, 1994).

Schools of industries, although normally classified under special

schools, have a unique character in that they admit children with deviant behaviours. It is therefore expected to work with these youngsters so that they ultimately present with socially acceptable behaviour and therefore be re-integrated into the family or society.

There are three such schools in the Province of Kwazulu - Natal, namely Mimosadale School of Industries for girls, Newcastle School of Industries for boys and Bersig for both boys and girls. All 3 fall under the Ukhahlamba Region (see map). These schools were established during the era of apartheid. Since these schools are of a similar nature with a common goal, namely to: educate these youngsters about discipline, teach them socially acceptable behaviour, teach them structure (rules) in life, offer them therapy which will address behavioural as well as emotional problems, teach them life skills, (to name but a few), one would expect them to be fairly similar in terms of the psychological intervention strategies they employ. However, this is conspicuously not the case. Dealing with these schools closely has shown that there is very little that distinguishes them from an ordinary school.

Most of the children in these schools come from broken home backgrounds. Some have no parents, others do have parents but relations are pathological, resulting in the neglect of the child in the

process, while still others come from intact and caring home backgrounds but due to getting involved with bad friends they become a handful to their parents who then lose control of them. A lot of these children have been physically and/or sexually abused, have presented with learning disabilities or have had no solid continuous academic background. Others are literally illiterate when they come to the school of industries. For most of them the primary problem is the emotional problem while the behavioural problem is secondary. Many of them have experienced a lot of failure in life (e.g. those with a history of learning disabilities) and have had so many hardships and adversities that they have come to regard these as part of their lives. Due to all these problems a lot of them have come to regard themselves in a negative light, have developed negative self – concept and therefore a low self – esteem. Others have resorted to substance abuse as a way of numbing themselves (Zimberoff, 1997).

Sexual abuse experience can predispose girls to sexual promiscuity and sexual addiction, which in turn may push them to prostitution in order to make a living for themselves (Zimberoff, 1997). Others enter into prostitution business as the only means to make a living. This would present problems in a school of industries such as Mimosadale School of Industries for girls where they would not have

their sexual drive satisfied as there are no boys there. A survey made by Department of Education (Ukhahlamba Region) in 2002 found that the high rate of abscondence and lesbianism that were rife at Mimosadale School of Industries at that time were related to this problem.

Some of the children in the schools of industries have been socialized in the gang, others in the street kid culture and as such find it difficult to adjust to a socially – acceptable culture.

1.2. Motivation for the study and awareness of the problem

The above description of the children in the schools of industries indicates that these children require a lot more than just an ordinary teaching. They need counselling, behaviour therapy, etc. over and above ordinary teaching. Some are not academically – inclined, therefore they need practical, life skills education. Those who have become addicted to substance abuse need rehabilitation programs. All this calls for more than just a teaching expertise. Of course it would be unrealistic to expect educators to have had a full time training that would equip them with all these skills. However, one would be reasonable to expect them to have attended short courses in for example lay counselling and to have been helped by

an expert e.g. a psychologist, in drawing up and executing behaviour modification technique program. Educators have been found to be shockingly wanting in these skills, which brings doubts as to whether it is really worthwhile for the state to use taxpayers money to send children to these schools if the efficacy is not accomplished.

From the foregoing description it seems that there is an urgent need for evaluation of the psychological intervention programs offered at the schools of industries. This will help identify any gaps that may be available so that recommendations can be made to help those who work with these schools, e.g. Psychological Guidance and Special Education Services (PGSES) in the Department of Education to improve the program. This will help educators to be able to face the challenges presented by the children in these types of schools.

Since there are many different psychological intervention approaches that are predicated on different theoretical backgrounds, a psychological intervention program would only emphasize on the basic tenets of these approaches. This would be fair as the program would be intended to be a lay psychological intervention program.

The survey of literature (e.g. Bergin & Lambert, 1978; Hill, 1989;

Luborky, Critis-Cristophe, Alexander, Margolis & Cohen, 1983; O'Malley, Suh & Strupp, 1983; Sills, 1997) demonstrates that a successful counselling outcome does not depend only on the particular theory and methodology of the counsellor, but also on the strength of the working alliance in the relationship between the counsellor and the client. The same state of affairs is true between the educator in the school of industries and the learners. This implies a contractual agreement between the counsellor and the client, which may be entered into explicitly or in a subtle manner. In his work, Bordin (1979, 1980, and 1994) developed a model of the working alliance that incorporates goals, tasks and bonds. According to Bordin (1994) the alliance is 'a mutual understanding and agreement about change goals and the necessary tasks to move towards these goals, along with the establishment of bonds to maintain the partner's work' (p13).

If one considers the fact that behavioural problems presuppose deviant behaviour that may be disorderly or chaotic, and that there is inevitable tension that exists between order and chaos, one realizes the mammoth task that faces someone dealing with children who manifest behavioural problems. Since human beings have a strong need to make sense of the world, to provide it with structure and make it more predictable, there is a tendency to

attempt to impose order in a chaotic world. This may result in a sort of coercion that meets with resistance in children such as those in the schools of industries with the kind of culture they have been socialized into. The contract helps bring about this balance in the educator/learner relationship, where the learner will assume a responsibility for the change goals, having himself/herself been part of the goal – setting exercise. This sounds easier said than done. It takes an exceptional educator to be able to do this. This is the kind of educator that would be ideal for a school of industries; an educator who will play his/her role as a normal educator while, in other situations, capable of assuming an equal, non-judgemental role of a counsellor, in which he facilitates growth in the learner by, for example, setting the stage for the learner to explore alternative solutions to his problems and, in the process helping him to find solutions to his/her own problems.

In their description of what happens in residential schools, Cooper, Smith & Upton (1994) seem to advance an argument similar to the above:

High quality staff-pupil relationships are perhaps the single most important mechanism at work in these schools, since it is through the experience of being valued in significant relationships that pupils are exposed to an image of themselves as worthy and

valuable human beings. Furthermore, they provide pupils with a sense of security and support, which forms an essential basis from which they can address personal challenges (p144).

1.3. Statement of the problem.

The two schools of industries, namely Mimosadale School of Industries for girls and Newcastle School of Industries for boys appear to be lacking effective psychological intervention strategies required to deal with children with emotional as well as behavioural problems that are admitted to these schools. A survey that was done in one of the three schools of industries by Dept of Education – Ukhahlamba Region (2002) found that the teaching as well as non-teaching staff do not have an 'extra training', either by way of short courses or tertiary qualification that would equip them with skills to be able to do more than they would be required to in an ordinary school. It is particularly important that educators working with youngsters presenting with challenging, erratic and impulsive behaviour should develop a theoretical framework that helps them respond, not merely by instinct but through the application of a broader intervention strategy to a specific situation. It is also essential that they should become aware of alternative approaches so that should their normal strategy fail them, they may

analyse what is going wrong and perhaps try another approach (Cooper *et al.*, 1994).

Based on general observation as well as the survey mentioned above, this study makes the following predictions/assumptions:

- There are either no structured psychological intervention programs in schools of industries, or if any, they are ineffective. As a result a lot of children are not benefiting *fully* by being in these schools. This means that while the school may be providing a satisfactory academic program, this is not balanced as the psychological intervention program is not effective.
- Educators are not fully – trained to deal with learners presenting with emotional/behavioural problems.

1.4 Purpose of study

1.3.1. To determine the effectiveness of the existing psychological intervention program, if any, in the schools of industries

1.4.2 To identify gaps in the schools' existing psychological intervention program and make recommendations to improve it or for a new program to be drawn up.

1.4.3 To determine if educators at the schools of industries have

what it takes, in terms of training and/or qualifications, to manage learners with emotional/behavioural problems.

1.4.4 To obtain learners' view regarding their placement at the schools of industries.

1.5 Value of research

It is envisaged that the study will make recommendations that will help improve the effectiveness of the schools of industries in the Province of KwaZulu-Natal in particular. Although Bersig School of Industries will not be part of this study, they will benefit because the recommendations made will affect all the schools of industries.

Although the study is meant for the schools of industries, recommendations made will benefit children presenting with similar kind of problems, both in the mainstream as well as in other types of special schools. Personnel from Psychological Guidance and Special Education Services (PGSES) will use the findings from this study to support the schools of industries. Part of this support will be to improve the psychological intervention programs in these schools and to ensure that such programs are adapted for mainstream as well as special schools.

1.6 Definition of terms

1.6.1 Psychological intervention

Psychological intervention in this study means all intervention strategies aimed at improving mental health or psychological well being of learners. In other words these are health-promoting interventions and they include, but not limited to, counselling (individual/group), behaviour modification/therapy techniques and well-planned physical exercise.

1.6.2 Children

According to the Child Care Act (Act 74 of 1983) a child means any person under the age of 18 years. According to the current study, however, all the learners in the schools of industries will be regarded as children.

1.6.3 Emotional and behavioural problems

Emotional and behavioural problems or disorders are so intertwined that a lot of authors use them interchangeably to mean the same thing (Hewett & Taylor, 1980; Kapp, 1991; Stainback & Stainback,

1980). The current study will also regard these two disorders as a single disorder, namely emotional/behavioural disorder hereafter referred to as EBD. Bryan and Bryan (1979) define EBD as "affective, emotional or behaviour problems that interfere with the child's learning and/or social functioning. Such problems include over-action, like excessive and inappropriate aggression, and inaction, like excessive and inappropriate withdrawal. Extreme cases of behaviour disorders include various types of psychoses, such as schizophrenia and autism" (p25). This definition is similar to the way White Paper 6 (National Department of Education, 2001) views EBD and it will be adopted by the current study. See 2.8 for other definitions of EBD.

1.6.4 School of industries

School of industries means a school maintained for the reception, care, education and training of children sent or transferred thereto under the Child Care Act (Act 74 of 1983). In England, this type of institution was created parallel to the reformatory school (see "definitions in chapter 2) and it was intended to give moral and vocational training to the class of children who were thought likely to become delinquents (Eekelaar & Dingwall, 1990). Schools of industries, as implied above, are intended to accommodate

children falling under the Child Care Act 74 of 1983 as amended. The philosophical premise of this Act is the care, protection and promotion of the well being of the children. In the Child Care Amendment Act 1996 (Act 96 of 1996), the focus shifted to the child as being a child "in need of care" with more attention being directed at the child's functioning and quality of life, rather than the inadequacies of the parents. The preservation of the family, with the parent as caregiver, has always been of primary importance, and thus a child will only be removed from his or her parent to appropriate alternative care as a last resort (KZN Dept of Education: PGSES, 2001). HSRC (1981) defines schools of industries as schools for the pedagogically neglected juvenile delinquents. These schools together with reform schools and children's homes are collectively known as Child Care Schools and accommodate children who have been referred by a court order. The schools of industries, according to Kapp (1991) are completely controlled and financed by the government.

The realisation that some children engage in criminal acts due to material/emotional deprivation or due to environmental circumstances culminated in the establishment of schools of industries. With the help of registered social workers who have statutory powers, a distinction is made between delinquency and deprivation and the legalistic orientation of criminal proceedings

CHAPTER 2

EMOTIONAL AND BEHAVIOURAL PROBLEMS

2.1 Introduction

This chapter considers the aetiology, prevalence and incidence of emotional and behavioural disorders in children as well as adolescent learners. Since the main focus of the study is on learners in the schools of industries, educational provisions for such learners in South Africa will be viewed comparatively with what obtains in other countries. The chapter closes by giving definition of terms occurring in this as well as in other chapters.

2.2 General overview of emotional and behavioural problems

Emotional and behavioural problems are a constant cause for concern for educators both in mainstream and special schools. Learners presenting with these form part of a group of learners with special education needs (LSEN). This includes learners with learning, physical and cognitive disabilities. There is a general observation, however, that learners with behavioural or emotional problems do not enjoy the same sympathy and attention as a group of children

with other special needs (Cooper *et al.*, 1994; Leach & Raybould, 1977; Lennox, 1991).

The South African Department of Education prefers the term "Learners experiencing barriers to learning and development" over other more traditional terms like maladjusted, learning disabled, socially maladjusted or even emotionally/behaviourally disturbed learners (National Dept of Education: White Paper 6, 2001; KZN Dept of Education: PGSES, 2001). This white paper advances an argument that these 'barriers' can either be extrinsic or intrinsic to the learner. Amongst others the following are mentioned as extrinsic barriers to learning: attitudes to difference, inflexible curriculum, school buildings (inaccessible to learners experiencing physical disability), the system as a whole, teaching methods, to name just a few.

For many years emotional and behavioural problems have been classified using the medical model of disease classification such as *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (APA, 2000) as well as the *International Classification of Diseases, 10th edition (ICD 10)* (Barlow & Durand, 1999). Varma (1990) states that the medical model has influenced thinking for so long that many parents insist on being given a label when they encounter a

difficult behaviour in their children. The major disadvantage of the medical model classification, according to Varma (1990), is that the problem behaviour is attributed to the child when it should be recognised as belonging to the social system in which the child is living.

The expertise in dealing with learners experiencing emotional and behavioural difficulties was entrusted to the medical fraternity, who determined their 'treatment' and placement until educational psychology became a powerful force in education in the 1960s and 1970s (Laslett, 1983). The growth of educational psychology brought with it a challenge to medical dominance and postulation of the notion that the provision of special needs and /or placement of learners should be made on educational grounds by educationists (Cooper *et al.*, 1994). Before this move, however, educators felt exonerated from helping learners experiencing behavioural/emotional problems and saw them as belonging to hospitals or psychiatric wards.

Various terms have been used for the child experiencing emotional or behavioural problems. The terms emotionally disturbed child, emotionally handicapped, socially maladjusted child, socio-emotionally deviant child, behaviourally disturbed, behaviourally

disordered child, behaviourally disabled child and autistic or psychotic child (if there are signs that the child cannot live among others in a common world) have been used to refer to the same child (Govender, 1989; Kapp, 1991; Stainback & Stainback, 1980). This shows that behaviour and emotions are so intertwined that it is almost impractical if not impossible to separate them. Perhaps it is for this reason that authors like Hewett and Taylor (1980), Stainback & Stainback (1980) and Kapp (1991) propose that these terms be used interchangeably to mean the same thing.

The tendency to view behavioural problems as residing within the child is clearly reflected in the ways in which these children have been labelled. This is also evident in the British Department of Education's formal definition of emotional and behavioural difficulties which refers to children who set up barriers between themselves and their learning environment through inappropriate, aggressive, bizarre or withdrawal behaviour and who have developed a range of strategies for dealing with day-to-day experiences that are inappropriate and impede normal personal and social development, and make it difficult for them to learn (DES, 1989b). While such a description may be appropriately applied to some learners who answer to this behaviour description, it is, unfortunately not a one-size-fit-all. By focusing the blame for the

behaviour problem on the learner, Cooper and colleagues (1994) argue, the need to question the value of school structures and regimes is removed

In view of the disagreement on the use of terminology, this study will use the following terms interchangeably: emotional/behavioural disorders (hereafter referred to as EBD), maladaptive behaviour, barriers to learning and development, deviant behaviour and aberrant behaviour.

2.3 Etiological factors

The conceptualisation of what constitutes the problem affects the treatment approach used. As it will become clear below, different theoretical approaches have various perceptions of what constitutes EBD. This disorder may be caused by the interaction of factors that are either intrinsic or extrinsic to the child. Theories that imply linear causality by heredity or environment or any single factor seem to be outdated in this era. There has been a distinct move away from the simple ascription of problems to individual disturbance, towards an acceptance and emphasis of the interaction between nature and nurture, genetic and

environmental factors (Cooper, *et al.*, 1994; Govender, 1989; Gray & Richer, 1988; Lennox, 1991)

In this chapter the aetiology of emotional and behavioural problems will be examined briefly against eight theoretical models, namely Reality approach, Rational Emotive Therapy (RET) approach, Behavioural approach, Ecological approach, Psychodynamic approach, Medical/illness model, Gestalt theory and Transactional Analysis (TA) approach. The section will end by discussing 'other factors', which cannot necessarily be associated with any particular theoretical model.

2.3.1 Reality approach

Reality approach is a cognitive approach that departs from the view that maladjustment or deviant behaviour results from people's identification with failure. Glasser (1972) refers to this as "*failure identity*". This failure identity problem usually begins during the early years of life when the individual fails to fulfil the need to experience love or self worth (Gilliland, James & Bowman, 1989), which further results in an inability to perceive things as they really are or to operate on the basis of right, responsibility and reality (Hansen, Stevic & Warner, 1986). The therapist working within the Reality model sets out to *involve* the client as much as possible in finding

solutions to his/her own problem (Cooper *et al.*, 1994; Kotler & Brown, 1992). This theory dispels the idea that maladaptive behaviour renders the individual ineffective to reason out the cause of his/her problem and do something about it. Ruskin (1981) argues that involvement in Reality approach does not only mean involving the client in finding solutions to his problems, but it also means the involvement of the therapist with the client. This is particularly important in cases of clients whose failure to realise their needs has resulted in them becoming withdrawn and suspicious of any social relationship.

2.3.2 Rational Emotive Therapy (RET) approach

The proponents of this approach maintain that individuals suffer EBD as a result of continually indoctrinating themselves with basically irrational, absolutistic and catastrophic thinking (Hansen *et al.*, 1986). Cognitive theorists argue that events in themselves cannot cause psychological problems, but rather that it is the individual's interpretation of events that does so (Sdorow, 1993). Kotler and Brown (1992) similarly state that "nobody or nothing outside of us can cause us to feel anything. There is no 'bad temper button' on our foreheads that anyone else can push to make us angry on demand" (p123). The basic tenet of the RET model therefore is that

emotional and behavioural problems are due to faulty thinking and that people can change this by confronting and changing their thinking (Gilliland & James, 1993). In shaping and refining his theory of RET, Ellis (1962), who is credited with being a pioneer of cognitive behaviour therapy, began an idea that human beings are not disturbed by things, but by the way they think of them.

Ellis realised that human beings may experience a whole range of Freudian disturbances (see 2.3.5) or be conditioned to some maladaptive behaviour (see 2.3.3), but whether or not this will emotionally disturb them will depend on how they view those disturbances. More specifically it has to do with their self-talk (Burke, 1989). There is then, as Grieger and Boyd (1980) reckon, an infinite variety of thoughts people can think to disturb themselves. These include the three major types of masturbation or demandingness, namely awfulizing, I-can't-stand-it-itis, and self-rating. Grieger and Boyd posit that anxiety problems are probably the most frequent ones that propel people to psychotherapy. The RETers argue that people make themselves anxious. They view anxiety as an emotional problem involving three 'fantasies'. The first fantasy is a belief in a "have to" (e.g. "I must be approved"). A second fantasy is that the "have to" will not happen. The third one is that it will be *awful* if the "have to" fails to take place. These three fantasies,

according to Grieger and Boyd, are centred around approval anxiety ('AA), ego anxiety (EA) and discomfort anxiety (DA).

Approval anxiety. The person with this anxiety deems it essential to do well in order to win this approval virtually all the time. These people can't stand it if this does not happen.

Ego anxiety stems from people who believe that they *must* or *should* perform well to be approved by others. This *should* happen or else they won't accept themselves. If they don't perform well or don't get approved by others it is *awful* or *catastrophic*.

Discomfort anxiety consists of hypertension that results when people see that their comfort is threatened and believe:

- That they *should* or *must* get what they want
- That it is *awful* or *catastrophic* when they don't get what they *must*.

Grieger and Boyd (1980) assert that DA is the most common of the three anxiety fantasies and that it can be divided into two types, namely *primary symptom* e.g. anxiety about elevators, or *secondary symptom*, e.g. anxiety about feeling anxious about elevators. What the authors mean is that, while DA tends to be specific to certain uncomfortable or dangerous situations e.g. fear of heights, of open spaces, of elevators, etc, it can

generalise to uncomfortable feelings themselves - such as the feelings of anxiety, depression and shame.

2.3.3 Behavioural approaches

The major hypothesis in the theory of behaviourism is that all behaviour, including maladaptive behaviour is learned and that it is this learned behaviour that shapes how people think and feel. The theory is predicated on the assumptions of learning theory and it further assumes that if behaviour is learned it can be unlearned in the same way (Cooper *et al.*, 1994; Gilliland, James & Bowman, 1989; Hewett & Tailor, 1980; Lennox, 1991; Rimm & Masters, 1979). Emotional and deviant behaviours are learned and maintained through basically three forms of learning, namely classical or respondent conditioning, operant conditioning and modelling or initiative learning (Coleman, 1986; Hansen *et al.*, 1986).

Emotional and behavioural disorders are not only the product of faulty or inappropriate learning as implied above, but they are also the consequences of failures of learning (Herbert, 1981). Skinner (1953) and Gilliland and his colleagues (1989) argue that most emotional problems are a direct product of over controlling, punitive environments and that this type of environment elicits

conditioned emotions such as: anger, fear, guilt and depression. Wolpe (1954) takes the argument further and states that the latter two emotions lead to a state of anxiety, which is maladaptive in circumstances where objectively there is no threat.

Having discussed the behaviourist's standpoint with regard to what constitutes maladaptive behaviour it is worth mentioning that there has been a sizeable paradigm shift since the earliest assumptions of classical behaviourism advanced by well-known pioneers such as James Watson, Pavlov and Skinner. Rimm and Masters (1979), for example, admit that no modern behaviourist would cling blindly to the view that *all* maladaptive behaviour is merely a consequence of an unfortunate erroneous learning history. The authors further state that many American behaviourists are beginning to accept the view that certain biological factors predispose certain deviant behaviours. Rhodes and Paul (1978) seem to agree with Rimm and Masters (1979) above in their statement that modern behaviourists view EBD as a behaviour that deviates from the expectations and customs of the culture surrounding the individual marked as a deviator. Along a similar vein, Ullmann and Krasner (1965) describe EBD as follows:

"The person whose behaviour is maladaptive does not fully live up to the expectations for one in his role, does not

respond to all the stimuli actually present, and does not obtain the typical or maximum forms of reinforcement available to one of his status” (p23).

The above view sounds more like the sociological view of EBD than behaviouristic view. Rhodes and Paul (1978) maintain that contemporary behaviourists are moving more towards the views expressed by ecological approaches in that they view the state of maladaptation existing between the organism and his immediately surrounding environment as being created by the current contingencies occurring in the impinging environment. In other words, one should look to the environmental side of a current exchange to understand what is maintaining a condition of maladaptation between the organism and his surroundings.

2.3.4 The ecological approach

Ecology is essentially the study of the *interaction* between organisms and environment which has been well formalised in biology (Hewett & Tailor, 1980). The ecological approach to the aetiology and treatment of EBD moves away from the tendency to think of aberrant behaviour as a product of an individual's personal failure (Lowman, 2002), towards seeking to understand it in schools in terms

of the *interaction* of the persons involved, either within the school situation or in related contexts such as the family, the child's peers, etc. (Cooper *et al.*, 1994). Human ecology views individuals only within the context of their environments and studies the effects of the individual on the environment and the effects of the environment on the individual. The disturbed learner is regarded as a behavior or an exciter whose behaviour or life-style elicits reciprocating emotive reactions from a community of responders (Rhodes, 1970). A concept central to understanding human ecology is the *ecosystem*. Human ecologists do not conceive of EBD as an intra-child characteristic as assumed by psychodynamic and neurological approaches, nor is it centred in the environment as assumed by behavioural approaches. Rather, it is centred in the interaction between the idiosyncratic individual and his or her unique environment – the ecosystem (Hewett & Tailor, 1980).

The proponents of the ecological approach evolve much of their thinking from the systems theory, which has been widely used in structural family therapy approaches. Like the ecological approach, the systems model views individual behaviour in the context of interactions taking place within a structured, dynamic system (Burke, 1989). According to the system's model, EBD may ensue if there are discrepancies between the child's skills and

abilities and the demands and expectations of the child's environment or system (Lennox, 1991).

From the discussion above it is apparent that it would be an inefficient, misleading and a futile exercise, from the system's theory point of view, to focus only on individual behaviour in the case of children experiencing EBD (Lowman, 2002).

Kapp (1991) paints a good picture of what predisposes a child to EBD. He argues that an ideal education at home has a dialogic character and a happy reciprocal dialogue between parent and child. This forms the basis of mutual respect and builds emotional bonds. If, however, this ideal course of communication is disturbed for whatever reason, the child gets distressed and, feeling insecure and anxious, develops a multitude of possibilities for EBD.

Lennox (1991), arguing from the family therapy point of view, sketches a scenario where a child may be disruptive or interruptive into adults'/educators' conversations, only to find that his attention seeking behaviour is unconsciously aimed at focusing parental frustration onto himself as a way of diverting his parents from the real family problem, which may for example be a breakdown in their marital relationship. The child in this particular case becomes

what Minuchin (1974) terms an identified patient (IP) and everybody's attention and energies in the family get focused onto helping him. In the meantime the child has succeeded, even if only for the time being, in maintaining homeostasis in the family.

Cultural factors, according to Govender (1989), account for a good number of deviant problems. This author cites a number of authors who concur on the observation that rapid urbanisation, including exposure of young males to cultural values contradictory to those of their homes, seemed to give rise to the development of EBD. In concurrence with Govender above, Coleman (1986) maintains that to operate from an ecological framework, one must accept that ecosystems rather than children are disturbed, and that these ecosystems are directly influenced by the culture in which they exist. According to Rhodes (1970), EBD emanates from the failure of certain environments to accommodate the unfolding nature of children. In summary, human ecologists view EBD as a characteristic that indicates discordance between the child and his environment (Huwett & Tailor, 1980).

2.3.5 *Psychodynamic approach*

The psychodynamic model is a conglomerate of a group of theories that attempt to explain the origin or motivation of human behaviour (Coleman, 1986; Cooper *et al.*, 1994). Falling under the rubric of this model are such theories as ego psychology, phenomenology, Gestalt psychology and humanistic psychology (Coleman, 1986). It is difficult to state the position of this model regarding EBD because, as it can be appreciated given the conglomeration, there is a great variability among the theorists. The proponents of the psychodynamic model evolved much of their thinking and work from the classic psychoanalysis pioneered by Sigmund Freud, but they have since modified their views over the years, hence they are sometimes referred to as neo (new) Freudians. They vary in the way they emphasise the original Freudian concepts. Some of them are more loyal to Freud's original analytic concepts while others have modified their views to incorporate structure, ecosystemic and behavioural control concepts (Stainback & Stainback, 1980). Rapaport (1958), an ego analyst for example, seems to lean more on the behavioural approach in his postulation that a particular pattern of behaviour can be maintained only as long as it receives some reward.

Arguing from an ego psychological point of view and in concurrence with Rapaport above, Hansen and colleagues (1986) maintain that abnormal patterns of behaviour can develop in two ways. Firstly, EBD can develop when the individual loses the capacity to respond appropriately. This happens when behaviour that has been adequately maintained by reinforcement it emits from the environment is no longer receiving such reinforcement and hence no longer usable. Secondly, EBD may ensue if the demands of a new situation render the current patterns of behaviour inadequate. In this particular instance the individual loses control because the ego has not developed adequate coping resources demanded by the situation. In the ego- analytic view, then, according to the above authors, deviant behaviour does not signify a total failure of the ego, but a breakdown in a particular pattern of behaviour.

Most of the psychodynamic theorists differ from their theory of origin (psychoanalysis) in that they do not take the analytic concepts to the extremes, as do Freudians. Erikson (1968), for example, proposes eight stages of psychosocial development, which roughly parallel Freud's stages of psychosexual development. His stages according to Coleman (1986) focus on character traits that arise from *interpersonal interactions* whereas Freud's stages emphasize

character traits arising from experience of a *biological or sexual* nature. From this comparison it becomes apparent that Erikson, also a proponent of ego psychology, shares similar views as Freud's, although his are less extreme. Erikson views EBD as the result of conflicts with significant others during psychosocial development (Hewett & Taylor, 1980). Both Freud and Erikson therefore agree on their views that EBD will ensue if an individual fails to resolve any of their developmental stages successfully. In other words, these two theorists view EBD as resulting from the child's failure to withstand the emotional strain or anxiety produced by confrontation with critical psychosexual (Freud) or psychosocial (Erikson) stages.

Horney (1951), another proponent of psychodynamic model, proposed three character patterns, which determine whether an individual develops a healthy or maladaptive personality, namely:

- *Moving towards people*, characterised by compliance, submissive behaviour and a need for love,
- *Moving against people*, characterised by arrogance, hostility, and a need for power, and
- *Moving away from people*, characterised by social avoidance, withdrawal, and a need for independence. This author views emotional disturbance as the adoption of one of

these rigid patterns to the exclusion of the others, which then results in inflexible interpersonal interactions.

As noted in most of the psychodynamic theorists, Winnicott (1965) views EBD as a result of a failure in the infant's environment during the critical period of dependence on mother (i.e. 0- 3 years).

The humanists' theories, especially those espoused by Carl Rogers and Abraham Maslow, share the basic view that human beings are inherently good and capable of actualising their potential if they can avoid the frustrating and detrimental experiences imposed by society. Rogers (1967), for example, maintains that behaviour may be understood only in terms of the individual's frame of reference. The humanistic approach therefore, especially from Rogers' point of view, to both the aetiology and the treatment of EBD, asks essentially that the educator of an EBD learner try to view the learner's life through the learner's eyes (Lennox, 1991).

Maslow's view of the EBD is closely linked to development of his famous theory of the hierarchy of needs. This theorist views EBD as originating from the denial or the frustration or the twisting of man's essential nature. Man's essential nature, according to him is self-actualisation. In short, Maslow views anything that disturbs or

frustrates or twists the course of self-actualisation as “pathological” (Coleman, 1986).

As it was said earlier in this section and it has become apparent from the discussion above, it is difficult and somewhat unfair to delineate a single explanation since there are wide differences among proponents of the theory. Despite these differences, however, it is still possible to pinpoint some commonalities that underlie the theories falling under the rubric of psychodynamic model. Coleman (1986) mentions four of such commonalities. He argues that the basic commonality is implied by the very meaning of the term psychodynamic, which literally means “the dynamics of mental activities and processes”. All theorists subscribing to the psychodynamic view are concerned about the process of development and change. A second commonality is that anxiety and emotional crises are important motivators of personal growth and self-development. A third commonality is that significant others in one’s early life play important roles as catalysts or deterrents of personality growth and healthy development. The fourth commonality lies in these theorists’ emphasis on intrapsychic reckonings of the individual. Coleman (1986) argues that although many psychodynamic theorists show some lenience towards ecological (ecosystemic) as well as systemic approaches, but they

still hold the view that it is the individual's internal perceptions (insight & understanding) and feelings about that environment – whether conscious or unconscious - that are the locus of intervention.

Brown and Pedder (1979) cite five common concepts that they see as underlying psychodynamic model as follows:

- Defence mechanism
- Developmental phases
- Unconscious processes
- Motivational drives
- Anxiety and psychic pain

2.3.6 Medical model

The earliest, unscientific explanation of EBD in children was that these children were possessed by devils (Lennox, 1991; Stainback & Stainback, 1980). As a result they experienced various cruel treatment and abuse under the guise of treatment.

In the 1800's more scientific explanations emerged. Professionals began to show more interest in the disturbed. Stainback and Stainback (1980) maintain, however, that this era was characterised

by more emphasis on diagnosis rather than treatment and it was dubbed the descriptive era. This was the birth of the medical model. The medical model (sometimes referred to as biophysical or disease model) is basically a model that presupposes that the problem or disturbance lies within the individual. The argument under this model is that behaviour may be influenced by genetic, developmental, nutritional, neurological, biochemical or a combination of these (Coleman, 1986; Cooper *et al.*, 1994; Govender, 1989; Kapp, 1991). The medical model was associated with doctors, symptoms, illness and psychiatrists, and the children with EBD were referred to as 'patients' and 'treatment' was often in the form of drugs (Lennox, 1991).

The medical model, however, has met with plethora of criticisms. The model is regarded as tantamount to labelling (Hansen *et al.*, 1986), which serves no more than just sticking a label that tends to obscure other positive qualities in the child (Leach & Raybould, 1977), while serving as a self-fulfilling prophecy based on these rigid categorisations (Rist, 1970). These labels, according to Hewett and Taylor (1980) adversely affect children, especially if the labels, rather than what the child knows or is ready to learn, assumes the primary focus. These authors propose a model that adopts a functional description (that tells the educator where to go to work) rather than

a non-functional description like the medical model, which emphasises to the educator what the child can't do (deficit model). A number of the so-called multidisciplinary or transprofessional teams, as they are sometimes called, have failed to come out with a workable individualised education programme (IEP) because of the same problem of placing more emphasis on diagnosis (labelling) than the intervention plan. Hewett and Taylor (1980) paint a scenario where in a particular multi-disciplinary team, psychiatrists had their psychiatric classification system and the psychosexual stages of development, the clinical psychologists had their IQ tests and projective personality media, and the social workers had their framework of family dynamics to use as references to give a unique identity. The school staff had very little to offer in these case conferences. The result was big labels laden with scientific jargon that tended to intimidate the educator.

Only rarely, according to Govender (1989), is it possible to demonstrate a relationship between a specific biological factor and EBD. Many EBD children, this author argues, have no detectable biological flaws that could account for their behaviour, and many behaviourally 'normal' children have serious biological defects. Govender argues that for mildly and moderately EBD children as a group, there is no substantial evidence that biological

factors alone are the root causes of the problem, while for severely and profoundly disturbed, the evidence is there to suggest that genetic factors contribute to schizophrenia. Despite this claim, however, which only suggests correlation between biological/genetic factors and severe to profound EBD, the role of specific biological factors remains unknown (Kaufman, 1985).

2.3.7 Gestalt approach

The Gestalt therapists argue that most people exist by maintaining some homeostasis between the desires of the self and the “shoulds” of the self-image (Gilliland *et al.*, 1989; Hansen *et al.*, 1986). Very often, however, this balance or homeostasis is disturbed by an experience or a series of experiences and an internal ‘war’ erupts, which causes a person to experience anxiety and often EBD results. The person that is behaving maladaptively, according to Hansen and colleagues (1986), is generally trying to actualise the self-image rather than the self. In other words, such a person does not have a personality of her/his own and is more subject to the opinions of others than to the self-control mechanisms.

Gilliland and his co-workers (1989) contend that the individual’s behaviour reflects his relatedness with the environment. They argue that because a person is both an individual and a social creature,

the person's life is an interaction between him or her and the environment in relation to this field. EBD arises when the individual deals with or interacts with the environment (using the same techniques) irrespective of the field. What happens at times is that people attempt to maintain the equilibrium but they do it so maladaptively that their contact is detached further and further away from their environment. The big question is what are the situations that can upset this balance or put differently, which problems can lead to EBD? According to Passons (1975) problems that people experience can be divided into six areas as follows:

2.3.7.1 Lack of awareness

This is one of the main goals of Gestalt therapy, to bring to the person's awareness the what and how of their behaviour. The EBD person, according to Gestalt psychology, lacks the creative ability to deal with the environment. To be more specific here, the maladaptive character people establish to maintain the delicate homeostasis between the self (the individual) and self – image (the social self) causes them to lose contact with the what and how of their behaviour (Hansen *et al.*, 1986).

2.3.7.2 Lack of self – responsibility

Gestalt psychology stresses the role of personal responsibility in the development of awareness and experiencing of feeling (Kotler & Brown, 1992). EBD arises because some people strive to remain in a dependency situation instead of striving for independence or self-sufficiency (Hansen *et al.*, 1986).

2.3.7.3 Loss of contact with the environment

This problem is also related to lack of awareness. Hansen and co-workers (1986) differentiate between two forms of this problem. In the first form, the individual refuses to accept any input from the environment so much that they lose contact with it. In the second instance the problem is manifested in the people who try to incorporate everything from the environment, and in the process, the self becomes almost totally subsumed in the social self.

2.3.7.4 Inability to complete Gestalt

Another problem is the failure or inability to finish business (Gilliland *et al.*, 1989; Gilliland & James, 1993; Hansen *et al.*, 1986; Kotler & Brown, 1992). Being “stuck” is a term used by the Gestalt

practitioners to describe the inability to resolve issues and thereby avoid dealing with the now (Kotler & Brown, 1992). When unfinished business becomes strong enough, Hansen and colleagues maintain, the individual is beset with preoccupation, compulsive behaviour, wariness, oppressive energy, and much self-defeating activity.

2.3.7.5 Disowning of needs

Passons (1975) maintains that people tend to deny those needs that are generally regarded as unacceptable. Aggression is one of such needs. Some people do not express anger because it is socially inappropriate to do so. This can lead to another problem, which Gilliland and colleagues (1989) call *retroflexion*, which is doing to self what one would like to do to others. A person will divert feelings of anger to oneself instead of directing them to the correct people because they think it is inappropriate to do so.

2.3.7.6 Dichotomising dimensions of the self

This problem takes the form of people perceiving themselves at only one end of a possible continuum such as strong or weak, masculine or feminine, powerful or powerless (Hansen *et al.*, 1986). The most popular term used by Gestalt practitioners is top-dog – underdog.

The top-dog is that part of the individual characterised as moralistic, perfectionistic, and authoritarian. It is the top-dog who strives to get the person to behave as others expect. The underdog represents the desires of the individual and operates as the defensive and dependent part of the personality (Hansen *et al.*, 1986).

In summarising, Gilliland and colleagues (1989) describe EBD from the Gestalt viewpoint as "a neurotic behaviour that can arise in response to a traumatic event, but often it results from the individual's attempts to cope with day-to-day demands and expectations from the environment. Because neurotic people cannot perceive their needs clearly and thus cannot fulfil them, their attempts to maintain homeostasis often result in rigid and stereotypic behaviour, withdrawal from others, and an inability to contact the environment" (p96).

It can be argued that, since well adjusted behaviour is viewed by Gestalt therapists as a function of the accuracy of the self's continual assessment of the demands of the environment and its potential for meeting the organism's needs, EBD ensues from the breakdown of this continual, moment-to-moment exchange with the environment (Burke, 1989). It is important to point out that the Gestalt approach views the individual as entirely responsible for his behaviour. The advocates of this approach maintain that the

environment cannot be blamed or credited. Responsibility in this approach is defined as literally referring to “being able to respond to one’s own needs, desires, and opportunities for growth (Burke, 1989, p256) This view point seems to run counter to that of the ecological or systemic approaches, which emphasise the interactional nature of EBD, taking environment as a significant determinant of one’s behaviour.

2.3.8 Transactional Analysis (TA) approach

Transactional analysis, as the name states, involves the analysis of transactions, the most basic unit of social interaction (Burke, 1989). Eric Berne, a San Francisco psychiatrist, developed transactional analysis in 1950’s and 1960’s (Burke, 1989; Ivey & Simek – Downing, 1980; Kotler & Brown, 1992; Morse & Watson, 1977). Knopf (1984) describes T.A as an approach that focuses on intrapsychic learning as interpersonal games. When it comes to social interactions TA is usually hailed as a relatively easy and simple method, more especially for kids, to understand interpersonal exchanges (Keate II, 1979).

Although TA is an offspring of psychoanalysis, its practitioners practice eclectic approach; drawing even from existential-

humanistic psychology, and it believes that people who suffer from emotional problems are intelligent and capable of remaking old decisions that have led to problems (Kotler & Brown, 1992). This approach believes, like psychodynamic psychology, that childhood problems can and do affect present behaviour.

According to Berne, human behaviour is motivated by a number of things. Firstly, he argued that humans are motivated by three basic psychological needs, namely, *stimulus hunger*, *structure hunger* and *position hunger*. Stimulus hunger is the need to be acknowledged or affirmed by others, both psychologically and physically. This is a need that is satisfied by strokes or the recognition of other people. Strokes can be either positive (smiles, hugs) or negative (frowns, slaps) and constitute the basic units of human interaction (transaction) (Kotler & Brown, 1992). EBD can result if these strokes are withheld, a situation that is described by Ivey and Simek-Downing, (1980) as strokes economy. These authors maintain that strokes are delivered to us physically when we are touched with warmth and caring. Strokes are given to us through kind words and deeds. Through the careful control of strokes, however, society can shape us in its image. Anything a person does to enhance another is termed positive stroking. Strokes can be described as active positive regard.

Structure hunger refers to the ways in which we use time to maximise the number of strokes received. People can seek to maximise their strokes in one or more of the following ways:

- **Withdrawal:** escape into the safety of the self to avoid risk. In this mode it is necessary to live on “stored” strokes or to fantasise “artificial” strokes.
- **Rituals and pastimes:** interactions based on greetings, pleasantries, and other low-risk, non-involving social conversations.
- **Activities:** time, structured in goals, work, and hobbies, that typically brings strokes from others.
- **Games:** interaction based on unwritten rules designed to create a payoff. Games are usually dishonest and covert and generate negative payoffs. Ivey and Simek-Downing (1980) define a game as “a routinised set of behaviours and attitudes manifested by an individual in relationship to another individual” (p304). Games are the most common disturbance in interpersonal behaviour.
- **Intimacy:** a method of structuring time that brings people together. It is based on honest, open and mutual relationship, which carries the highest risks but also offers

the greatest rewards of all interaction (Kotler & Brown, 1992).

Position hunger is the need to have decisions affirmed; to be told we are OK. It is a reflection of intrinsic self-worth. Berne (Burke, 1989; Ivey & Simek-Downing, 1980; Kotler & Brown, 1992) also argues that, there are other things that motivate human behaviour, other than the above-mentioned. He mentions three ego states, namely *parent*, *adult*, and *child*. As we behave, our actions can be construed as existing in one of the main ego states. Ego states can be described simply as the state of the mind. TA often talks about two types of parents, namely, the *nurturing parent* who cares for people and *critical parent* who often tries to get us to shape up (Ivey & Simek-Downing, 1980). Kotler and Brown (1992) point out that the *parent* reflects the incorporation of attitudes, feelings, and behaviours from significant other adults during childhood.

The child ego state is spontaneous and free and in many ways corresponds to the id. This ego state can also be divided by TA practitioners into three types, namely, *natural child* (the free, spontaneous expressions), the *little professor* (intuitive, creative thoughts), and the *adapted child* (the natural child modified by

demands of the environment). The *adult* develops over time and reflects the ability to evaluate the reactions of the *child* and *parent* in an objective and factual manner. The *adult* ego state develops throughout the life of the individual, whereas the *child* and *parent* remain static after 6 or 7 years of age (Kotler & Brown, 1992). Ivey and her colleague (1980) point out that the adult ego state roughly corresponds to the ego in psychodynamic psychology.

Behavioural problems can arise if a person fixates in one ego state. Such a person, according to Ivey and her colleague may be considered immobilised and lacking in intentionality. These authors argue that, to be successful and comfortable human being requires parental behaviour at times, adult behaviour at other times, and the free, creative expression of the child at still other times.

The environment from early on in life conditions the developing child. The stroke economy, Ivey and her colleague (1980) argue, interplays with the ego state of the individual. Society, particularly as represented by parents, provides and withdraws strokes to shape us into critical parents or adaptive children, etc.

Depending on how they were socialised in their environments growing up (by means of manipulating the provision of strokes), children may develop worldviews that unfold in one of four ways termed *life positions* as follows (Ivey & Simek-Downing, 1980):

- I'm OK – You're OK: the child believes that he or she is validated in the world, can form self concept, is acknowledged as an individual, and has a positive self-image as well as a positive image of those around.
- I'm O.K – You're not O.K.: The child believes that he or she is a validated individual and has a positive self image, but believes that the world and others surrounding the child are enemies and threatening to existence. The child may have been separated from parents, be in a foster home, have experienced the parents once as warm and loving but now as hostile and cruel, or experienced a host of other environmental factors
- I'm not O.K. – You're O.K.: The child takes upon himself or herself, the blame for things going wrong, is the recipient of negative parental messages, is deluged with guilt. He believes himself to be bad and unworthy of positive feedback from important adults, family members, etc. These types of children often commit crimes, display self-destructive behaviours, and exhibit depression.

- I'm not O.K. – You're not O.K.: The child has a poor self-image and has hostile and angry feelings about others and the surrounding world. This child has received messages that he is not deserving of positive praise and dislikes those who withhold attention and positive reinforcement. This type of child is often sullen, sarcastic, a problem at home and in school, and unkind to others.

The combination of all the above (ego states, games people play, life positions, psychological and physical needs and the provision of strokes) develops from early on in life and forms an on-going program that Berne (1966) terms a script. The script develops under parental influence and directs the individual's behaviour in the most important aspects of his life. Berne (1966) describes a game as only a part of a script in a transference drama split into acts.

2.3.9 Other factors

An extensive literature on emotional and behavioural problems points to the causative interplay of genetic, temperamental, intellectual, interpersonal, family, and social factors (Lennox, 1991; Massie, 1977; Rutter, 1975; Westman, 1979). Some studies have shown EBD children to be three times more likely to have

experienced parental death than controls, while still others found the following six family variables to be strongly associated with EBD: severe marital discord, overcrowding, family size, parental criminality, maternal psychiatric disorder, and admission into the care of local authority (Westman, 1979). Burton (1968) argues that children's behavioural problems may be adaptive, not really pathological. Taking this notion further, Westman (1979) states that conflict may arise with parents when their children are unable to communicate their needs adequately; or if able to express their needs, are unrewarded due to the indifference or opposition of those around them. This type of EBD, Westman (1979) argues, is far from being maladaptive, but rather it represents attempts by children to wrest satisfactions necessary for their growth from their environments. In other words, these children are not 'ill', but are making efforts to adapt to their lives in ways perceived by adults as obnoxious.

The conceptually primitive notion of 'process dysfunction existing solely within the child' is a thing of the past now. Most professionals are beginning to agree with the authors above that the underlying problems may in fact derive from or be influenced by the regime and relationships in schools etc. and many children may simply be

reacting to these factors (Topping, 1983; Quay, 1973; Warnock, 1978).

In 1970's, during which period the exclusively medical model and the use of drug therapy for EBD was beginning to be unfashionable, an alternative biological explanation for behavioural problems was proposed. This was the hypothesis that allergies to certain foods and adverse reactions to certain food additives could in fact account for EBD (Lennox, 1991). Studies were not forthcoming, however, in support of this view, as the few that were available then were criticised for being methodologically unsound.

Some authors point out that behavioural problems may be a maladaptive reaction to underlying psychosocial stressors, such as physical or sexual abuse, divorce, death of a loved one, etc. (Frances & Ross, 2001; Cooper *et al.*, 1994).

2.4 Identification of EBD children

It is important to tackle the subject of identification of EBD because the estimates of incidence and prevalence as well as proper management of EBD learners hinge on accurate identification procedures. Govender (1989) points out that it is much easier to identify disturbed/disordered behaviour than it is to define and

classify types and causes of them. Some studies on identification of EBD have found that educators find it easy to identify externalising behaviours such as conduct disorders than it is to identify internalising ones such as withdrawal, daydreaming, etc. (Govender, 1989).

Coleman (1986) raises questions regarding the instruments used to identify behaviour disorders as well as the issue of responsibility for identification (e.g. who has the responsibility for decision-making). He states that it was not uncommon for learners to be evaluated and recommended for placement in special education facilities on the basis of a single test before the enactment of PL 94 – 142 in the USA. The Public Law, however, mandated that there be non-discriminatory testing, parental involvement, multiple criteria and team decisions, and emphasised test validity. Despite this legislative mandate, however, Coleman (1986) notes that there was still no uniformity in the states in terms of the instruments used for evaluation. Some tests used were not culturally fair while other professionals used tests for functions they were not constructed for, which sort of invalidated the results. Coleman gives an example of a scenario where an intelligence test such as Wechsler for example, would be used to determine personality of an individual.

The latest South African policy on Inclusive Education discourages classification and identification of disorders, which focuses on the learner as the locus of the problem. The policy prefers the term “barriers to learning and development” to more traditional terms and barriers are viewed broadly to include the wider environment – especially when it comes to the aetiological factors (National Dept of Education White Paper 6, 2001; KZN DEC, 2001). Like PL 94 – 142, identification procedures based on psychometric tests are discouraged as they offer little in terms of programme planning (National Dept of Education, 2002). Instead, school – based structures (e.g. Teacher Support Teams – TST’s) and the involvement of parents are encouraged both for the identification and intervention of any barriers to learning, not just EBD. The Inclusive Education policy: White Paper 6 (2001) mentioned above advocates for a move away from emphasis on category of disability to the emphasis of level and intensity of support that the learner requires (see 2.10).

Stainback and Stainback (1980) maintain that it has not been demonstrated that the diagnostic/labelling procedure can contribute to positive changes in the behaviours of children. These authors argue that in fact quite the contrary has in many cases

been evident. They quote Sinches who echoes their sentiments as follows:

We must develop identification systems which provide an understanding of the child so that programs can be built around the child's skills. We cannot continue to use taxonomy of labels that have a tendency to homogenize children into meaningless diagnostic label categories based primarily on psychometrics, medical findings, or psychiatric examinations

Sinches' argument seems to be compatible with the South African policy on Inclusive Education.

Govender (1989) points out that formal screening and accurate early identification for the purpose of planning psycho-educational intervention are complicated by the problem of definition (see 2.8.1.1). He further asserts that informal educator judgement has served as a fairly reliable means of screening learners for EBD as compared with judgements of psychologists and psychiatrists. Edelbrock and Achenbach (1984) concur with Govender's view. Some authors, however, do not agree with the views that educators' identification of EBD is accurate. Cooper and his co-workers (1994), for example, state that convincing arguments have been advanced, which suggest that objective reality can never be known. Rather, different people place different interpretations on

what they perceive, according to their view of the world, and thus construct their own views of reality. This view, however, is extreme. Speed's (1991) view seems more balanced as she supports what she terms a "co-constructivist view", which asserts that "a structured reality" does exist, but it is constructed or mediated in accordance with the views or ideas that individuals or groups have about it. Speed makes an example that different people will highlight different aspects of the same reality and this mediates it.

The above views have implications for behavioural problems in schools, where learners and educators, for example, may have greatly divergent views on 'reality'. Cooper and colleagues (1994) maintain that educators (and schools) have different standards for, and expectations of the behaviour of their learners, whereby differences in reported behaviour may reflect differences in the degree to which difficult behaviour is tolerated. The authors above further state that, even the so-called disruptive learners often regard their behaviour as rational and justifiable responses to poor teaching.

2.5 Characteristics of EBD children

Identification and characteristics of EBD children are related as clearly described behavioural and psychological characteristics will facilitate easy identification, which in turn will result in timeous intervention. It must be pointed out, however, that there is a number of disagreements in literature regarding the grouping of characteristics as well as what constitutes a characteristic manifestation of EBD and what does not.

2.5.1 *Aggressive, acting-out behaviour (externalising)*

Some authors (e.g. Coleman, 1986; Hewett & Taylor, 1980) group all the behaviours under this category under 'conduct disorders', while others, for example, Govender (1989) group it under aggressive, acting-out behaviours. Kapp (1991) and Stainback and Stainback (1980) prefer to describe each type of behaviour as a separate characteristic without any attempt to group them. Conduct disorders, especially directed at external factors, are the most common problems among the EBD children (Kapp, 1991; Govender, 1989). Coleman (1986) lists the following behaviours under the category of *Misconduct Disorders*:

- Aggression,

- Hostility and
- Contentious behaviour.

Hewett and Taylor (1980) list them as follows:

- Restlessness,
- Attention-seeking,
- Disruptiveness,
- Rowdiness,
- Dislike for school,
- Jealousy,
- Fighting,
- Irresponsibility,
- Disobedience,
- Hyperactivity,
- Destructiveness,
- Cursing,
- Hot-temperedness and
- Negativism.

Govender (1989) adds the following to the list:

- Hitting,
- Teasing,
- Yelling,

- Refusing to comply with requests,
- Crying,
- Vandalism, and
- Extortion.

As Kapp (1991) points out, certain situations such as anxiety or the example set by significant others may contribute to aggression. The statement that behaviour is learnt from significant others is reminiscent of postulations by learning theorists who argue that all behaviour, adaptive or maladaptive, may be learned vicariously (see 2.3.3). Kapp (1991) further contends that aggression may be viewed as a means or vehicle through which one acquires power/authority and status in the peer group. Supporting this view, Quay (1973), discusses this behaviour in a separate category that he describes as "Socialized Delinquency or Juvenile Delinquency". According to Coleman, most of the identified behaviours under this category relate to participation in subgroups or gangs who break rules or laws such as those against truancy, stealing and curfew violations. Learners or children classified under this category exhibit behaviours that are acceptable and condoned by their peers while obnoxious to adults. Kapp (1991) makes a distinction between juvenile delinquency and misconduct (theft, burglary, assault, vandalism, sexual promiscuity, the use and distribution of drugs,

truancy, etc) and he maintains that these are often expressions of the EBD child's inner conflict. He describes juvenile delinquency as a legal term that is used to describe an infringement of the law by a person under the age of 21 years but not younger than 7 years. Juvenile misconduct, on the other hand, can be described as a non-legal criminological concept that includes juvenile delinquency. It refers to antisocial act (misconduct) and it tarnishes relationships.

Some EBD children, Govender (1989) observes, appear deliberately hurtful to others without showing signs of reproach. These children, according to him, are difficult to change through normal disciplinary measures. Their behaviour tends to rebuff them from their peers, which often results in them being social isolates.

Stainback and Stainback (1980) divide aggression into physical and verbal aggression and they maintain that normal children also exhibit aggression to a certain degree. This means, as Herbert (1981) and Cooper and his colleagues (1994) concur, that any definition of EBD has a subjective element in it and it is a matter of degree, which makes it difficult to reach any consensus regarding this 'degree or extent'.

Kapp (1991) adds another characteristic, namely negativism, under the externalising behaviour and he maintains that a negativistic child refuses to carry out instructions or requests or simply ignores them. Samuels (1981) points out that for a child who feels weak and helpless, this behaviour allows him to control and feel powerful against the forces that may overwhelm him, including parents and illness.

2.5.2 Immature, withdrawing behaviour (internalising)

Children who fit this description are characterised by being slow or reluctant to interact with other people. They become so preoccupied with themselves that their interest in their surroundings diminishes (Coleman, 1986; Govender, 1989; Hewett & Taylor, 1980; Kapp, 1991; Stainback & Stainback, 1980). Such children are also noted to exhibit laziness in school, passivity, daydreaming or some retreat into fantasy (Coleman, 1986; Govender, 1989; Hewett & Taylor, 1980). Immature children, according to Govender, are also noted to be social isolates that seldom play with children their own age, and lack the social skills necessary to have fun. At times these children may be noted to exhibit drowsiness, suggestibility and short attention span (Coleman, 1986).

Some of the withdrawn – immature children constantly have psychosomatic complains and let these keep them from participating in normal activities; others regress and constantly nag others for help while still others show signs of depression for no apparent reason (Govender, 1989; Kapp, 1991). The latter characteristic, however, should be taken seriously irrespective of whether or not it seems faked. It is also generally accepted that depression manifests itself similarly in children as it does in adults (Govender, 1989; Hallahan & Kaufman, 1986).

Among the many manifestations of depression are disturbances of mood or feelings, inability to think or concentrate, lack of motivation, negative self-concept/esteem, excessive feelings of guilt, pervasive pessimism (Govender, 1989), sleep and eating disturbances, poor scholastic achievement, thoughts of or even attempts at suicide (Kapp, 1991). Stainback and Stainback (1980) add a further characteristic, that of 'helplessness', which is usually associated with depression and it manifests itself in the EBD child by a lack of joy and interest in life. The child fails to perform tasks he used to perform previously, becomes unwilling to try and tends to give up easily.

According to Govender (1989), depression sometimes arises from a biological cause and, in which case then pharmacotherapy usually saves the situation. In many cases, however, no biological cause can be traced. Psychosocial factors such as death of a loved one, divorce in the family, school failure, rejection by one's friends or a lover, or a chaotic or punitive home environment can lead to depression.

2.5.3 Social and emotional characteristics

As it was stated earlier, aggressive youngsters cannot be tolerated by their peers because they yell at them, peck fights, are verbally abusive and snatch others' toys. This results in these youngsters becoming social isolates. The same thing can be said for the withdrawn – immature youngsters. They too, become social isolates because they have not learned social skills required to interact with others, they show no interest in their surroundings, and they seem preoccupied most of the time. Hence EBD children are not well liked by their peers.

Research findings are abundantly consistent with the above observation (Cantrell & Prinz, 1985; Dodge, Coie & Brakke, 1982; Roff & Wirt, 1984; Sabornie, 1985; Sabornie & Kaufman, 1985). Drabman

and Patterson's (1981) argument is consistent with the observations of the authors above:

"Children who are in frequent conflict with authority, who fight or bother others a great deal, and who demonstrate verbal aggression are rarely the objects of social acceptance" (p53).

2.5.4 Intellectual or cognitive ability

Mildly emotionally or behaviourally disordered children as a group usually show a low average intelligence as measured by a standardised IQ test, while severely emotionally/behaviourally disordered children, on average, tend to show intelligence falling within the mental retardation range (Stainback and Stainback, 1980; Govender, 1989). The notion that EBD children tend to be bright is dismissed as a myth by Govender (1989). He further contends that on a normal distribution curve of intelligence, many EBD children fall into the borderline to mild mental retardation range. Govender argues further that, although severely and profoundly disturbed children are often untestable, those who can be tested are likely to have IQ's of 50 on average. Stainback and Stainback (1980) and Govender (1989) contend that although there

may be EBD children, some of whom are severely or even profoundly disturbed, who may be intellectually gifted, these are not representative of EBD children as a group.

2.5.5 Scholastic achievement

There is abundant and consistent evidence to show a *correlational* rather than *causal* relationship between poor academic achievement and EBD (Govender, 1989; Kaufman, 1985; Lennox, 1991; Myers & Hammill, 1976; Rutter, 1975). Some authors, however, have inferred the causal relationship between EBD and academic achievement. Lennox, for example, speculates that antisocial behaviour may be the result of a child's frustration and humiliation in not being able to achieve academically on par with his peers or, because the child is suffering from a conduct disorder, he may achieve poorly scholastically. Cooper and his associates (1994) argue, similarly with Lennox's speculation above that learners may ward off feelings of inadequacy and incompetence by indulging in misbehaviour. Lennox himself, however, admits that this is a chicken and egg dilemma and it would be too simplistic to reduce it to cause and effect. Other authors offer a multitude of possible explanations of academic non- or poor achievement by EBD children. According to Govender (1989), one possible explanation is

that anti-social or behaviourally deviant learners spend less time on task than their nondeviant counterparts. Another possible explanation is that EBD children are likely to experience major adjustment problems in the areas of academic and social relations.

According to Rutter (1975) there is evidence indicating that in some children the reading difficulties may predispose the child to develop conduct problems. Rutter (1975) further argues that, because reading is such an essential skill to master, reading failure may be a potent source of discouragement, loss of self-esteem, which may predispose delinquent behaviours. Lennox (1991), quoting a number of authors to support him, agrees with Rutter (1975), especially regarding the correlations between emotional disturbance and reading. Lennox further points out that emotional conflicts in children are attributed as predisposing, precipitating and maintaining causes of speech disorders. Research, according to Govender (1989), has proven that most EBD children (mildly and moderately disordered) have slightly lower mental ages than their non-deviant peers, and that conduct disordered children tend to be more prone to academic failure than withdrawn children. Stainback and Stainback (1980) maintain that both mildly and severely disturbed children range the spectrum but most are generally below average academically. The authors further point

out that any seriously disturbed high achievers are usually erratic in responding.

2.5.6 Characteristics of severely and profoundly disturbed children

Severely and profoundly behaviourally disordered children are not the subject of the present study. However, this category will be discussed briefly here with a view to draw comparisons between it and the mildly/moderately emotionally/behaviourally disordered children, which is the subject of this study.

Although many professionals disagree over what constitutes a severe behaviour disorder and even whether the use of the term is justifiable, few deny that a group of children and adolescents exists for whom the more traditional methods of special education and therapy are unsuccessful. These children, Coleman (1986) argues, exhibit severely maladaptive behaviours and are very low functioning, both cognitively and adaptively.

For many years, the category of severe maladaptive disorder has been the territory of professionals in disciplines like psychiatry, while education was dealing only with mild/moderate EBD. According to Stainback and Stainback (1980), Kaufman was one of the first

educators in 1977 to include, in a formal definition of behavioural disorders, children with extremely maladaptive behaviour. The generic term, *psychotic* was used by psychiatry and other related disciplines to refer to children who displayed behaviours characterised by altered contact with reality and severely debilitating disturbances in affect or behaviour (Coleman, 1986; Lennox, 1991; Stainback and Stainback, 1980).

The identifying features of this category of EBD according to Stainback and Stainback (1980) are:

- Frequently bizarre or grossly inappropriate behaviours,
- Unresponsiveness to others,
- Avoidance of eye contact,
- Severe speech and language disturbances,
- Pathological preoccupation with manipulating objects,
- Self – stimulation,
- Self – injurious behaviour,
- Stereotyped movements, and/or disturbances in biological functions (eating, sleeping, and eliminating) (p9).

Controversy has arisen over whether psychotic behaviour should be sub-classified into subcategories. Many professionals believe that Autism and Schizophrenia are two subcategories of psychoses that are worthy of separate labels. Others do not see a need for this sub-

classification (Coleman, 1986; Stainback and Stainback, 1980). Other professionals (e.g. Lennox, 1991) differentiate among three types of psychotic disorders, each with distinct features and ages of onset as follows:

- Early infantile autism (or just autism)
- Symbiotic infantile psychosis or pervasive developmental disorder
- Childhood schizophrenia

Despite disagreement and confusion the three categories above are currently considered by many researchers as separate and distinct syndromes. Generally, autism is characterised by deficient social skills; self-stimulation; insistence on sameness (upset by even small changes); absent or severely impaired speech; many have an alert and intelligent facial expression (despite a low level of intellectual functioning); relating well to objects (may spin or twirl an object for hours); special skills in memory; problems in sound perception (though many love music); neurological abnormalities such as clumsiness, excessive standing on tip-toe; laterality problems; disturbances of responses to sensory stimuli (Coleman, 1986; Govender, 1989; Lennox, 1991; Stainback & Stainback, 1980). The major characteristics of autism as expressed in DSM-IV can be summarised as follows: impairment in social interactions; impairment

in communication; and restricted behaviour, interests and activities (APA, 2000; Barlow & Durand, 1999; Frances & Ross, 2001).

Childhood schizophrenia usually occurs gradually between the ages of two and eleven but, most noticeably, at the onset of adolescence (Lennox, 1991). This disorder is manifested by loss of contact with reality, bizarre thought processes, and extremely inappropriate behaviour (Govender, 1989). At times the child may be extremely withdrawn, while at other times they may show extreme anger and destructive behaviour towards themselves and others. Other characteristics are as follows: bizarre body movements (robot-like walking or fluid, graceful gyrations), development of own world, disinterest in surroundings and deterioration from previous levels of functioning, variable behaviour (periods of memory interspersed with periods of bizarre behaviour), inappropriate speech (may be highly verbal and have experienced normal language development, but speech becomes disjointed or bizarre), delusions or hallucinations or odd sensory experiences e.g. hearing voices or seeing things, special knowledge about particular subjects, distorted time orientation, stereotyped actions (Coleman, 1986; Lennox, 1991; Stainback & Stainback, 1980).

Symbiotic psychosis is a rare syndrome characterised by intense anxiety and panic over mother – child separation. This syndrome occurs between the ages 2.5 and 5 years. The symbiotic child is unable to tolerate even short periods of separation from his mother. The birth of a new born baby or going to the preschool creates extreme anxiety and panic. Even the slightest routine changes results in severe temper tantrums. As the psychosis persists, other symptoms emerge. The child withdraws, loses interest in his environment and his contact with reality weakens. As he develops the need for sameness (insisting to be with the mother all the time) and his thinking becoming bizarre he begins to look more and more like the autistic child. Self – stimulating behaviour may start and abnormalities of speech and movement are quite common (Lennox, 1991).

Coleman (1986) argues that, despite the disagreement by professionals over whether EBD can be sub-classified into mildly/moderately and severely disordered behaviour, differentiation should be made in order to ensure appropriate and precise programmatic intervention. He further contends that schizophrenics or autistic children require a restricted environment, a lower – level curriculum, more individual attention, and more structure in acquiring behavioural and academic skills than higher

functioning EBD (mildly/moderately disordered) children. Lennox (1991) maintains that the major difference between these two forms of EBD is that, whilst the mild/moderate EBD child is adapting, in an unhappy way, to his real life situation, the psychotic child is attempting to adapt to a subjectively distorted concept of himself and of the world around him. Govender (1989) sketches the difference between mildly/moderately and severely/profoundly disturbed children as follows:

"The types of behaviour that set these children apart from the mildly or moderately disturbed children are lack of basic self-care skills, perceptual deviations, serious cognitive deficits, unrelatedness to other people, language and speech deviations, self-stimulation, self-injurious behaviour and aggression towards others in calculatedly cruel ways. The prognosis for these children is poor. They are likely to function at a retarded level and require supervision and care after years of the most effective treatment known today, unless intensive treatment is begun while they are still very young" (p43).

2.6 Incidence and prevalence of EBD

Prevalence is determined by counting the number of children with a disorder at any given time. It is expressed as a number or percentage of these children in the population. *Incidence*, on the other hand, refers to the number of new cases occurring within a specific time period (Wicks-Nelson & Israel, 1991).

There are a number of inconsistencies in the estimation of prevalence of EBD in literature (Coleman, 1986; Stainback & Stainback, 1980). Cooper and his associates (1994) and Coleman (1986) attribute this disagreement to two things, namely the problem of inconsistency in definition and secondly, the individual educator's tolerance ranges for behaviour. Stainback and Stainback (1980) point out that there is a high incidence of mild and severe behavioural and emotional problems among children labelled as being mentally retarded, learning disabled, blind, deaf, or otherwise disturbed. The authors further state that there is a small percentage of children with severe or psychotic disorder.

2.7 Educational provision for EBD learners

This section will look at the statutory/legislative, curricular and

institutional provisions that other countries have put in place for learners with EBD as compared with how things have unfolded in South Africa from the Apartheid system to the present democratic regime.

The co-existence of learning and EBD problems gives rise to a dichotomy – should the educational need or the social/therapeutic need take priority? Traditionally, according to Lennox (1991), specialist educators of children with EBD have tended to concentrate on meeting the therapeutic need in order to facilitate effective teaching. Lennox, however, emphasises the interactional and interdependent nature of educational, emotional and social special needs, and he argues, in line with the legal stipulations in the British education legislation as espoused in the 1988 Education Reform Act in that country, that schools should provide a broad, balanced and relevant curriculum for *all* children, including those with EBD and educational needs.

2.7.1 The development of special education in the USA

A careful review of the changes in educational responses to EBD over the years reflects different perceptual or theoretical models. These changing perceptions, Cooper and colleagues (1994)

contend, have shifted the focus of concern from the view that the problem exists within the learner (medical model) to the nature of the school system and how its management may create rather than ameliorate difficulties in learning and behaviour (Psycho-educational model). Although attempts to define and delineate sub-categories of EBD had already been made by the end of 1930's, and various plans put in place e.g. special schools, classes, rooms and consultative help (Govender, 1989), educators were still grappling with issues of how to embark on programming strategies to bring about readjustment in the maladjusted learners as directed by the 1944 Education Act in the USA. During this era the medical model was the dominant force. Special education was linked to hospital provision and, perhaps due to the psychoanalytic orientation influence, educators turned to psychiatrists for help. Based on the assumptions of this model, EBD was seen as a result of some underlying condition or 'illness', and 'treatment' was provided by therapy, which emphasised paying attention to personal and social readjustment before educational difficulties. Provision was made through Child Guidance Clinics, which served as it were as the outpatients departments of the medical model, with special schools treated as observation wards (Cooper *et al.*, 1994; Stainback & Stainback, 1980). The use of the medical model by schools resulted in the special schools being seen as merely a place

for gathering material for interpretation, with its educational function taking a back seat.

During the middle of the nineteenth century, several educational approaches evolved from psychoanalytical concepts. The concepts 'milieu therapy' and 'life space interviewing' (LSI) came into being. The word 'milieu' in the former concept is a French word meaning treatment by environment. The concept milieu therapy involves establishing an environment that fosters good mental health. Life space interviewing is an approach in which an interview or discussion is held with the child at the time of a crises or conflict in order to help the child understand the causes of the problem (Cooper *et al.*, 1994; Stainback & Stainback, 1980). There were schools that adopted the thinking and practice based on the above two concepts. These schools sought to resolve behavioural problems by providing a more appropriate environment or milieu. Two types of schools evolved during this period (Cooper *et al.*, 1994). On the one hand, there were schools built to accommodate those children who had committed crimes and on the other those that Cooper, Smith and Upton (1994) describe as 'perishing' classes. Cooper and colleagues describe the children in the latter category as those who have not yet fallen into actual crimes, but who, judging from their behaviour and circumstances in which they were

growing up, are almost certain to commit crime if they do not receive help urgently. This line of thinking culminated in the establishment of industrial as well as reformatory schools, which by 1933 were collapsed into a single type of schools known as approved schools. These schools, according to Cooper and colleagues (1994) were characterised by good physical standards of care linked to strict discipline and social and vocational training. Committal into these schools was by a detention order. England seems to have been following the same procedure as USA because they too, according to Eekelaar and Dingwall (1990), legally assimilated their industrial and reformatory schools to 'approved schools' in 1933.

A series of reports and White Papers noted the distinction between delinquency and deprivation and sought to replace the legalistic orientation of criminal proceedings with more welfare – oriented care proceedings in the promulgation of the 1969 Children Act, which replaced the term 'approved schools' by 'community home'. The U.K. too, replaced their 'approved schools' by community homes, which had educational facilities in the premises (Leeding, 1980). This saw a move away from institutional discipline towards a 'family type care' (Cooper *et al.*, 1994).

During early 1960's, a radical departure from the psychoanalytic concepts as well as subjective interpretation of and permissiveness toward inappropriate behaviours, was noted. There was a tremendous growth of interest by special educators in the behavioural psychology with its insistence that since behaviour is learned, educators are as well – equipped as any other professional to help disturbed learners learn new and more appropriate behaviour (Cooper *et al.*, 1994; Stainback & Stainback, 1980). Such development swung the pendulum from the clinic to the classroom. By the late 1960's and early 1970's this trend had gained great momentum. Special education educators had learned how behavioural principles could be utilised to teach speech, language, reading, and self-help skills to learners experiencing barriers to learning.

In addition to the wide spread of behaviourist approach in 1960's and 1970's, Stainback and Stainback (1980) point out two other approaches, namely ecological and developmental approaches. In the former approach the locus of disturbance is perceived as being in the interaction between the child and the environment (Coleman, 1986). The latter approach is characterised by a change from simple activities, behaviours, and concepts to more complex ones. It implies a classroom instructional sequence with a

hierarchical development. Along with the emphasis on the setting in which intervention took place, came the advent of such a concept as normalisation, which advocated placement of the individual into a situation that is as much as possible like the situation he would be in had he not been considered disturbed. A few more concepts consistent with the normalisation principle gained popularity during this period. Some of these were: *mainstreaming*, which focused on getting the mildly disturbed integrated into regular education programmes with the support necessary to maintain the child in that situation and *deinstitutionalisation*, which focuses on getting the seriously disturbed as well as retarded children out of institutions and back into the public schools and integrated into regular education where ever possible.

The deinstitutionalisation principle, according to Stainback and Stainback (1980) includes providing for the needs of all children in the community setting with a family or home care structure either with natural or foster parents or, if necessary, in a group home accommodation.

The 1960's and 1970's movements; advocacy movements by parents of EBD learners and organised group as well as many court litigations, including the famous 1971 Pennsylvania Association for

Retarded Children vs. Common Wealth of Pennsylvania court decision, culminated in the promulgation of the Public Law 94 – 142, the Education for All the Handicapped Act in 1975 in the United States of America (Govender, 1989; Hewett & Taylor, 1980; Stainback & Stainback, 1980). There are six provisions of this law: zero reject, non-discriminatory classification, individualised and appropriate education, least restrictive placement, rights of parents to participate and right to protest.

Hewett and Taylor (1980) summarise all the above proceedings as follows:

"Now that we have conceptualized emotional disturbance within a learning and educational frame of reference and disturbed children as students waiting to be taught rather than patients waiting to be treated, we can get on with the business of teaching them" (p105).

With regard to curriculum development, Cooper and colleagues (1994) maintain that educators must prevent learning difficulties from becoming behavioural problems by keeping learners clever. This can be achieved through curriculum planning, which develops courses matched to the ability and interests of learners with a wide range of abilities and through other aspects of school organisation and management, which develop a sense of the school as a

community that appreciates and values all its members.

2.7.2 The development of special education in South Africa

The first special school in South Africa was a school for the deaf founded in 1863 by a Roman Catholic Church nun. In 1881 the Cape Dutch Reformed Church established the Institute for the Deaf-mute and the Blind. In 1886 a private school for the deaf children was established in King Williams Town. This school was transferred to Johannesburg and combined with another school to form the St Vincent School for the Deaf in 1934. All the above were private schools which received no subsidy from the then government. This situation, however, changed from 1900 when the Cape Education Department, after conducting an inspection of these schools, began to meet them half way regarding payment of salaries for staff.

From 1925 the Union Education Department unofficially supported these schools financially. This was made official by the promulgation of the Vocational Education and Special Schools Act of 1928 (Act 29 of 1928), which mandated the Union Education Department to establish vocational and special schools. The vocational schools were the commercial schools, domestic science schools, and

industrial schools. Special schools were meant for the education and care of handicapped children. The said Act also made provision for the private schools to apply to the Union Education Department to get a state subsidy as a financial support.

While the Department of Education had made strides in terms of giving financial support to schools, the existing special schools were only for the deaf and blind, not for other categories of disability.

The first school for the handicapped children other than the blind and deaf was established in 1937 for the epileptic children. The school was state – aided financially.

Act 43 of 1937 amended the existing act, Act 29 of 1928. In terms of this new act, all parents of handicapped learners were compelled to send their children to the existing schools for the disabled, regardless of how far they lived from these schools. This resulted in the numbers in these schools swelling dramatically.

A lot of unforeseen problems arose regarding, for example, the duration and nature of curriculum to be offered the 'mentally deviant child, medical and paramedical provision for severely disturbed children, integration of the handicapped back into society after training. The Superintendent-General of Education was

commissioned by the ministry to investigate these issues and advise the ministry. This resulted in the promulgation of Act 9 of 1948, the Special Schools Act. The Act came up with a broader definition of special education, which included medical and mental examination and treatment.

The changing of the Union Education Department into Department of Education, Arts and Science in 1949 resulted in numerous changes in the 1948 Act. In 1967, the 1948 Special Schools Act was entirely replaced by Act 41 of 1967, the Education Services Act, which made provision for the following categories of disability: deaf, hard of hearing, blind, partially sighted, epileptic, cerebral palsied, physically handicapped and children suffering from a defect who had been designated by the Minister, in consultation with the Administrator, as handicapped children and for whom provision should be made under this Act. From this time onwards further investigations were carried out in order to address the educational needs of the following handicapped children:

- Severely mentally handicapped children
- Specific learning disabled children
- Children with early childhood autism

The above investigations came with the resultant addition of two more categories to the Act as follows:

- Pupils with early childhood autism
- Pupils with serious specific learning disabilities

The Act specifically stipulated that the handicapped children had to be educable to qualify for provision under this Act. Since the mentally handicapped were regarded as uneducable at the time, another Act, the Mentally Retarded Children's Training Act (63 of 1974) was enacted to cater for this category of disability.

All the above Acts, however, were repealed in 1988 by the promulgation of Act 70 of 1988, Education Affairs Act (House of Assembly). This Act applied to Whites only. The situation in South Africa, with its Apartheid history, was such that education was provided on a racial basis. The population groups other than Whites were seriously disadvantaged when it came to the provision of education as well as other basic services in general. The picture was even worse when it came to the provision for the handicapped children. The other population groups were provided for by the following Acts:

Indians Education Act 61 of 1965

Coloured Education Act 47 of 1963

Education and Training Act 90 of 1979 (Kapp, 1991)

Children under the Kwazulu Government Education Department were unfortunately not provided for; therefore schools under this Department had to battle with their handicapped children. The special schools for Whites were by far the best equipped in terms of physical, financial and human resources, while the other population groups had to make do with the meagre resources they had.

When the democratic government came into being in 1994 the Apartheid system, with all its racial and discriminatory practices were dismantled. Two years into democracy the Ministry of Education took major strides to end racially-based education system. The mainstream and special education systems were running parallel as two separate systems prior to 1994. In 1996 the Ministry of Education commissioned two bodies to investigate all aspects of special needs and support services in education and training in South Africa. The two bodies came up with the following findings:

- Specialised education and support have predominantly been provided for a small percentage of learners with disabilities within 'special' schools and classes
- Where provided, specialised education and support were provided on a racial basis, with the best human, physical and material resources reserved for whites

- Most learners with disability have either fallen outside of the system or been 'mainstreamed' by default
- The curriculum and education system as a whole have generally failed to respond to the diverse needs of the learner population and education, resulting in massive numbers of drop-outs, push-outs and failures
- While some attention has been given to the schooling phase with regard to 'special needs and support', the other levels or bands of education have been seriously neglected.

Based on the above findings and recommendations that ensued there from, Education White Paper 6, Special Needs Education: Building an Inclusive Education and Training System was passed into law in July of 2001 (National Dept of Education, 2001; KZN Dept of Education: PGSES, 2001).

The policy adopts the principle of human rights as enshrined in chapter 2 of the South African constitution: Bill of Rights. Among other things the policy commits itself to: human rights and social justice for all learners; participation and social integration; equal access to a single, inclusive education system; access to the curriculum, equity and redress; community responsiveness; and cost-effectiveness (National Dept of Education, 2001; The constitution of RSA, 1996).

According to the above policy, schools will be categorised as per the needs of learners that they are serving. Accordingly, there will be three types of schools, namely, *ordinary schools*, which admit 'normal' learners, *full service schools*, which will be equipped and supported to provide for the full range of learning needs among all learners, and *resource centres*, which will be like the special schools as we know them today, and will provide for learners who require a high level of support (i.e. the category currently known as severely/profoundly disabled).

Disabilities, according to this new policy are broadly defined and are referred to as 'barriers to learning and development'. The barriers can be intrinsically or extrinsically situated to the learner. The curriculum, the education system as a whole, the educators and/or their teaching methodology, attitudes to difference, the physical structures (e.g. inaccessible buildings/toilets, etc.), can form extrinsic barriers to learning. Examples of intrinsic barriers: cognitive impairments, cerebral palsy, sensory problems, etc.

In addition to the forms of special schools mentioned above, there is another category of schools for the pedagogically neglected child and the pedagogically neglected juvenile delinquent. These schools are collectively known as Child Care Schools and cater for

children who have been placed by the order of the juvenile court in terms of the Child Care Amendment Act 96 of 1996. This Act amended Act 74 of 1983. The Act makes provision for schools of industries, reform schools and children's homes. Another type of schools is the clinic school, to which children with behaviour problems may be referred temporarily.

Child Care Schools are, however, not classified as schools for special education. Since the present study concentrates on learners placed in terms of the Child Care Act, the placement options will be discussed in more details below. But before this is done a brief discussion of the legal framework regulating the whole issue of children in need of care as well as the actual court proceedings will be given.

- Legal framework

The main piece of legislation regulating matters of childcare in South Africa is the Child Care Act 74 of 1983 as amended in 1996 (number 96 of 1996). In the old Act, the test for whether children needed intervention with regard to care was based on the unfitness of the parent to look after the child. The *1996 Child Care Amendment Act* has, however, shifted the focus from the parent to

the child in need of care (Skelton, 1998)

Besides the Child Care Act, there are three more legislative mandates regulating issues of childcare, namely the South African constitution, the United Nation on the Rights of the Child, and the Prevention of Family Violence Act. Article 12.1 of the UN Convention on the Rights of the Child, according to Skelton (1998), gives the child a right to express his or her opinions "freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" (p26). This provision, according to Skelton, is important for without it the Child Care Act would fail to guarantee a child's right to have their views heeded in children's court proceedings.

It is the duty of the children's court to decide and rule on what is in the best interest of the child based on the information presented to it. Section 28.1(b) of the South African constitution, which stresses the right of the child to "family care or parental care or to appropriate alternative care when removed from the family environment" and s28.2, which states that "a child's best interests are of paramount importance in every matter concerning the child" (The constitution of RSA, 1996) are very helpful to the court when it makes its decision.

- Who is the child in need of care?

Children are defined as in need of care if they

- Need to be removed from the adult in whose custody they have been because of serious neglect or abuse
- Have to appear in the children's court because of the death or disappearance of the only parent figure in circumstances where there is no one to care for them.
- Are described by current caregivers as *uncontrollable* because of their behaviour (Skelton, 1998).

The Child Care Act (s42) makes it mandatory for every health worker (dentist, medical practitioner or nurse) to report all cases of child abuse or neglect, malnourishment, and injury the cause of which is suspected to be deliberate, to social workers, children's court or police station. The Prevention of Family Violence Act (s4) supports the Child Care Act above and it extends the list of those who *must* report to include educators, mental health workers, and others who care for children (Skelton, 1998; Child Care Act, 74 of 1983).

The court proceedings are initiated if the social worker or any other authorised person presents a case of a child who, in their opinion is in need of care. In some instances the social worker approaches

the court as a matter of urgency to get an order to remove the child to a place of safety if the child is in immediate danger. The social worker continues to investigate the home circumstances fully while the child is in the place of safety. This can take weeks before the child appears in children's court for a full hearing (Skelton, 1998). The situation in Britain, however, is slightly different compared to that in South Africa. Firstly, there they have abolished court orders for placement in places of safety because these were abused. According to the 1989 Child Care Law in that country, they now use what they call Emergency Protection Order (EPO's). These last for only eight days and can be extended by a further seven days (Eekelaar & Dingwall, 1990).

According to the South African constitution, particularly section 28(1) (h), children are entitled to a legal representation if they so desire. The 1996 Child Care Amendment Act specifically, in concurrence with the said section of the constitution above, states that the legal expenses will be borne by the State if the parents or guardian cannot afford (The constitution of RSA, 1996; Skelton, 1998).

Children's court proceedings are less formal than those of the courts. They are designed to make an inquiry to decide what is in the best interest of the child, and they are made informal in order to

set the child at ease and spare them the traumatising experience normally endured in formal courts. Technically therefore, the children's court conducts an inquiry rather than a trial and it is not obliged to follow the normal rules of evidence as strictly as other courts do (Skelton, 1998). According to the Child Care Act, the social worker is not in session in court; nor should they address or enter into any debate with the commissioner. Theirs is to provide the court with an expert opinion, not to represent the child.

Sometimes children are caught doing crime and brought before the law. Their criminal cases can and often are transferred to the children's court inquiry. The question is when does this happen? Skelton (1998) explains this thus: "Where factors such as poverty, abuse of the child, neglect or peer pressure played a major part in the child committing the offence, then a children's court inquiry may be appropriate" (p138).

2.7.3 Placement options after children's court inquiry

After the completion of the court inquiry, the commissioner may decide on any one of the following placement options:

- The court may order that the child remain with the biological parent or guardian

- Placement in the children's home or foster care may be considered
- Where the commissioner considers the foster parenting or children's home not the best option, the school of industries may be the best option.

❖ Foster care

This option may be used as a long-term alternative away from the child's parents. The order to this effect lasts two years and can be extended by two years at a time. This arrangement grants the foster parent the right to have day-to-day care of the child and they are entitled to have foster care grant (unlike in the case of adoptive care). Foster parents, however, do not have the right of the guardianship over the child (Child Care Amendment Act 96 of 1996; Skelton, 1998).

The Act emphasises, however, that any placement option other than with the maternal parent of the child should be regarded as temporary arrangement while attempts are being made to reunite and reconstruct the natural relationship between parents and child (Act 96 of 1996).

❖ Children's homes

Where foster placement is not possible, the next best option is the children's home. This is a residential facility, which is by law required to be registered with the Ministry of Welfare and have trained staff, including qualified social workers, to care for children and youth on a daily basis (Skelton, 1998)

❖ Schools of industries

Where neither foster care nor a children's home seems suitable, then the final resort of the children's court may be placement in a school of industries. The latter are administered by the Department of Education (except Newcastle School of Industries for boys, where Department of Welfare and Education Department are jointly responsible for control of the school). These schools are normally used when a child presents with challenging behavioural problems that require more supervision than is available at children's home.

Seven out of nine provinces in South Africa have schools of industries. Only Limpopo and Northern Cape do not have these facilities (Gallinetti, 2003). KwaZulu-Natal alone has three such schools. There is one for adolescent girls, (Mimosadale School of

Industries), one for adolescent boys, (Newcastle School of Industries) and another one for both boys and girls aged thirteen and below (Bersig School of Industries).

Children in the schools of industries are there because they presented with serious behavioural problems e.g. conduct disorders, which have landed most of them in court. The careful investigation of these behaviours by the social workers result in these children being described as children in need of care and their cases converted into court inquiries rather than proceeding in normal court. Their behaviour is usually much more severe than that of the children in other care facilities like children's home. A lot of them have come from broken or abusive home backgrounds, which have predisposed them to bad behaviour.

❖ Reform school

Skelton (1998) describes a reform school as the most restrictive type of residential care facility in South Africa (other than prison). Children's courts do not have the power, according to Skelton, to order a child into a reform school. Placements into these facilities are ordered by Criminal courts as a sentence. Transfers between other care facilities and reform schools are not facilitated by the

court, but are done as administrative arrangements by the facilities concerned. As a result they cannot be discussed openly in court, so there is no opportunity for the aggrieved parties to challenge them. One can, however, according to Skelton (1998) stop the transfer by means of a High court interdict.

- *The concept of reform and industrial schools in Western and Mpumalanga Provinces*

According to Gallinetti (2003) only two out of the nine provinces in South Africa have reform schools. These are Western Cape and Mpumalanga Provinces. At the time of doing this research this information was verified by conducting telephonic interviews with people who are directly involved with the proceedings and designations into the reformatory and industrial schools in these two provinces.

It was established that in the Western Cape there were 15 industrial and 5 reformatory schools before (Dr Theron, Director: Specialised Education and his Deputy, Dr Charles Coetzee). According to these two gentlemen, all these institutions were, however, closed down with an aim to start a totally different set up of facilities with a different name; something in line with the positive, development

and discipline approach as opposed to the controlling and punitive approach based on the old dispensation in South Africa. To start this new concept of schools they appointed new staff and changed the names. They now refer to the SOI's as 'Youth Care and Education Centres' and to the former reformatories as 'Special Youth Care and Education Centres'. From 20 schools they now have 6 centres: 4 Youth Care Centres and 2 Special Youth Care Centres.

Although the idea to bring about these changes got under way since the investigation of the Inter-Ministerial Committee on Young People at Risk in 1996 (Gallinetti, 2003), the actual transformation, according to Dr Coetzee started in the year 2000. Coetzee said they were learning as they went along, as there was no similar set up to benchmark. He said they intended using the youth care centres as resource to mainstream schools by developing programs in these centres so that those children presenting with challenging behaviour in the mainstream schools can be referred to these centres temporarily instead of getting expelled.

The staff establishment at these centres include: psychologists, social workers, occupational therapists and nurses – all full-time employees in the schools. Coetzee said they were busy training about 9 educators in each of these schools (i.e. 1 HOD + 8

educators) so that they could form part of the multidisciplinary team responsible for therapy programs in these centres. The rest of the other educators are responsible for the regular curriculum program. Coetzee also said although they were training educators to take on the therapeutic responsibility, they were careful not to overload them as they still have the responsibility to carry out the curriculum program as well. They are taking it step by step with them.

The centres, according to Coetzee, are not on the same level of development. This influences the decisions of placement of learners (especially severe cases of behaviour problems) and at times it necessitates transfers of difficult cases between schools; however he said this happened on rare cases.

The situation in Mpumalanga Province is slightly different from that in Western Cape. They also have done away with the old terms and now refer to the SOI's and reformatories as just "school facilities". Dr M Van Zyl was interviewed and she said they had 2 facilities for boys, 1 for girls and the former reformatory caters for both boys and girls. They too, like Western Cape, are fortunate to have professionals in the form of one or two psychologists, therapists, nurse and 3 youth workers in each facility employed full-time. She said the psychologists train educators for an hour each week.

Educators specialise e.g. a specialist for aggression, etc. will stick with this area of specialisation the whole year. Children are divided into groups and rotate but educators don't rotate, they stick with their specialisation. The psychologist is in charge of rehabilitation. The school is headed by the Deputy Principal, who is in charge of normal day-to-day running of the school as well as the regular curriculum program while the psychologist, who is in the same level as the Deputy Principle, is head of psychology and therapy section.

Although the set up in the Department of Education has changed in these two provinces, the justice system still commits children according to two separate acts. Children's courts use Child Care Act to commit children into SOL's and the normal courts commit children into reform schools according to the Criminal Procedure Act. This status quo, however, will hopefully change once the Child Justice Draft Bill is passed and becomes law.

2.8 Other definitions

2.8.1 Defining emotional/behavioural disorder (EBD)

Consensus on the definition of terms facilitates easy communication among professionals, which in turn ensures a clear demarcation of

the population to be served. This consensus in the definition is also important for research reasons. Coleman (1986) outlines a number of pragmatic implications of a definition:

- The chosen definition dictates the type of intervention and programme description that is used to communicate the goals to others
- The definition affects prevalence estimates and thus influences decisions about who will receive services, and
- The definition influences the areas of legislation, advocacy, and personnel preparation for employment.

It is important, however, to note that thus far professionals have not reached agreement on the definition of EBD.

2.8.1.1 Definition problems

Govender (1989) refers to Hallahan and Kaufman (1988) who note the following as the contributory factors that make consensus difficult:

- Lack of an adequate definition of mental health and normal behaviour
- Differences among conceptual models
- Difficulties in measuring emotions and behaviour

- Relationships between EBD and other handicapping conditions
- Differences in the functions of socialization agents who categorize and serve children

Other authors have attributed this lack of universality in the definitions to other factors. Cooper and colleagues (1994) attribute it to the high degree of subjectivity involved in the definition, description and varying perceptions regarding aetiology of EBD. Stainback and Stainback (1980) and Wicks-Nelson and Israel (1991) concur with the authors above and they add two more factors, namely sociocultural norms as well as developmental age norms. With regard to the sociocultural norms, Wicks-Nelson and Israel make an example of the youngsters in the USA who are expected to be assertive and aggressive, as compared to their counterparts in other parts of the world. This means that USA might tolerate higher levels of aggression than other countries would do. With regard to the developmental age norm, the authors argue that the age of the child exhibiting the behaviour(s) has an influence on whether or not the behaviour is labelled as being deviant.

2.8.1.2 Current definitions

As it will become clear from the definitions that follow, the definition reflects the theoretical orientation of the professional who offers it and, as said above, impacts on the intervention programmes developed.

Public law 94 – 142, defines the severely emotionally disturbed as follows:

(a)The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- an inability to learn which cannot be explained by intellectual, sensory, or health factors,
- an inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- inappropriate types of behaviour or feelings under normal circumstances,
- a general pervasive mood of unhappiness or depression, or
- A tendency to develop physical symptoms or fears associated with personal or school problems.

(b)The term includes children who are schizophrenic or autistic.

The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed (Coleman, 1986; Goveder, 1989; Hewett & Taylor, 1980; Ruskin, 1981).

The above definition was adapted from Bower's definition. PL94 – 142 modified Bower's definition by including the qualifier "seriously" to the term emotionally disturbed and the exclusion of socially maladjusted children (Coleman, 1986). Bower did not take kindly to this modification. He maintained that this modification implies that mildly or moderately disturbed learners are to be excluded and, further, that educators are capable of distinguishing degrees of disturbance on a continuum of severity. Comments and criticisms of this definition came from all spheres. According to Coleman (1986) for example, it was proposed that further research be conducted under the light of the following five questions:

- What is the impact of the qualifier *seriously* on the identification of emotionally disturbed children?
- How are states operationalizing phrases such as *over a long period of time* and *to a marked degree*?

- How do these qualifiers affect the numbers of children served?
- To what extent do states without policy definitions offer programs and services for autistic and schizophrenic children?
- What is the impact of non-categorical definitions on identification, service delivery, and funding procedures?

Still on criticisms, Morse (1985) points out that the federal definition, by including educational performance, leaves out those who have no school problems or problems that do not affect achievement, and he argues that this is a significant number.

Smith and Neisworth's (1975) definition makes a distinction between emotionally disturbed and socially maladjusted children as follows:

"There are two very broad categories of adjustment problems: emotional disturbance and social maladjustment. Almost every one experiences instances of maladjustment in his lifetime. These transitional time periods are normal if they are relatively brief and infrequent. They may very well be situation-specific, that is, related to a certain trying or disturbing event, place, or person. Hence, there is no clear line of demarcation between normal and abnormal personal – social behaviours. "Emotional disturbance " is a general term that is used to include numerous imprecisely defined

conditions such as "mental illness", "psychosis", "neurosis", "schizophrenia", "phobia", "obsession", "compulsion", "autism", and so on. Each of these categories of disturbance has characteristics that separate it from the others. Fundamentally, children who exhibit emotionally disturbed behaviours are excessively aggressive, withdrawn, or both. Their central problem usually is not violation of social rules or the mores and folkways of the culture; they are, however, usually very unhappy people. Social maladjustment in contrast, involves behaviour that violates rules. The behaviour may be acceptable within the context of the child's subculture, but not in society at large. In fact, within the child's immediate social milieu rule-violating behaviour (e.g. throwing stones at school windows) may be rewarded" (pp 26 &27).

Rhodes and Paul (1978) define disordered behaviour as "a behaviour that departs from the expectations and customs of the culture surrounding the individual marked as a deviator" (p43)

From the social theory point of view, deviance may be conceived of as "a process by which the members of a group, community, or society:

- Interpret behaviour as deviant,

- *Define persons who so behave as a certain kind of deviant and*
- *Accord them the treatment considered appropriate”*
(Cooper et al., 1994).

De Lange (Stainback & Stainback, 1980) sees the EBD child as follows: *“This child manifests emotional maladjustments and behaviour deviations which impede his learning progress at school and his integration into school and the community. He is therefore dependent upon therapeutically oriented education. Clinically speaking, however, this child has no serious psychotic or organic disturbances”* (p6).

Another definition quoted by Govender (1989) views EBD child in terms of how his behaviour affects him as well as others in the classroom situation: *“a child is disturbed when his behaviour is so inappropriate that regular class attendance:*

- *Would be disrupting for the class;*
- *Would place undue pressure on the teacher; or*
- *Further the disturbance of the pupil.*

The following definition reflects the ecological orientation: *“a variety of excessive, chronic, deviant behaviours ranging from impulsive and aggressive to depressive and withdrawal acts*

- which violate the perceiver's expectation of appropriateness and
- which the perceiver wishes to see stopped" (Stainback & Stainback, 1980; Hewett & Taylor, 1980).

Carson and Butcher (1992) define maladaptive behaviour as behaviour that is detrimental to the well being of an individual and/or group.

Kaufman's (1977) definition is formulated from a learning theory perspective:

"Children with behaviour disorders are those who chronically and markedly respond to their environment in socially unacceptable and/or personally unsatisfying ways but who can be taught more socially acceptable and personally gratifying behaviour. Children with mild and moderate behaviour disorders can be taught effectively with their normal peers (if their teachers receive appropriate consultative help) or in special resource or self – contained classes with reasonable hope of quick reintegration with their normal peers. Children with severe and profound behaviour disorder require intensive and prolonged intervention and must be taught at home or in special classes, special schools, or residential institutions" (p23).

The following definition reflects the psychodynamic view point:
“impairment of emotional growth during some stage of development with resultant distrust toward self and others and hostility generated from anxiety” (Hewett & Taylor, 1980, p 36).

Govender (1989) points out that there seems to be a general agreement that EBD refers to:

- Behaviour that goes to an extreme – behaviour that is not just slightly different from the usual.
- A problem that is chronic – one that does not quickly disappear
- Behaviour that is unacceptable because of social or cultural expectations.

2.8.2 *More definitions*

2.8.2.1 Juvenile delinquency

This term has the following definitions:

“Persistent and repeated law breaking” (Leeding, 1980, p175).

“The term is used to refer to children and youth who have violated the law” (Stainback & Stainback, 1980, pp8-9). These authors also quote Kvaracens and Miller who define juvenile delinquency as: “behaviour by non-adults which violates specific legal norms or the norms of a particular societal institution with sufficient frequency and/or seriousness so as to provide a firm basis for legal action against the behaving individual or group”.

Carson and Butcher (1992) define juvenile delinquency as a legal term used to refer to illegal acts committed by individuals under the age of 16, 17 or 18 (depending on state law).

2.8.2.2 Child care

This refers to a blend of legislation and practice, which inspires the social care of children and young persons under the age of 18

(Leeding, 1980).

2.8.2.3 Ecosystemic theory

The ecosystemic approach to human behaviour is founded on the notion that the origins and purposes of human behaviour are essentially interactional (Cooper *et al.*, 1994).

Coleman (1986) defines ecosystem (in human ecology) as the various environments in which an individual routinely interacts. Coleman lists people, objects, time, space and psychological variables as components of an ecosystem. Hewett and Taylor (1980) concur with the above definitions: "essentially, ecology is the study of the interaction between organism and environment (p35)". The authors further state that human ecology similarly views ecosystem as "the interaction between the idiosyncratic individual and his or her unique environment.

2.8.2.4 Foster parent

Foster parent in this study is defined in accordance with the Child Care Act 74 of 1983 as amended, which states that foster parent means any person, except a parent or guardian, in whose custody

a child has been placed in terms of Chapter 3 or 6 of this Act or section 29 of the Criminal Procedure Act, 1977 (act 51 of 1977) (Child Care Act, 1983 (Act 74 of 1983)).

2.8.2.5 Children's homes

Children's homes, according to the Child Care Act (Act 74 of 1983), means any residence or home maintained for the reception, protection, care and bringing up of more than six children apart from their parent, but does not include any school of industries or reform school.

2.8.2.6 Reform schools

Reform school means a school maintained for the reception, care and training of children sent thereto in terms of the Criminal Procedure Act, 1977 (Act no.51 of 1977), or transferred thereto under the Child Care Act (Act 74 of 1983). Reformatories according to Eekelaar & Dingwall (1990) were developed as a constructive alternative to imprisonment for children who have committed offences.

2.8.2.7 Counselling

Kottler and Brown (1992) define counselling as a profession with a history and set of standards distinct from other related disciplines such as social work, psychology, and psychiatry. It is an activity that is geared for working with relatively normal - functioning individuals who are experiencing developmental and adjustment problems. It involves a relationship, either in a group, family or individual format that is caring, honest, accepting, and open. The two authors further argue that, regardless of their work setting, theoretical orientation, training program, and client population, counsellors all use the same intervention skills, namely: self-disclosure, confrontation, active listening, goal setting, interpretation, questioning, reassurance, modelling, reinforcing, empathy, immediacy, respect, and genuineness.

There is abundance of literature on various counselling approaches (Brammer, 1973; Burke, 1989; Cooper *et al.*, 1994; Corey, 1995; Dinkmeyer & Muro, 1971; Gilliland *et al.*, 1989; Gillis, 1992; Hansen *et al.*, 1986; Kottler & Brown, 1992; Krumboltz & Thoresen, 1976; Nelson-Jones, 1993; Tolbert, 1959; Warters, 1954).

2.8.2.8 Learning disability

According to Du Preez and Steenkamp (1980) the specific learning disability refers to the specific basic shortcomings in the learning act that are not primarily/directly the result of general mental handicaps, educational and/or cultural neglect, emotional deviation or sensory defects. These children evidence a significant discrepancy between their intellectual abilities and their achievement in respect of certain learning skills. Aaron (1981) states concurrently that learning disability is the result of an imbalance in the subject's information - processing abilities and not the outcome of a generalised cognitive deficit. Engelbrecht, Kriegler and Booysen (1996) proposed the following definition for learning disability:

"A learning disabled child is a child of at least average intelligence whose academic performance is impaired by a developmental lag in the ability to sustain selective attention"
(p344).

2.8.2.9 Sexual abuse

Child sexual abuse can be defined as the sexual exploitation of a child under the age of 16 years, for the sexual pleasure or

gratification of a significantly older person (Gillis, 1992).

2.8.2.10 “Adequately trained teachers”

In this study, educators will be regarded as adequately trained if they have studied (during their teacher-training e.g. at certificate, diploma or degree level) theory of human behaviour/special needs education/youth care and have undergone in-service/on-the-job training courses on how to work with learners presenting with challenging emotional and behavioural problems such as those in the schools of industries. Educators who have studied the science of human behaviour without practicalising this by means of supervised in-service courses and those who have not studied it during their teacher training but have been to one or two workshops will be regarded as partially trained. Those who have done neither of the above two things will be said to be unqualified/not trained to teach at schools of industries.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter provides a description of the philosophical assumptions, aims, research design, data collection procedures, research subjects as well as how data will be treated.

3.2 The aims of the study

3.2.1 General aim

The general aim of this research study is to determine the effectiveness of the psychological intervention programs used in the schools of industries.

3.2.2 Specific aims

- To determine if the psychological intervention program is well structured and timetabled for all learners to access.
- To find out if the program benefits the learners.

- To determine if educators in these schools are adequately trained to manage EBD learners.
- To determine if learners value their placement at schools of industries.
- To compare theories of action regarding the psychological intervention programs in the two adolescent SOI's.

3.3 Research methodology

3.3.1 *Research type*

The title and purpose of this study presuppose the use of evaluation research. Evaluation research can be regarded as a branch of applied research that sets out to provide the empirical data about the work and merits of various human service and/or programs (Barker, Pistrang & Elliot, 1994; Drew & Hardman, 1985; Goodwin, 2002; Schumacher & McMillan, 1993). Isaac and Michael (1995) describe evaluation method as a method that has its accent not on theory building but on product delivery or mission accomplishment

There has been robust debate in literature on whether evaluation should be regarded as research. Isaac and Michael (1995) quote

Stufflebeam as saying that the purpose of evaluation is to improve, not to prove. Drew and Hardman (1985), however, doubt if distinctions exist between evaluation and research. They contend that if at all distinctions do exist they are minimal. Evaluation is presumably undertaken to answer the research question: "Does this technique, program, etc. work?" or to provide a basis for making decisions. These purposes, according to Drew and Hardman, (1985) involve questions of immediate utility.

Evaluation is a useful research as it attempts to marry research and practice, something that traditional research does not set out to do. Molekwa (2003) argues that modern research is beginning to break the rigid lines between "pure" and applied research. Chemane (1998) and Terre-Blanche and Durrheim (1999) support Molekwa's (2003) argument and they further state that research has now become action-oriented rather than remaining aloof. Research, according to Terre-Blanche and Durrheim, is not just about studying old social realities, but it is also about creating new ones.

Isaac and Michael (1995) describe the term evaluation as a term that is associated with how effective or ineffective, how adequate or inadequate, how good or bad, how valuable or invaluable, and how appropriate or inappropriate a program or a given action is.

Evaluation research spells the researcher's commitment to trying to answer the question of policy-makers and practitioners about how to overcome the legitimate problems facing them in their daily practice.

This study therefore, advances the argument, in concurrence with Robinson's (1993), that researchers (especially in the field of community psychology) who want to have an impact on practice should adopt a problem-based methodology (PBM), in which the *theories of action* relevant to the problem situation are investigated, evaluated and, if necessary, altered. Robinson (1993) defines a theory of action as "a theory we attribute to ourselves or others that purports to explain or predict, on the basis of relevant values, beliefs and motives why people act as they do in a given situation" (pvii).

3.3.2 Methodological design

Triangulation mixed method design was used for the present study. The nature of this research study – program evaluation – lends itself to this type of design (Goodwin, 2002). Evaluation research basically asks two questions, according to Barker, Pistrang and Elliott (1994), namely:

- What are you doing or trying to do?

- How will you know if you've done it?

The first question can be best researched by quantitative data collection, whereas the latter requires participants to give their perceptions of what they are doing in terms of how effective it is and the reasons why they 'think' it is or is not effective. The latter question, therefore, can be best studied qualitatively. This was the main reason why triangulation was considered the best method for this study. The quantitative and qualitative approaches were used simultaneously to complement each other.

Creswell (2002) defines triangulation as a design that simultaneously collects both qualitative and quantitative data, merges the data, and uses the results to best understand a research phenomenon. Every methodology has its limitations. Using a mixed method design such as triangulation, has advantages in that it allows you to compensate for the weaknesses of one methodology in a domain by supplementing or complementing it with another methodology that is stronger in that domain (Breakwell, Hammond & Fife-Schaw, 1995; Creswell, 2002).

Evaluation research is more than just asking, "What is happening?" (Exploratory study), it is also about finding out the *effectiveness* of

the action, program, etc with a view to do something about it for example make recommendations for improvements or influence decision-making. However, what is effective for the evaluator or the researcher may not necessarily be so for those involved in the program. More over, the aim of the study was also to compare the practices in the two schools of industries. Chaloner (1994) argues that if the research question is simply "what is happening" then exploratory demographic study will suffice, but if the aim is also to compare, then the exploratory study will not be enough.

Qualitative and quantitative approaches have been traditionally viewed as representing fundamentally different paradigms. Paradigms are all encompassing systems of interrelated practice and thinking that defines the nature of reality (ontology), the nature of the relationship between the researcher and the subjects or between the researcher and the research phenomenon (epistemology) and the manner in which the researcher will go about studying the phenomenon (methodology) (Molekwa, 2003; Richardson, 1996). Others consider these approaches as competing alternatives where each is true in its own terms and where the choice between them is dependent on a personal preference or taste.

These approaches are sometimes defined as involving a different sort of data. Some for example argue that quantitative approach consists of hard data, which are usually in the form of numbers whilst qualitative approach consists of rich data in the form of text (Coolican, 1994; Richardson, 1996; Schumacher & McMillan, 1993). This, however, is too simplistic as it suggests that there are just two types of researchers, the one who collects only numerical data and the other who deals only with data in the form of text/words. Richardson asserts that it is true that there are studies that provide only numerical data and others that provide only verbal data, but there is also a large proportion of studies that use both. The paradigm view of methodological designs is problematic as it places the methods at the extremes and in opposition to each other instead of combining them where possible in order to get a best understanding of the study phenomena.

A lot of problems in the human sciences do not fall neatly into one or other of these two traditional approaches above. As Coolican (1994) contends, there has been an excess of emphasis, within psychological research history, on the objective measurement and direct observation of every concept, such that, important topics, not amenable to this treatment, were devalued.

Describing the difference between the qualitative and quantitative approaches, Mathfield (1992) states that quantitative research relies on the hypothesis being clearly – defined prior to the commencement of the study. It is constructed in such a way that it can be rejected or falsified. Hypothesis, therefore are central to the research exercise. By contrast, the hypotheses formulated within qualitative research tend to be rather general aims. Because of this vagueness of the hypothesis, the research design emerges with the study; it is not clear right from the start as is the case in quantitative approaches.

It is not, however, entirely true that quantitative approaches are all about hypothesis testing. There are research surveys that are purely exploratory, with no intent of testing the hypothesis. The time has come for researchers to stop fixating on the paradigm view and start viewing methodological designs as equally useful depending on the research question one is trying to answer. One should begin by thinking about the social problem and thereafter think about the best way it should be studied. The methodological design will just fall into place by itself.

The traditional quantitative researchers' postulations are embedded in the Conventional / Positivist paradigm, which holds the view that

there is an objective reality out there which can be known. This reality can be studied objectively, with the researcher adopting a distant, 'outsider looking in' stance. It is pleasing, however, to see that the Post-positivists have shifted their position from the classical Positivism view (Molekwa, 2003). The Post-positivists, while they still desire the objectivity, have begun to realize that researcher subjectivity is a reality and that objectivity in a research study is something to aspire for.

The qualitative research on the other hand, is predicated on the beliefs that derive from the Interpretivist – Constructivist – paradigm, which has as its point of departure the assumption that knowledge is both socially and individually constructed. There can be as many realities as there are persons out there (Creswell, 1998; Molekwa, 2003; Richardson, 1996). This means that the researcher is not the only one who can assign meaning to a research phenomenon, the participants can also do it and the meanings need not be the same. Therefore in this type of research the researcher adopts the stance of being a subjective 'insider looking around' rather than 'outsider looking in' as in the previous paradigm above. Creswell (1998) states that the researcher acknowledges that research is value laden and that biases are present, therefore he openly discusses values and includes his own interpretation in conjunction

with the participants' interpretation in his report. Supporting this claim, Robinson (1993) writes: "A large part of the social science is concerned with the explanation of human action, and human action is, by definition, done with a point or purpose. An obvious implication of this idea is that one cannot correctly identify particular acts by reference to behaviour (or physical movement) alone. The observer must interpret the behaviour in terms of the attributed intentions, purposes or reasons of the actor in question" (p208).

3.4 Research subjects

Since this research project is of necessity a study of the effectiveness of the psychological intervention programs in the schools of industries, the research subjects had to be people in these schools. Learners, educators, one social worker and one consulting psychologist in the schools of industries therefore formed research subjects of the study. Sixty-one (61) learners, 27 educators 1 social worker and 1 clinical psychologist (visits the school once or twice a week on consultative basis) participated in the study. This gives a total of 90 participants; a total inclusive of the pilot school.

3.5 Sampling technique

Purposeful sampling was chosen for this study. Schumacher and McMillan (1993) describe purposeful sampling as selecting information-rich cases for study in-depth. Creswell (1998) describes purposeful sampling as one of the stages of an important seven-stage data collection circle. According to him, data collecting procedures proceed according to the following interrelated circular stages:

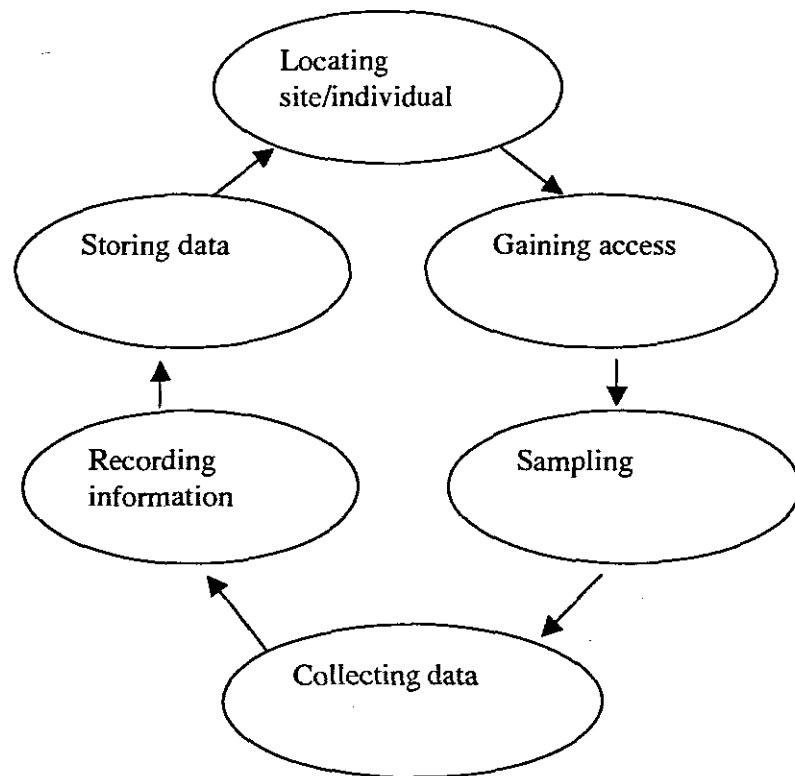


Figure 3.1: Seven stages of data collection (Adapted from Creswell, 1998)

Creswell (1998) further states that purposeful sampling of site,

individuals, source documents etc. is not probability sampling from which statistical inferences can be made. Rather, it is the kind of sampling that enables a best study of the problem under examination.

As purposeful samples therefore, learners, educators and social workers in the schools of industries were targeted as participants because they had the required information pertaining to the psychological intervention program offered in these schools. Types of purposeful sampling, amongst others, are site selection and comprehensive sampling. Both these were relevant for the present study. The site had to be the schools of industries for obvious reasons. It was felt that any type of sampling that would leave any learners or educators out would not do justice to the study, as the main purpose was to get as reliable and as comprehensive information as possible.

3.6 Research instrument

As the nature of this study is both quantitative and qualitative, meaning that while specific information was sought from the subjects, the study also had a phenomenological character; it was important to use a research tool that would capture this dual

character of the study. The research study had specific questions to ask the subjects and for which it sought explicit answers. At the same time it looked to allow the phenomenon to reveal itself by getting the participants to give their side of the "truth". The questionnaire was the best instrument thought of to realise the dual aim of the study. Another rationale for using this type of instrument was its ability to collect large volumes of data within a short period of time. It is cost-effective and using it is not labour-intensive (Breakwell *et al.*, 1995).

The triangulation mixed method design is usually used to cancel the weaknesses of quantitative and qualitative approaches. Usually in triangulation, data is collected simultaneously with the two approaches used as separate entities not combined in a single instrument. For the present study however, the two approaches were combined in a single questionnaire as a research instrument. This was done by a combination of closed as well as open-ended questions in one questionnaire for both educators and learners. Heiman (1995) states that a mixture of closed and open-end questions has the advantage of providing both some reliable questions that are narrow in scope and some less reliable, but wider-ranging questions.

3.6.1 Adaptations to the questionnaires

The schools of industries have a multi-cultural enrolment of Black, White, Indian and Coloured learners. There is a larger portion of Isizulu speaking learners relative to the rest of other cultural groups. Some of the learners have had no continuous schooling when they come to these schools. Others have had no schooling at all and as such they battle to express themselves in English. Because of this reason, it was felt that the questionnaires for learners should go out both in Isizulu and English (see appendices F and G). This necessitated that questionnaires be translated into Isizulu as well, which, according to Sithole (1998), would pose a threat to the internal consistency (reliability) of the translated questionnaires. To deal with this, a professional translator was hired to make sure that translation was done accurately and that both versions (English and Isizulu) were asking exactly the same questions. Back-to-back translation method was also used over and above the method mentioned above.

The Black learners were given English and Isizulu questionnaires stapled together. It was explained to them that they had to answer the version they felt comfortable with, but they had to choose one, not both.

3.7 Data collection procedure

Carrying out the study involved the following steps (not strictly in chronological order):

- ♦ Development of the research instrument.
- ♦ Exploring the feasibility of the study.
- ♦ Choosing the sample (see sections 3.4 & 3.5 above).
- ♦ Briefing the subjects.
- ♦ Analysis and interpretation of data - (This will be covered in Chapters 4 and 5).

3.7.1 Development of the research instrument

Three options exist for obtaining an instrument for research purposes: One can develop one yourself, locate one and modify it or locate one and use it as is. Creswell (2002) argues that of these three options, developing one yourself is the most difficult. This is so because there are a number of things to guard against when developing an instrument. Heiman (1995) discusses four such things as follows:

- ♦ Double-barrelled questions. These are two or three-pronged questions.

- ♦ Leading questions. Subjects tend to give similar answers for these because it is “socially desirable or correct” to do so. These type of questions tend to have a built-in response bias; example “Would you agree that the Government’s policies on health are unfair?” (Breakwell *et al.*, 1995).
- ♦ Barnum statement. These are named after P.T. Barnum who was famous for such questions. They are so vague and global that any subject would agree with them.
- ♦ Undefined terms. Rather define terms for subjects or ask them to provide definition in their responses.

Another difficulty in constructing your own instrument is to make a choice between for example using an interview or a questionnaire. Both these instruments have advantages as well as disadvantages. The advantage of the questionnaire is that it eliminates the bias effect that is usually associated with interviews. Another one is that a questionnaire is able to collect large volumes of data within a short period of time and, according to Breakwell and colleagues (1995), it can give you a feel for the range of likely responses and a rough idea of how common certain responses are. The disadvantage, however is that you can get unclear responses from subjects who may have not understood the questions. Another difficulty may be that one may find oneself sitting with volumes of data to interpret.

When using a questionnaire, one has a choice between using closed-end or open-end questions. The former has an advantage of eliciting straightforward, objective responses whilst the latter elicits various subjective responses that may be subject to misinterpretation by the researcher. It is also difficult to analyse responses to the latter questions as compared to the former. The disadvantage of closed-end questions, however, is that they tend to predetermine the subject's responses and so limit them. The open-end questions, on the other hand, give the subject the latitude of giving their own account of the phenomena.

For this study, the questionnaire was chosen as a research tool to address the problems of the different types of questioning. A mixture of closed- and open-ended questions was used in the same questionnaire. This, however, by no means made it perfect because, as Breakwell and co-workers (1995) rightfully state, there is no such thing as a perfect questionnaire. Despite this fact, however, one must not stop taking precautions when drawing up a questionnaire.

3.7.2 Exploring the feasibility of the study

The success of this study depended on the co-operation of the subjects (Chemane, 1998) as well as on how well the briefing was done.

To test the feasibility it was necessary to do a pilot study. This served the following five functions:

- It served as a check that the structure and organization of the questionnaire met the requirements of the research project.
- It was a practical test of the logistics of the data collection exercise.
- It provided the opportunity to check that the questions were not ambiguous.
- The results of the pilot were analysed first. This allowed for the opportunity to modify practices and/or wording of some of the questions.
- The pilot was done to see if respondents understood questions and responded appropriately.

The pilot study was conducted at Bersig School of Industries. Trying out the research instrument on subjects who closely shared the characteristics of those who would make up the main study proved to be an invaluable exercise.

Seven (7) educators, 1 clinical psychologist (she visits the school once or twice a week on consultative basis) and 8 learners (6 boys and 2 girls) took part in the pilot study. Initially it was not planned to include the pilot in the main study, but seeing that it would provide a good comparison to the results obtained for the other two schools of industries for adolescents, it was included as part of the conclusions made for the entire study.

3.7.3 Briefing

- Initial meeting

The principals of the two adolescent schools of industries were visited personally to discuss the intentions of conducting this study. It was explained to them what the goals of the study were, what the process of data collection would entail and exactly who would be involved. It was important to do this because the principals are the head of the institutions and the success chances of the study depended on how they bought into the idea. The principals said they would brief the staff, but the researcher felt it was necessary that he too arrange a date and time to do the briefing, not only for the staff, but also to speak to the learners. This happened two weeks after the initial meeting with the principals. During the

encounter with all the would-be subjects, the purpose of the study was explained. They were also told that their participation was voluntary and that even if they decided to participate then, they could still change their minds before the actual process commenced. The procedure followed with the pilot study, however, was slightly different. All the arrangements were finalised telephonically. The principal spoke to the staff himself. Seven educators out of a total of 13 and 8 learners (identified by the principal) took part in the study. When the researcher arrived at the school on the day of data collection, the itinerant clinical psychologist happened to be on site and she showed interest in completing the questionnaire. Because of her long experience working with the school she was allowed to complete the questionnaire. Both Bersig and Newcastle Schools of Industries employ the clinical psychologist on part-time basis.

- letter to the subjects

Closer to the agreed upon date of data collection, a letter was forwarded to the schools. This was done to formalise the process and to give it the dignity it deserved. The principal agreed (telephonically) to put up a copy of the letter on the staff room notice board as a reminder to the staff and also to read the letter to

the learners at assembly to remind them. A clause had been included in the letter stressing that participation was voluntary and that questionnaires/participants' responses would be treated with confidentiality.

- venues and times

The questionnaires were taken to the schools concerned and the subjects completed them there. In all the 3 schools, the principals had made special arrangements for educators to find time to complete the questionnaires. At Mimosadale School the principal gave teachers an extra 10 minutes during break to allow time for them to complete the questionnaires. At Newcastle School the principal suggested that teachers use their administration time, which is from 13h30 to 14h30 to complete the questionnaires.

At Bersig the principal requested the researcher to come on the day of his staff meeting. Time was allowed before the start of the meeting for the teachers to complete the questionnaires. The learners completed them in the school hall in the presence of some of the educators and the researcher. The educators assisted with the distribution of the questionnaires.

- the structure of the questionnaire

Both the learners' and educators' questionnaires required that biographical details be filled in before the actual research questions started. The learners had to state their age, name, name of school, race and gender. Educators were asked to fill in their age, name of school, gender, name (optional), qualifications, race and teaching experience. This information was required for statistical purposes. As said earlier, the questions were both closed- and open-ended.

- data collection problems

The researcher had a hard time at Mimosadale School of Industries for girls because most girls were present in 2002 when the Department of Education made investigation into the school (the researcher was the leader of the investigating team). The Department launched investigation following reports of violence among the girls, high rate of abscondence and issues of lesbianism, which were rife at that time. The study came up with a lot of recommendations to help fix the problems. This was good news for the school and it raised hopes that the Department would fix things but unfortunately this had not happened at the time of the present study. The researcher had to explain that he was coming to the

school as a student this time around, not as a Departmental official and also explained that the promises made had not been forgotten. Only after this explanation were the girls understanding and co-operative.

In Newcastle School of Industries, the boys were very keen on participating in the study during the briefing. However, between this time and the day of data collection another PhD student had come and given them a BRP-2 behaviour rating form (psychological test) as part of her research studies. Apparently, the boys did not take kindly to being given a psychological testing as they associated such tests with "mad/crazy" people and "we are not mad". When the researcher for the present study came, some of them (11 learners) had made up their minds not to complete the questionnaires. These 11 learners were not even prepared to listen to the researcher's explanation that a questionnaire is not a test. As a result only 16 out of a total of 27 learners present in the campus on the day of data collection completed the questionnaires. There were 30 learners all together in the school but one learner had disappeared (speculations had it that he had gone looking for drugs) and the other two had gone for matric marks moderation.

CHAPTER 4

PRESENTATION OF THE FINDINGS

4.1 Introduction

The previous chapter looked at data collection procedures. Now that data have been collected, this chapter presents the analysed data to the reader. The analysis was made from the body of research material that was both recorded and unrecorded. The recorded data comprised responses captured by means of the questionnaires and the log kept during the visits to the data collection sites. Unrecorded data included impressions and informal observations of non-verbal behaviour as well as of verbal comments made before, during and after the completion of the questionnaires. This resulted in volumes of data, especially considering the fact that data were both quantitative and qualitative in nature.

This chapter is divided into 3 sections, namely SECTION A: discussion of how data were analysed, SECTION B: descriptive analysis of closed-ended questions and SECTION C: descriptive analysis of open-ended questions.

SECTION A

4.2 Analysis

As it was stated in chapter 3, this study adopted the triangulation mixed method design that combined quantitative and qualitative approaches. The paradigm view, which polarizes these approaches as the extremes that never work together, is dismissed by this study.

Dlamini (1999) believes that statistics is the language that speaks more clearly and forcefully and that makes it easy for the researchers to see the nature and interrelationships of the facts. These facts are easy to see because they are presented by means of numbers. Denscombe (1998) agrees that the numbers are particularly suited to the kind of comparisons and correlations demanded by any analysis of results. Sifunda (2001), on the other hand, argues that meaning is of great concern to the qualitative researchers. She further contends that qualitative researchers find it intriguing to find out how different people make sense of their lives. Qualitative approach is also usually preferred where the aim is to convey the complexity of the situation in order to provide the readers with sufficient detail to judge for themselves whether the

researcher's interpretation of the phenomenon is justifiable (Denscombe, 1998).

Data analysis is done to tease out and infer meanings that are hidden within data.

Sogoni (1997) sees data analysis as aimed at reducing data and synthesizing them into interpretable form so as to systematically search and discover what is significant and worth reporting.

4.2.1 Quantitative data analysis

Simple, descriptive rather than complex, inferential statistical procedures were used to analyse data for this manuscript. The closed – ended questions on the questionnaires were quantified. Frequency distribution tables indicating the frequency of learners' and educators' responses to each closed question-item were drawn. These were divided into two types, namely frequency tables for males and females combined and frequency tables of responses by gender. Graphs were then plotted for the combined gender frequencies. Graphs for frequency tables by gender were not plotted because, for both learners and educators, the numbers of the female subjects exceeded that of the males by large margin. Hence it was thought that graphs for these would not give a

meaningful picture. The numbers in the frequency tables indicated the frequency of responses per item in ordinary integer (not percentages). The graphs, on the other hand indicated the frequency in percentages.

There were 27 educator participants for this study. As said previously, a consulting clinical psychologist and the social worker were included because they were working in these schools. This brought the total of educator participants to 29. The educator-participants were distributed as follows in terms of gender, race and age:

Table 4.1

Gender and Racial Distribution: Educators

Gender	Racial Group			
	African	White	Indian	Total
<i>Male</i>	2	2	6	10
<i>Female</i>	5	10	4	19
All groups	7	12	10	29

Table 4.2**Age Distribution: Educators**

G	Age Ranges							
	27-31	32-36	37-41	42-46	47-51	52-56	57-61	TL
<i>M</i>	1	1	3	2	1	2	-	10
<i>F</i>	6	3	2	2	1	3	2	19
TL	7	4	5	4	2	5	2	29

Although the social worker and the clinical psychologist were included in the educator subjects, they were not included in the computation of the frequencies of items 6 and 7 on the questionnaires because these items were specific to educators, therefore had to be answered by them (see table 4.5)

The total number of participants was obtained by adding together the participants from the 3 schools that participated in the study.

The learner participants were distributed as follows:

Table 4.3

Gender and Racial Distribution: Learners

G	Racial Group				
	African	White	Indian	Coloured	Total
<i>M</i>	8	5	5	4	22
<i>F</i>	29	7	1	2	39
TL	37	12	6	6	61

Table 4.4

Age Distribution: Learners

Gender	Age Ranges					
	11-12	13-14	15-16	17-18	19-20	Total
<i>Male</i>	2	7	6	7	-	22
<i>Female</i>	-	7	16	8	8	39
All Groups	2	14	22	15	8	61

4.2.2 Qualitative data analysis

The material gathered was voluminous and as such it had to be filtered while at the same time ensuring that valuable information

was not lost. This “filtering” presents problems as it inevitably means that some information or other details get left out. The criteria for inclusion and omission depend upon how the researcher decides to interpret the data.

Even if one provided the full version of the data, this would still represent an incomplete record because what the respondents wrote does not necessarily give access to their perceptions as they had expressed them at the time. Powney and Watts (1987) refers to this as the researcher’s own ‘black market’ of understandings. It is black market because there is no public access to the material. The researcher gives his own interpretation based on his accumulated knowledge of the participants’ meaning systems. Such information, according to Dickson (1995) remains private and cannot be easily substantiated or authenticated. In the final analysis, the reader must trust the integrity of the researcher.

A thematic analysis was employed in order to impose order and to *tease out meaning from the data*. The following steps were taken:

- A thorough reading and re-reading of the participants’ responses to open-end questions for a sense of the whole was done. This helped to give a “feel” of what was going on in

the 3 schools and it provided the author with the context for the emergence of meanings and themes to use later on.

- While the subjects were busy completing the questionnaires and also during the informal chats with the subjects before and after the completion of the questionnaires, notes were taken (or kept at the back of the author's mind to write them down later). These constituted the author's impressions and informal observation of the verbal comments/ non-verbal behaviour.
- When data collection process was completed the author set out to construct distinctive descriptions of major elements of the responses by teasing out a set of categories. These categories were identified units of meaning. The categories were then broken down further into sub-categories. All the responses to a particular item were grouped together. The whole process served to identify the key issues being raised by the subjects. Out of the coded data arose the themes. The effort to uncover patterns, themes and categories requires creativity on the part of the researcher. Poor judgements and misinterpretation of the subjects' responses may result in invalid study findings that do nothing more than just misleading the reader. In support of the above statement,

Dickson (1995) argues that since qualitative analysts do not have statistical tests to tell them when an observation or pattern is significant, they must rely on their own intelligence, experience, and judgement.

- The most demanding and creative task was to scrutinize every word, phrase, sentence or paragraph to search for meaning. This meant writing and erasing and re-writing until the suitable meaning was uncovered.
- Another task that was as formidable was the identification of potential quotes, which could be used as vignettes in the presentation.

SECTION B

4.3 Descriptive analysis of responses to closed-question items.

4.3.1 Educators

Educator's responses to item 1 "... do you think learners benefit by being in the schools of industries" indicated that, although educators felt that learners were benefiting, they thought they were benefiting only partially. Only 4 out of 29 participants (14%) thought learners were benefiting to the full while the other 86% (25 out of 29) said they were only partially benefiting (see table 4.5 as well as figure 4.1 below)

Table: 4.5

FREQUENCY OF EDUCATORS' RESPONSES TO QUESTIONNAIRE

N=29 (27 Male and Female educators together, 1 female social worker and 1 female clinical psychologist)

Item No	Y	N	P	U	A	D	FEL	FSL	InC	GC	BM	Ex	COM	TL
1	4		25											29
3	29													29
4	25	2		2										29
5.1									5		1		19	25
5.2	13	10	2											25
5.3				2			11	12						25
6	6	21												27
7	16	11												27
8	29													29
9.1				7	4	18								29
9.2				5	13	11								29

Key: Y=yes; N=no; P=partially; U=uncertain; A=agree; D=disagree; FEL=for every learner; FSL=for some learners; InC =individual counselling; GC=group counselling; BM=behaviour modification; Ex=exercise; COM=combination (of intervention techniques); TL=total

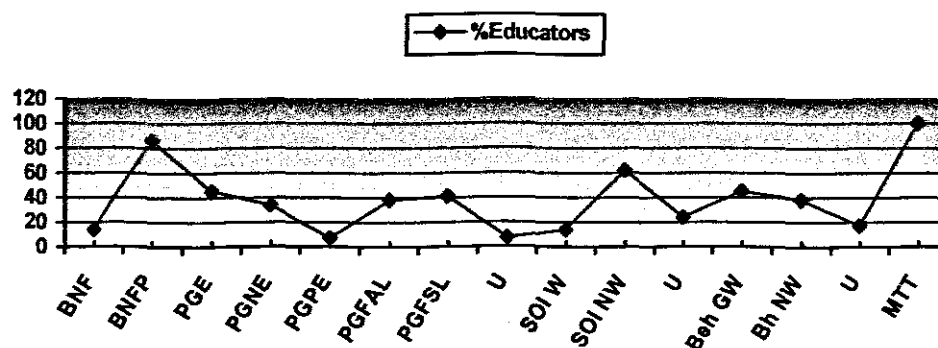


Figure 4.1: Educators' responses

Key: BNF=(learners) benefit; BNFP=benefit partly; PGE=program effective; PGNE=program not effective; PGPE=program partly effective; PGFAL=program for all learners; PGFSL=program for some learners; U=undecided; SOI W=SOI a waste; SOI NW=SOI not a waste; Beh GW=behaviour gets worse at SOI; Beh NW=behaviour not worse; MTT=must train teachers

Even the comparison between the gender responses to this particular item (males 90% and females 84%) seem to be complimentary and in support of the view that the benefits at schools of industries (SOI) are only partial.

The participants in this category were 100% in agreement with the idea that learners at SOI's require a psychological intervention program over and above the educational academic program. Asked whether the school had such program (item 4), 86% responded affirmatively but they did not seem to agree on the type of the program the school was conducting (item 5.1). This difference was noted even among the educators of the same

school. Even those who had stated that the program was a combination of techniques, when asked to describe the combination they said different things.

Item 5.2 was aimed at getting the participants' perceptions regarding the effectiveness of the program. Forty percent (40%) of the male respondents and 47% females thought that the program was effective. This represents 45% when the genders are combined. Ten (10) respondents (male and female), which accounts for 34%, thought that it was not effective, 7% said it was only partially effective, 7% said such program was simply non-existent while the other 7% said they were not sure whether there was such program in the school or not.

When asked whether the program was time-tabled for every learner to benefit from (item 5.3) or was it administered on a need-to-basis, 20% (2 out of 10) of the male educators thought that it was for every learner, while 50% said it was meant for some learners, meaning it was only administered on a need – to- basis. By comparison, 47% of the females said it was for every learner while 37% said it was administered only when the need arose. When the male and female respondents are combined, 38% represent those who said the program was on the time-table for every learner to benefit from

regularly while 41% accounts for those who said it was only for certain learners, seven percent (7%) did not know what was going on (see tables 4.5, 4.6, 4.7).

Table: 4.6

FREQUENCY OF EDUCATORS' RESPONSES BY GENDER: MALE

EDUCATORS (N=10)

Item	FREQUENCY – MALE EDUCATORS														TL
No	Y	N	P	U	A	D	FEL	FSL	InC	GC	BM	EX	COM		
1	1		9											10	
3	10													10	
4	8	2												10	
5.1									1		1		6	8	
5.2	4	3	1											8	
5.3				1			2	5						8	
6	1	9												10	
7	6	4												10	
8	10													10	
9.1				1	2	7								10	
9.2				2	4	4								10	

Key: Y=yes; N=no; P=partially; U=uncertain; A=agree; D=disagree; FEL=for every learner; FSL=for some learners; InC=individual Counselling; GC=group counselling; BM=behaviour modification; EX=exercise; COM=combination (of intervention strategies)

Table: 4.7

FREQUENCY OF EDUCATORS' RESPONSES BY GENDER: FEMALE

EDUCATORS (N=19)

Item No	FREQUENCY – FEMALE EDUCATORS													TL
	Y	N	P	U	A	D	FEL	FSL	InC	GC	BM	EX	COM	
1	3		16											19
3	19													19
	17			2										19
5.1									4				13	17
5.2	9	7	1											17
5.3				1			9	7						17
6	5	12												17
7	10	7												17
8	19													19
9.1				6	2	11								19
9.2				3	9	7								19

Key: Y=yes; N=no; P=partially; U=uncertain; A=agree; D=disagree; FEL=for every learner; FSL=for some learners; InC=individual Counselling; GC=group counselling; BM=behaviour modification; EX=exercise; COM=combination (of intervention strategies)

As it can be seen above, items 5.1 and 5.3 were aimed at establishing whether the program at each of the three SOI's was structured or not. The responses seem to indicate the contrary (see prediction 1 in chapter 1, paragraph 1.3).

Items 6 and 7 were directly linked to assumption 2 (see 1.3). These two questions intended to establish whether educators were trained

to teach at SOI (item 6) and whether they had done short, on-the-job / in-service training to compliment theory that they might have studied at colleges or Universities (item7). The two items therefore were strictly for educators only; the psychologist and the social worker were excluded. As it can be seen from table 4.5 above only 22% (6 out of 27) of the educators had been trained to teach learners with behavioural and emotional problems. The other 78% had not been trained. For this study, educators were regarded as adequately trained only if they had done courses to do with science of human behaviour/special needs education/youth care during their teacher training as well as in-service training on the management of learners with behavioural and emotional problems. Those who had done only one of the two things above were regarded as partially trained and the third category was for those who had done neither of these two.

The analysis of the educators' responses revealed that only 15% of the participants were adequately trained. The other 52% were only partially trained, while 33% were not trained to teach at SOI, nor had they undergone any in-service training (see figure 4.2 below)

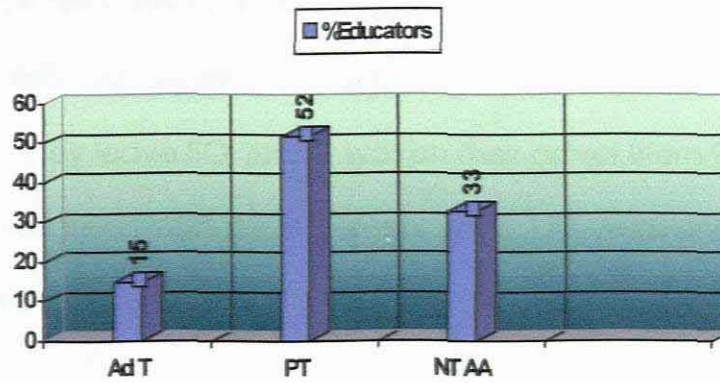


Figure 4.2: Educator Training

Key: Ad T=adequately trained; PT=partly trained; NTAA=not trained at all

All the educators responded affirmatively to item 8, which suggested that educators should be empowered with counselling or behaviour management techniques.

Items 9.1 and 9.2 were indirectly linked to item 1. The items are aimed at checking whether the SOI's are achieving the efficacy, which is to rehabilitate the learners by providing them with therapeutic as well as educational programs so that they can fit back into the society again. This study, however, was interested in the therapeutic side of things. For item 9.1 "The state is wasting taxpayer's money by bringing learners to the SOI's", eighteen out of twenty-nine (62%) disagreed with the statement, 14% agreed while the remaining 24% were undecided.

Although 62% disagreed with the suggestion that SOL's were a waste of money, 45% did agree that some children's behaviour seems worse when they leave SOL than it was on their arrival (item 9.2). The other 38% disagreed with this statement while 17% were undecided (see table 4.5 and figure 4.1).

Comparisons between the gender frequencies were not done often in this section because, as said earlier, the numbers were too skewed to give a meaningful picture.

4.3.2 Learners

Item 1 for learners "Have you gained something good by being at this school", was similar to item1 for educators. Forty nine percent (49%) learners said they had gained, 38% said they had gained a little, 11% said they had gained nothing and one learner (2%) did not respond to this question. This means that 87% of learners felt that they had gained, although some reported a little gain (see table 4.8 below). By comparison, 100% of educators said learners were benefiting by being at SOL's although 86% of them thought the benefit was only partial.

Table: 4.8

FREQUENCY OF LEARNERS' RESPONSES TO EACH ITEM

N=61 (MALE AND FEMALE LEARNERS TOGETHER)

Item no.	Y	N	AL	U	A	D	OW	O2W	OM	TD	SL	NR	TL
1	30	7	23									1	61
4	22	20		19									61
5							10				4	4	18
6	11	2		9									22
7	28	17		16									61
8	45	5		11									61
9.1				17	15	29							61
9.2				24	25	12							61

KEY: Y=yes; N=no; AL=a little; U=uncertain; A=agree; D=disagree; OW=once a week; O2W=once in two weeks; OM=once a month; TD=teacher's discretion; SL=for some learners only; NR=no response to item; TL=total

It was interesting to note that the male respondents seemed less satisfied about their placement at SOL's (item 1) compared to the female respondents (see tables 4.9 and 4.10 below). In the male category, 68% said they were gaining, of which 32% said they were gaining to the full while 36% said they were only gaining a little. The other 32% said they were gaining nothing. By contrast, 97% of the girls said they were gaining. Of this number, 59% (compared to 32%

for the boys) said they were gaining fully while 38% (compared to 36% for the boys) indicated having gained partially. One girl (3%) did not respond.

Item 4 "Does the school have a regular group – counselling program" was similar to item 4 on the educators' questionnaire. These two items, however, are not directly comparable because the educators' one was general whereas item 4 for learners was specifically asking about *group* counselling. Only 36% of learners responded affirmatively to this question. The other 33% said there wasn't such program while 31% were not sure of the existence of the program. Asked how often counselling happened (item 5), 10 out of 61 learners said once a week, 4 said educators use their discretion, 4 said it was for some learners only, one said once a week, two said 3 times a week and one checked two boxes: once a week and teacher's discretion. The aim of item 5 was to find out how structured the program was. Obviously the program is not structured because, if it was, everybody would have common knowledge of what is happening.

For item 6 "If the program mentioned in 4 above exists at your school does it help", out of the 22 learners who had answered yes to item 4 ("is there a group-counselling program") 11 (50%) said it was

effective. This number accounts for 18% of the total number of the participants. Two learners said it was not effective while 9 said they were not sure. Comparison across the genders revealed that 27% of male respondents said the program was effective compared to only 13% of the girls who said the same thing. Two girls (5%) felt that the program was not effective (see tables 4.9 and 4.10 below).

Table: 4.9

**FREQUENCY OF LEARNERS' RESPONSES BY GENDER: MALE
LEARNERS (N=22)**

Item No	Frequency – Male Learners												TL
	Y	N	AL	U	A	D	OW	O2W	OM	TD	SL	NR	
1	7	7	8										22
4	10	6		6									22
5							1			2	4		7
6	6			4									10
7	9	7		6									22
8	16	2		4									22
9.1				7	4	11							22
9.2				6	12	4							22

KEY: Y=yes; N=no; AL=a little; U=uncertain; A=agree; D=disagree;
OW=once a week; O2W=once in two weeks; OM=once a month;
TD=teacher's discretion; SL=for some learners only; NR=no response
to item; TL=total

effective. This number accounts for 18% of the total number of the participants. Two learners said it was not effective while 9 said they were not sure. Comparison across the genders revealed that 27% of male respondents said the program was effective compared to only 13% of the girls who said the same thing. Two girls (5%) felt that the program was not effective (see tables 4.9 and 4.10 below).

Table: 4.9

**FREQUENCY OF LEARNERS' RESPONSES BY GENDER: MALE
LEARNERS (N=22)**

Item No	Frequency – Male Learners												TL
	Y	N	AL	U	A	D	OW	O2W	OM	TD	SL	NR	
1	7	7	8										22
4	10	6		6									22
5							1			2	4		7
6	6			4									10
7	9	7		6									22
8	16	2		4									22
9.1				7	4	11							22
9.2				6	12	4							22

KEY: Y=yes; N=no; AL=a little; U=uncertain; A=agree; D=disagree; OW=once a week; O2W=once in two weeks; OM=once a month; TD=teacher's discretion; SL=for some learners only; NR=no response to item; TL=total

Table: 4.10

FREQUENCY OF LEARNERS' RESPONSES BY GENDER: FEMALE

LEARNERS (N=39)

Item no	Frequency – Female learners												TL
	Y	N	AL	U	A	D	O W	O2W	OM	TD	SL	NR	
1	23		15									1	39
4	12	14		13									39
5							9			2			11
6	5	2		5									12
7	19	10		10									39
8	29	3		7									39
9.1				10	11	18							39
9.2				18	13	8							39

KEY: Y=yes; N=no; AL=a little; U=uncertain; A=agree; D=disagree; OW=once a week; O2W=once in two weeks; OM=once a month; TD=teacher's discretion; SL=for some learners only; NR=no response to item; TL=total

Question 7 "Should teachers be involved in group counselling", was similar to item 8 on the educators' questionnaire. While all the educators answered affirmatively to this item, only 46% of learners said yes to item 7. The other 28% did not think it was a good idea while 26% were undecided. Comparison of the boys to the girls revealed that 41% of the boys were in agreement with the idea as

compared to 49% of the girls who felt the same way. Thirty two percent (32%) of the boys said it was not a good idea while 27% were not sure. Twenty-six (26%) percent of the girls did not think it was necessary for educators to do counselling. The other 26% of the girls were undecided (see tables 4.5 and 4.6 above as well as figure 4.3 below).

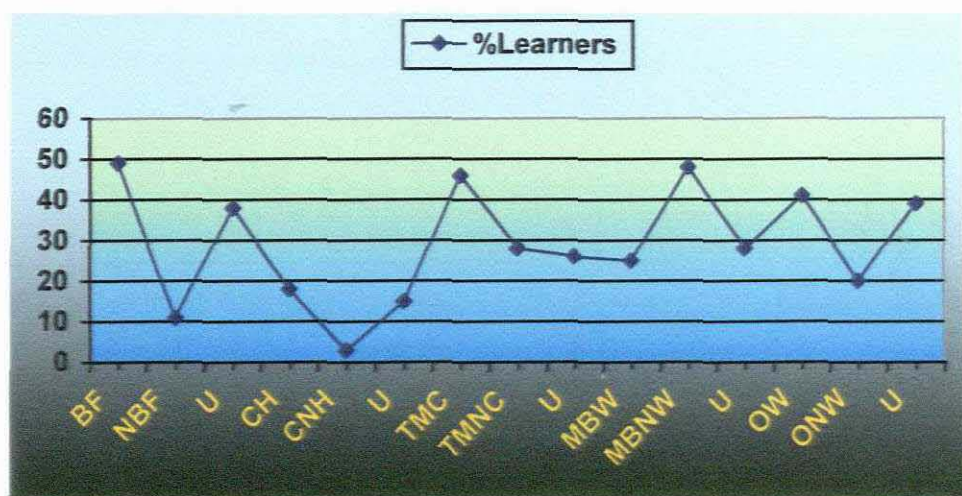


Figure 4.3: Learners' responses

Key: BF =benefit; NBF=no benefit; U=uncertain; CH=counselling is helpful; CNH=counselling not helpful; TMC=teachers must do counselling; TMNC=teachers must not do counselling; MBW=my behaviour is worse here; MBNW=my behaviour is not worse; OW=others' behaviour is worse here; ONW=others' behaviour is not worse

Items 9.1 and 9.2 were indirectly linked to items 1, 4 and 6. For item 9.1 "My behaviour has become worse", 48% disagreed, 25% agreed

and 28% were uncertain. For item 9.2 "Others are worse" only 20% disagreed while 42% agreed with the statement. The other 39% were undecided. This showed that learners were less judgemental about themselves than they were for others. It could have been a question of being subjective towards self and objective towards others (see figure 4.3 above). Comparison of the two sexes showed that boys were more in agreement (55%) with the statement in item 9.2 than the girls were (33%).

SECTION C

4.4 Descriptive analysis of responses to open-ended questions.

4.4.1 *Educators' qualitative responses.*

- Educators were asked to explain their answers to item 1

"Do children benefit by being at SOI". The following were recurring themes:

- Children become worse because of the influence within the school.
- Learners benefit partially because most have aversion problems, drug-related problems and they bunk classes.
- Lack of disciplinary measures since the department has banned corporeal punishment.
- SOI only provides structure and security NOT support programs aimed at addressing emotional and behavioural problems and most learners resist structure.
- Social welfare not supportive in regard to reconstruction services.
- Psychological intervention only part-time, not full time (psychologist visits only once/twice a week) therefore there is lack of consistency.

- Learners are not offered orientation / adjustment programs on arrival.
- Most of learners do not go any further from SOI and there are no follow up support programs after SOI.
- Their backgrounds are poor and they often return to these same backgrounds (again implicating poor reconstruction social services).
- Analysis of responses to item 2 “suggestions to ensure maximal benefit” revealed the following themes.
- Proper screening before admission (social workers reports are almost always inadequate)
- More full time social workers, psychologists and therapists at SOI’s
- More training for educators and house parents.
- Orientate children before they come to SOI
- Department to put disciplinary measures in place.
- Address psychological problems (spend time on this first).
- Monitor learners progress after they leave SOI.
- Change academic program for most learners to skills-based programs.
- Separate learners according to severity of behaviour.

- Themes to item 5.2 “Explain why you say the program is effective or not effective” were as follows:
- It is effective because 100% pass in matric is maintained.
- It depends on the choices the child makes, for those who refuse the intervention the program does not help.
- It is not effective because learners still have the same behaviour –
 - ✓ “It’s like wasting time”.
- It is only partially effective as there is lack of continuity. The psychologist visits only intermittently.
- It is not effective because educators are not trained to offer counselling services.
- Item 5.4 “Who administers the program” was asked to determine how structured the program was. Educators of the same school said different things here as was the case for item 5.1 and 5.3. This was an indication that the program was not structured enough; as a result people did not have a common understanding of what was going on.

- Items 10 “What are your frustrations” and 12 “General comments” will be combined here because there seemed to be related recurring themes in them. These were as follows:
- Unmotivated learners.
- Lack of support from the department (especially from the Psychological, Guidance and Special Education Services or PGSES).
- No disciplinary measures in place.
- Lack of full time professionals to deal with psychological problems.
- Dealing with learners who engage in lesbianism activities.
- Poor relationship and lack of support from reconstruction social workers.
- Work at SOI demanding (“you get emotionally-drained”) – no time for educators to rest
- Curriculum should be adjusted to the needs of learners.
- Educators to be trained on counselling and behaviour management skills.
- Lack of sporting activities for learners.
- Learners lack many basic social skills
- Learners abusive and show no respect for educators.
- Learners bunking classes.

- Dept put policies that do not work for SOI – “Dept does not understand SOI. There is always no relationship between theory and practice”.
- Educators appeared to have a bag full of negative/problematic things to say about learners and the SOI’s. It was amazing, however, how much of the positive is happening and which the educators found fulfilling. This emerged from item 11 “what fulfils you in this school?” The aim of this question was to force the educators to pause and think hard about the good work they are doing as well as the good in their learners, which all too often tends to go unnoticed because the ‘negative things’ seem to blanket them out. Educators said the following under this item:
 - Motivated learners (even if they fail)
 - Motivating and listening to learners problems
 - The joy they bring and the trouble they cause
 - Our matrices, they work hard and do us proud with their results
 - To see learners graduating in various subjects on prize-giving day
 - To see our learners participating with other schools
 - To reach my goals/aims/objectives as an educator

- Always occupied, not bored
- Those learners that accept help and make a success of their lives
- Teaching matrices
- The privilege to work with children and see the role one plays in helping some children to deal with and manage their problems
- Seeing a happy child. A child with insight in his problem and that realises that there are people who love and care
- To witness the achievement and success of the children (even if only one)
- To acquire good control of a learner
- "Putting all in" when working with the child knowing that one day he'll realise that it's up to him to make the right choices
- Getting material/teaching aids required
- Enabling learners to continue with their education
- Learners acknowledging their weaknesses and making honest attempt to rectify their lives
- The challenge
- Talking to teenagers who are very open and are always willing to learn
- Working with multi-professional team

- Seeing learners engaged in positive activities – gardening, caring for pets, organising social activities etc.
- Assisting learners to cope with their emotional and behavioural problems
- Working with learners with special needs
- Being able to change attitudes and mindsets positively
- To give love and understanding to children that lack many skills
- To be patient with learners and try to fill some gaps in their education
- Talk to learners about woman to woman issues
- Getting to know children well and working in a family-like environment with them

4.4.2 Learners' qualitative responses.

- The following themes emerged from responses to item 2 "... what have you gained"
- "Host parents support us by giving us cosmetics and things"
- Good education
- "Learn to love and respect others, especially mixing with other cultures teaches us tolerance".

- Behaviour change –
 - “I have learnt self-control instead of using violence to solve problems”
 - “I am serious about school”
 - “I’ve stopped smoking”
 - “I have learnt not to steal, swear and fight”
- Self- love and respect.
- Gained respect from parents
- Self-esteem and self-image have improved.
- Being told that drugs kill
- Leadership skills and independence
- I have learnt from my mistakes and problems
- Rehabilitation.
- “This school afforded me an opportunity to finish my matric, which I know if I was in a mainstream school I would be expelled. But since I am here, away from the drug problems, I am able to focus”
- Learners said the following for item 3 “What would you suggest should be done to ensure that you gain fully”
- Timeous handing out of reports to learners.
- Quality food.

- Week-end (sporting) activities –
 - “Keep us occupied (e.g. programs, outings, associate with the society /community). If we are not bored we won’t think of and have time to do drugs and all the wrong habits”
- Beef up discipline
- Dedicated staff.
 - “The school should take on social auxiliary workers and social workers who are dedicated to helping the young men of the school”.
- Let us do subjects on a higher grade (HG)
- Fair hearing of cases –
 - “Listen to both sides”
 - “No favouritism”
- Marketable subject packages (there were a lot of complaints about vocational stream)
- Help learners find jobs during / after matric.

- For item 6 “Please explain why you say the group counselling program is effective /not effective” the following themes emerged:
 - “We learn more about drugs”
 - Teaches learners how to control their temper.

- Relieves stress and depression.
- Some learners have never been to counselling – therefore they were not sure whether it works :-
 - “I am not sure but I’d say sometimes it helps because I’ve seen girls come out with big smiles, though I’ve never been there”
 - “I don’t know if it helps as I’ve never been to see the psychologist since he started”.
 - “I am not sure because I’ve never been to counselling since I came here in 2002”.
- Counselling not helpful –
 - “I’d say no because sometimes we experience problems amongst ourselves but don’t feel the need to talk about it because it actually doesn’t help. Talking about it brings a lot of talking and some people don’t actually know how to keep things to themselves”.
 - “Nobody has called me for counselling, even if they did I can’t see it working for me”
 - “...there is no change. I came here in 2000; even now things are still the same.”
- Counselling causes a feeling of discomfort/ frustration –

- "I say I am not sure because if someone speaks to me I feel uncomfortable".
- "When I go for counselling I come back feeling frustrated and ready to do anything because the person giving you counselling tells you exactly what you don't want to hear".
- Counselling judgemental –
 - "No because you are only recognized for the bad which you do or else you are labelled unjustly for others' mistakes or drug problems"
- The last item on open-ended questions was item 10 "General comments, if any, about you being at this school". Respondents' comments were as follows:
 - Plea for excursions/activities during weekends.
 - Organise Parents' Days:
 - "School needs to organise 'open days' where parents, host parents, etc. come and see improvements, situations and environment which their children are living under".
 - "Parents should be allowed to come and meet members of staff and discuss what can be done for the child concerned".
 - Concern regarding subject streams and career pathing

- "Subjects are of concern e.g. catering (vocational side), they are only taught to cook and not table-laying, decoration, etc. What career path can they follow?"
 - "Girls have big dreams of becoming doctors, nurses, bacteriologists, etc. Where is the Maths and Science? Where is the Accounting and Home Economics?"
 - "We are sometimes deprived of extra-mural activities e.g. Public Speaking will come up for a while then fade away. Girls are not being helped to boost confidence and self-images; instead energy is being put into other projects and not real issues of concern".
- Lack of consultation of learners in the day-to-day running of the school
 - "The management and learners should work together to regain the honour and respect of the school and to fulfil the mission statement".
 - "...but some things could be fixed if only we had more say in most things that go on around here".
 - "The school is not bad but they should ask us how we feel about certain things".
- The SOI has brought about positive changes in some learners
 - "I feel safe and I feel like people really care for us"

- "Being at this school has changed my behaviour towards school and other people".
 - "I have enjoyed my stay at Mimosa. Educators are great. The school has really helped me".
 - "...I also get higher marks than I used to in a mainstream school".
- Department of Social Welfare unsupportive
 - "The school need more support from Department of welfare because some social workers bring children here and forget about their well-being thereafter".
- Unfair treatment of learners/favouritism
 - "I am safe, but I also think there should be fair punishment e.g. Blacks get harder punishment than us (whites)".
 - "Admin staff should not scare us by saying they will chase us out".
 - "School provides me with every thing but the deputy principal has favourites who are never wrong and never punished like other children".
- Life is about choices you make
 - "Being here is both good and bad. If you know why you are here you persevere. I have persevered because I came here to get education".

- "Mimosadale is good if you good back. If you make it bad then it will not be nice".
 - "It is a wonderful place but this can only be if you make it that way".
 - "After holidays I only come back because of school".
- Timeous handing out of reports
 - "We need our reports before we go for the holidays"
- Lesbianism a problem.
- SOI not helpful to some learners
 - "This school was built to help but it only pulls you back in life and should be closed down".
 - "I see no change because I have gone too far – I am contemptuous and defy rules, I am drinking, I am disobedient and doing exactly what they say I am outside".
 - "The place is not safe for girls and the food is no good".
- Learners forced to take subjects on a Standard Grade (SG)
 - "We should do our subjects in Higher Grade (HG)"
 - "The school has let me down a lot. I wanted to do my subject in HG but they refused even when the parent phoned. Now I can't get a bursary because of this".

CHAPTER 5

DISCUSSION AND INTERPRETATION OF THE FINDINGS

Introduction

This chapter considers the research findings as presented in the previous chapter in the light of literature review as given in chapters 1 and 2. The results will also be compared with the aims and assumptions as given in 1.3, 1.4 and 3.2.2. Since this study is firmly predicated on the principles of community psychology, the theory of practice/action of the educators as reflected in the findings will be weighed against these principles. However, before these comparisons are made, it will be necessary to give a summary indicating the major findings of the study.

5.1 Summary of the findings

► Small amount of learners are gaining *fully* by being at SOI while many are gaining partly/a little. According to the educators learners are not gaining fully because of the following reasons:

- Children become worse because of the influence within the school

- Some learners are resistant to structure
- Some learners bunk classes
- There has been lack of discipline since the Department of Education banned corporeal punishment
- Emphasis at SOI's only on structure, NOT therapeutic program
- Outside social welfare agencies not supportive (they dump children at SOI's)
- Lack of continuity of psychological intervention as psychologist is only part-time
- No orientation programs for learners at entry
- No follow-up programs after SOI
- Department of Education (especially psychological section) not supportive

►To ensure maximal gain by learners educators and learners suggested the following:

Educators

- Proper screening before designation to SOI
- More full-time social

Learners

- Timely handing out of reports to learners
- Staff should be dedicated

- workers, psychologists and therapists.
- More training for educators and house parents required
- Orientation programs at entry at SOI
- Department to put disciplinary measures in place
- Monitor learners' progress post-SOI
- Change most learners into skills-based programs
- Organize activities for learners on weekends
- Social welfare must be more supportive
- Revisit vocational and academic subject packages (i.e. ensure marketability).
- Beef up discipline
- Help learners find jobs during their matric year
- Allow learners to do subjects in the grade of their choice
- Department of social welfare must be more supportive
- Organize Parents' Days
- Consult learners in all decisions affecting them
- Fair hearing of cases (no favouritism)

- ▶ Learners reported to have gained the following at SOI's:
 - Support from host parents
 - Good education
 - Have learnt to love and respect others
 - Respect from parents
 - Independence and leadership skills
 - Learning from one's mistakes

- ▶ The psychological intervention program exists but it is not structured, as a result some educators were not sure whether it is administered individually or in a group format. Others are not even sure who administers it. The program is also not timetabled for every one.

- Only 45% educators and 18% learners thought the program was effective. Most educators and learners also agreed that some learners' behaviour gets worse at SOI's. The following reasons were given for the ineffectiveness of the program:

Educators

- It depends on the choices the learner makes
- Behaviour does not change – “it’s like a waste of time”
- There’s lack of continuity as the psychologist is only a part-timer
- Educators not trained to offer counselling

Learners

- Counselling given only on a need-to-basis
- Counselling makes the situation worse for some, while for others it brings about no change
- Some learners find counselling judgemental

- All the educators supported the suggestion that they should be trained to enable them to offer psychological intervention to learners. On the contrary, only 46% of learners went along with this idea.
- Only 15% of educators were found to be adequately trained. The other 52% were partly trained and 33% not trained at all to teach at SOL.

- Responses to item 11 “what fulfils you...” showed that educators had a lot of positive things to say about their work at SOI’s. They cited a number of the positive things, not only about the school, but about the learners as well.

5. 2 Literature review and the findings

Some educators felt that behavioural problems in some learners were aggravated by bad influence from within the school. This observation sounds to be in line with Govender’s (1989) finding (see 2.3.4) that cultural factors account for a good number of problems of deviancy. Like Govender (1989), Coleman (1986) posits that ecosystems rather than children are disturbed and that these ecosystems are directly influenced by the culture in which they exist. Even educators as ecosystems influence and are influenced by learners’ behaviour. The learner population at schools of industries is multicultural in nature and, as Orford (1992) puts it, the environment is a function of the person and the person is a function of the environment.

The SOI seems to be working according to the views espoused by the medical model (see 2.3.6), which assumes that the disturbance lies within the learner; therefore he must be “treated” on individual,

one-on-one basis. Educators have become used to this model; hence they believe that the number of professionals (e.g. psychologists, social workers and therapists) must be increased and that these must be employed full-time. Traditional mainstream psychology and psychotherapy models operate from this worldview. The interventions based on this model adopt a waiting (reactive) rather than a proactive (seeking or preventive) mode. The problem must occur, and then it gets referred to an expert clinician who “diagnoses” and “prescribes treatment” (Corsini, 1994). Hewett and Taylor (1980) argue that interventions based on this model in schools have not succeeded in the past. The SOI’s seem to be falling in the same trap.

This study advances the argument that even if the Department of Education could afford 10 times the number of the existing professional support staff, the problem would not go away unless the involvement of non-professionals is considered seriously as another option.

Cooper and his co-workers (1994) propose an ideal staff-learner relationship at schools of industries that is characterised by being valued, which in turn provides learners with a sense of security and support. These authors further state that this kind of treatment of

learners gives rise of them being exposed to an image of themselves as worthy and valuable human beings. This forms an essential basis from which they can address personal challenges. The research findings, however, revealed a lack of this kind of relationship, particularly at the two schools for adolescents. Learners expressed concerns that there was lack of harmonious relationship between them and the management of the school. They stated that they were not consulted in the decision-making in the school. Some cited the fact that the interventions by staff were judgemental.

It seems that the school of industries' idea of behaviour rehabilitation is that educators must be able to "control" learners' behaviour. A number of educators cited the abolition of corporeal punishment as a major contributor to deviant behaviour. This sounds like an irrational belief that "I must be in control of these learners at all times, if I am not I must be condemned as a failure" (see 2.3.2). In the process of controlling one may become over controlling and over punitive. This may elicit conditioned emotions such as anger, fear, guilt and depression (see 2.3.3). Controlling can also elicit resistance and this is particularly true for children like those in the SOI's who have endured too much of this treatment in their lives

already. There was also a complaint by certain learners that punishment by some educators was harsh and inconsistent.

It is important for educators to be able to balance up the roles of being critical and nurturing parents. To satisfy the learners' stimulus hunger, as a psychological need (see 2.3.8) positive strokes should not be withheld where they are due. To drive the point of good staff-learner relationship home, it is worth mentioning here that learners should be made to feel useful and part of the school community by being involved in the decision-making and being consulted in all matters affecting their lives. Praises, as forms of strokes and positive regard by others should be given to improve self-image and boost self esteem.

A lot of learners at SOI's have heard and internalised the message: "I am OK – you are not OK" through out their lives. They have poor self-images and believe that they are always at fault and should be condemned at all times. They need to experience being valued, stroked and told, "You are OK". Educators need to create opportunities and situations where it is appropriate to tell this to learners. Learners need to experience unconditional positive regard by others, to know that they are accepted and esteemed irrespective of whether they behave themselves or not. If they

behave badly, it is the behaviour that is condemned, not the person.

The co-existence of learning and behavioural/emotional problems has resulted in the dichotomy - should the educational need or the social/therapeutic need take priority (see 2.7)? The findings indicate that the schools of industries have tended to place a skewed emphasis that tends to lean more on satisfying the educational need while the therapeutic need assumes the back seat. In this study, however, it is argued that both needs should assume an equal importance. This is also in line with Lennox's (1991) argument who contends that there is an interactional and interdependent nature of educational, emotional and social special needs.

The schools of industries, according to the findings of the present study, seem to be operating in accordance with the beliefs of the "milieu therapy"; a concept that emerged during the middle of the nineteenth century (see 2.7.1). Industrial schools adopted the concept "milieu therapy" in 1933. The schools in this category were characterised by good physical standards of care linked to strict discipline and societal and vocational training. The comments by some educators that the SOI "seems to provide structure and

security rather than therapy” sound pretty much the same as this concept.

It is as if these schools (including the Department itself) believe that rehabilitation will just happen by sheer placement of learners into SOI’s even if there is no structured psychological intervention program in place.

The demand by learners to be involved in the decision-making in the school seems in line with article 12.1 of the UN Convention on the Rights of the Child, which gives the child a right to express his or her opinions “freely in all matters affecting the child” (see legal framework: 2.7.2). This article stresses that this is to be granted in accordance with the age and maturity of the child. Children at Mimosadale and Newcastle Schools of Industries are adolescents and mature enough to make decisions.

5.3 The aims and assumptions of the study and the research findings

5.3.1 To determine if the program is well-structured and benefit all learners

This research found that the psychological intervention program existed in all 3 schools of industries but it was not well structured and not on the timetable. It was also found that educators were not all

in agreement as to when the program was administered, who administered it and the format in which it was administered (i.e. whether it was conducted individually or in a group format). Some educators were not even sure of the existence of this program.

It had been predicted in this study that there was no structured program and this prediction was underpinned by the findings.

5.3.2 To find out if the program benefits learners

Only 45% educators and 18% learners said the psychological intervention program was effective. This shows that, while a good number of educators seemed to have faith in the program, many learners did not feel any positive impact made by the program. This finding is not surprising since the majority of children in schools of industries have Conduct Disorder and this form of psychopathology is characterised by an inability to take responsibility. Hence such children did not view the intervention positively. On this basis the program in these schools was regarded as ineffective by this study. This finding also confirmed the assumption of this study that the psychological interventions at SOI's were not effective.

It seemed that there was no balance between the educational and psychosocial support given to learners. The emphasis seemed to be placed on academic/educational provision and “milieu therapy”, while the therapeutic side of things was conducted on a need-to-basis and inconsistently.

5.3.3 To determine if educators are adequately trained to manage EBD learners

This study had predicted that educators in the SOI's are not fully trained to manage EBD learners. It seems that this assumption was confirmed as, according to the research findings, only 15% of educators were fully trained to teach at the schools of industries. The other 52% were partly trained while 33% were unqualified to teach at these schools.

It is important to understand what you dealing with if one is teaching EBD learners. One needs to have done some studies on the science of human behaviour and/a qualification in special needs education or in youth care. Over and above this, one needs to have undergone *intensive* on-the-job training on this subject.

All the educators and 46% of learners indicated that educators needed training on psychological intervention strategies.

5.3.4 To determine if learners value their placement at SOI's

Despite the fact that a number of problems were cited by learners at SOI's, the responses to the first question, which asked whether learners were gaining by being at SOI's, indicated that learners valued their placement at these schools. The girls were particularly more satisfied with their placement compared to the boys. Although the girls cited a number of problems, a lot of them were optimistic that these could still be fixed.

Those learners that did not have parents or whose parents had abandoned them reported having benefited by being sent to the host parents who took care of them as if they were their own children. Others reported having found that the quality of education at SOI's surpassed that of their previous mainstream schools. A lot of positive changes in behaviour were cited too by learners. This all attested to the value learners attached to the SOI's as well as their placement at these schools.

5.3.5 To compare theories of action regarding the psychological intervention programs in the two adolescent SOI's

Comparisons across the two adolescent SOI's were difficult because the numbers for boys were too small. Generally, however, it was found that the theories of practice in all the 3 schools were the same. The psychological intervention programs in these schools were based on the medical model, not structured and not effective.

5.4 The theory of practice at SOI's versus the principles of community psychology

5.4.1 Community psychological principles

Corsini (1994) discusses the principles of community psychology at length. The following summary of the principles is adapted from this author's discussion.

Community psychology:

- Assumes an epidemiological rather than a clinical view of emotional distress

- Questions the effectiveness of the traditional clinical services, which often wait passively for individual clients to seek out a mental health professional, who will provide psychotherapy.
- Places prevention of mental illness at the heart of all intervention.
- Views prevention under 3 levels, namely **primary prevention**, which seeks to reduce the incidence of mental illness by counteracting harmful circumstances before they have had a chance to produce illness, **secondary prevention**, which emphasises early diagnosis and treatment with an attempt to reduce prevalence or duration of the illness, **tertiary prevention** or more properly called **rehabilitation**, which involves providing community support for those who have already experienced serious maladjustment.
- Favours all forms of intervention that fosters empowerment of individuals and communities, encourages health promotion and places emphasis on strengths rather than deficits of people.
- Is concerned with how larger units of social organisations affect individual people.
- Conceives of a mental health worker as an advocate as much as a therapist.

- Recognises the value of non-professionals in the mental health delivery system.
- Allows professionals to assume a variety of new roles, as for instance being consultants to others who deliver direct service such as college students, volunteers, teachers, policemen, nurses, etc.
- Calls for psychologists to become active in the problems of society by assuming the role of societal change agent and of being “participant-conceptualiser”

5.4.2 *Theory of action at the 3 schools of industries*

Robinson (1993) distinguishes two sorts of theories of action, namely the *espoused theory* and the *theory-in-use*. He says the former type tells us the constraints that actors seek to satisfy in their problem-solving efforts, while the latter tells us the constraints which actually governed their problem-solving. The educators’ responses to the questions indicate the espoused theory of action prevailing in the schools of industries. The observations of how problems are solved in these schools also confirm this theory as the theory in use.

The theory of action at SOI's is aligned to the disease model type of intervention, which is individualistic and firm on the belief that the problem exists within the individual. Belief in the concept of "milieu therapy" could also be inferred from such responses as: "SOI provides structure, security and discipline", "they get routine and rules that do not change" and "they get structure, love, support and discipline". Now that corporeal punishment has been abolished people are frustrated because they have become used to being "in control". They used corporeal punishment to control learners and direct and shape them the way they wanted to.

A disease conception of human behaviour adopts the medical style of intervention in which the "expert" or authority, who usually holds some sort of advanced degree, is responsible for diagnosis and treatment. Educators at SOI's are set in this practice; hence they demand that the Department of Education should provide many full-time professionals such as psychologists, social workers, therapists (e.g. occupational and speech therapists) and some even mentioned psychiatrists. Their theory of action works as follows: the problem is identified, referral to the social worker is made, social worker intervenes and if she fails she refers the problem further to the psychologist who intervenes as well. If the problem is so complicated that a series

of individual intervention sessions are required, the psychologist schedules these to fit in his/her part-time visits to the school (which are usually once or twice a week). Educators and mental health workers at SOI's are used to the kind of relationship with learners, which Corsini (1994) calls "doctor-patient relationship". In this kind of relationship the learner assumes the role of a subordinate while the educator/mental health worker assumes an authority/expert role and prescribes what is to happen to the learner.

The theory of action at SOI's can be roughly depicted as follows:

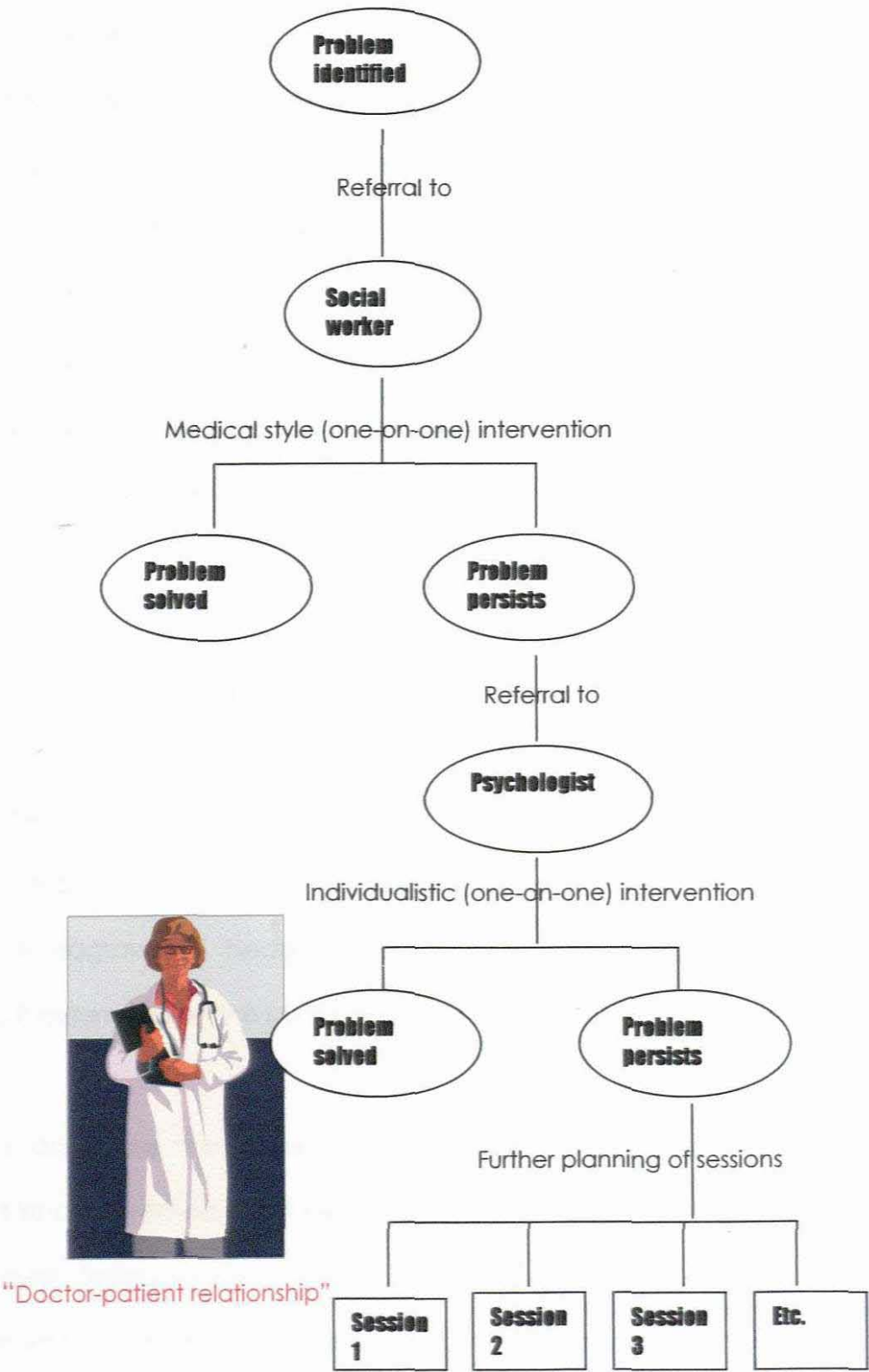


Figure 5.1: Theory of action at SOI's

Clearly, the above theory is not effective because it is reactive and its underlying assumption is that the problem is always intrinsic to the individual. It is also not effective because it is based on a deficit model that ignores the strengths of the afflicted individuals. The theory does not appreciate the role that the educators and house parents (hostel staff) can play in the health promotion of the learners at SOI. This is incompatible with the principles of community psychology which advocate the empowerment of individuals so that they can tackle their own problems rather than being dependent on an outside "expert clinician" to provide them with solutions.

Learners at schools of industries are already severely afflicted with behavioural and emotional problems; hence interventions to address these problems are at tertiary/rehabilitative level. It is true, however, that other forms of problems develop or the same problem is aggravated because of the interaction of different ecological systems given the conglomeration of cultures at SOI's.

This study advances the argument that these problems can be identified and prevented even before they become problems at a primary level, failing which they can be identified at early stages and interventions implemented early at a secondary prevention

level of intervention.

Based on the above argument this study proposes the following theory of practice at SOI's:

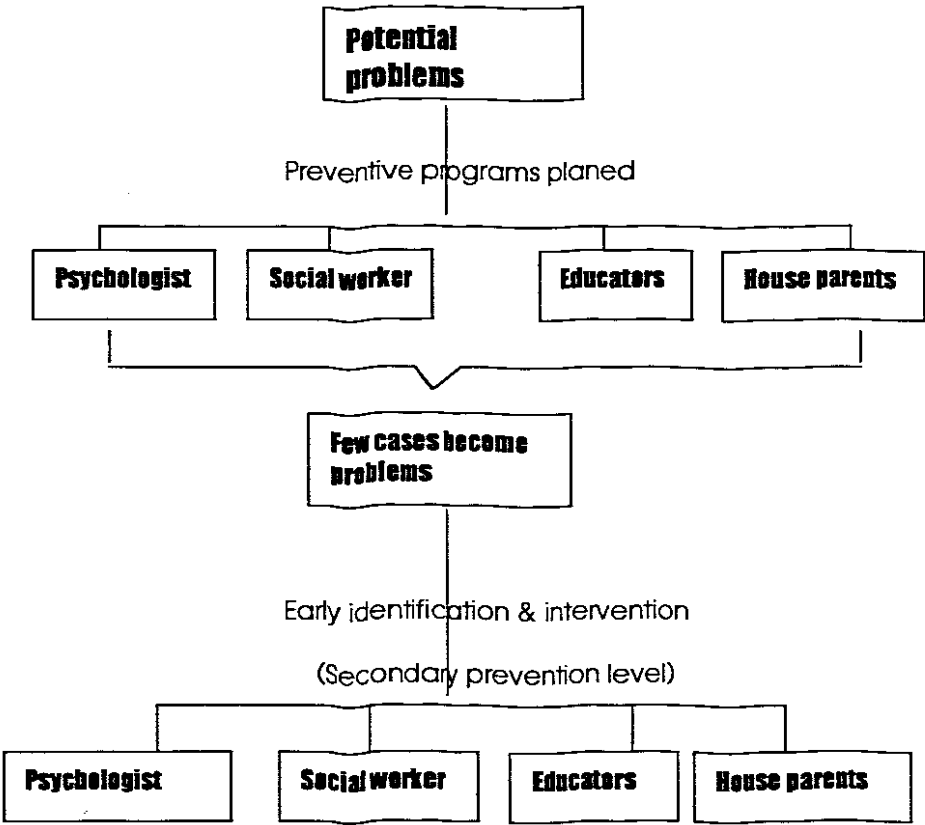


Figure 5.2: Proposed theory of practice at SOI's

As it can be seen from the diagram above, this study proposes a model of intervention in which the psychologist and other community mental health professionals (e.g. social workers) see themselves as part of the team; a team comprising of both

professionals and non-professionals in the quest to solve mental health problems in the SOI's. In this way, these professionals will be working as participants-consultants in that, while they will largely be giving guidelines, advice, training as well as being present at case conferences/case discussions, they will at the same time be handling cases. These professionals will handle severe cases, mostly at rehabilitative level, which are too difficult for non-professionals to handle.

5.5 Conclusion

The educators' point regarding proper screening of children before they come to SOI was investigated further with them. Those who had argued this point (including the psychologist) had stated that social workers' reports are almost always inadequate as a determining criterion for the suitability for SOI placements. They argued that some learners should not have come to the SOI in the first place; they should have been designated into the reformatory. This argument, however, is not in the scope for Department of Education officials to argue as committal into reformatory and industrial schools is by a court order. It is not for education officials to decide who should or should not be committed. More over, it seems that the concept of the reformatory schools has changed.

The Western Cape and Mpumalanga Provinces, the only provinces that had reformatories, now regard SOI's and reformatories as "school facilities/youth centres serving the same purpose (see 2.7.3).

Learners and educators concurred in their call for the restructuring of subject packages. They also expressed their concern about the relationship between the SOI's and the welfare agencies. They also both stated that the schools of industries should develop follow up programs to support learners after completion at SOI. Learners indicated a need to be involved in the school's decision-making. This is a reasonable demand for adolescent learners, which is also in line with article 12.1 of the UN Convention on the Rights of the Child (see 2.7.2).

The findings indicate that SOI's operate in line with the individualistic psychological approaches. Intervention strategies used by the traditional mainstream psychology are in line with the disease model, which locate the disturbance within the individual. Community psychology advocates approaches that empower people so they can deal with problems themselves. Non-professionals are seen as important part of the team of mental health workers and the argument is that they can conduct psychological interventions as effectively as professionals if they are

trained. This study postulates that for the SOI's to be effective, their theory of practice, which is based on the mainstream psychological models, should change. The study therefore proposes a theory of practice based on the principles of community psychology.

All the aims of this study were realised. The prediction made by the study that the psychological intervention programs at SOI's are not *structured and not effective* was confirmed by the findings. So too was the assumption that educators at these schools are not adequately trained to face the challenges presented by EBD learners.

Lastly, item 11 "what fulfils you in this school", was an indicator of how educators value their learners despite the hard time they give them. One of the main beliefs of community psychology is 'building on strengths/positives rather than fixating only on the deficits/negatives.

Learners also cited a number of good things about the SOI's. Taken together, these positive/fulfilling things about the SOI's as expressed by both the learners and educators should be used as a springboard when the educators are trained to use the model/practice theory proposed by this study.

CHAPTER 6

IMPLICATIONS, EVALUATION, RECOMMENDATIONS, AND CONCLUSION

6.1 Introduction

This chapter looks at the implications of the research findings, both for support services in schools in general as well as support service delivery in SOI's in particular. The chapter also considers the strengths as well as the limitations of this research study with a view to guide future research in this field. Research studies at post-graduate (particularly PhD studies) should add value both in body of research in general as well as the lives of people in the human sciences domain. This study has done this by making recommendations for innovative intervention strategies based on the community psychological model. This is not the theory of practice currently at the schools of industries, therefore it is hoped that this innovation will be implemented and make a positive impact in the psychological wellness of learners placed at SOI's.

6.2 The implications of the study

The major implication of the findings of this study is that there needs to be a change in the theory of practice governing how psychological interventions are conducted at SOI's. It is also clear that the educational programming needs to be revisited. The school is a community. Lewis and Lewis (1989) describe community as any system of interdependent persons, groups and organizations that meet the individual's basic needs, affect daily life and mediate between the individual and society as a whole. Edwards (2001) on the other hand describes a community as a group of people with common interests. This implies that the people in the community should be involved in all decisions affecting their lives and psychological well-being. In view of this, the schools of industries should consider seriously how they could involve learners in the decision-making in these schools.

It goes without saying that if educators are to be effective in their teaching at SOI's they need to be adequately trained. This implies that rigorous in-service training courses need to be organized by the Department of Education. There also needs to be more commitment from the reconstruction social welfare services. This will ensure that whilst the child is at the school of industries, the

reconstruction social worker is busy working on stabilising / normalising the conditions at home so that the child can be returned to his/her parents at the end of his/her stay at SOI.

6.3 Evaluation of the study

6.3.1 The strengths of the study

This study has attempted to close the gap between research and practice in that it concerns itself with the impact of research on service delivery at the SOI's. The study also used problem-based methodology (PMB) to contribute to the understanding and improvement of problems of practice regarding the psychological intervention programs at SOI's. It has done this by: the reconstruction of theories of action (as reflected in the participants' responses), which are operative in the problem situation, the evaluation of such theories against the community psychological methods of interventions (including the assessment of the possible casual role of these theories in the problem) and the development of an alternative theory of practice at SOI's.

The other strength of the study is that it has incorporated the suggestions of both learners and educators in the

recommendations. This will ensure ownership of and commitment to the new proposed theory of practice. The good thing also, is that the researcher himself, as a full-time employee of the Department of Education, will be part of the team that will implement the changes recommended. This ensures therefore that the research will have a practical value to the schools of industries and other schools in the Department of Education in the Ukhahlamba Region where the researcher serves.

6.3.2 Limitations of the study

6.3.2.1 Sample

The number of the boys in the sample was far too small compared to the girls. This made it difficult to make meaningful comparisons across the genders. As said earlier, this was created by the last minute change of mind by about half the number of boys who had agreed to partake in the study at Newcastle School of Industries. Another limitation of the study is that it only concentrated on only one province in South Africa. It would have been good to sample participants from across provinces as well. This would have permitted comparisons of theories of practice across the provinces (even if it was only 2 or 3 out of the 9 provinces). This, however,

would have been very costly and one would have to secure enough funding to conduct the research.

6.3.2.2 Questionnaire

Question 5 on the learners' questionnaire should have been left open rather than giving options because some learners wanted to mention options that were not provided for on the questionnaire.

6.4 Recommendations for schools of industries.

- Educators and house parents at schools of industries must be trained on psychological intervention strategies so that they can work as a team with professional mental health workers (e.g. psychologists, social workers and therapists) in dealing with EBD learners in these schools.
- Since learners are placed at SOI's because they are presenting with challenging EBD, it makes sense to suggest that the (psychological) intervention program must be timetabled as it is done for the educational academic program. The program could be in the form of group counselling and / or carefully planned physical exercise. Learners who require more intensive, individual intervention

can also be accommodated in the schedule / timetable. The team of professionals and non-professionals should work together on this to ensure continuity.

- Psychological intervention programs should place prevention at the forefront. This means that educators, non teaching staff and the mental health staff at the school should always be on the look out for potential problem cases, identify these and plan primary prevention programs to make sure that these do not develop into problems or that only a small number, if at all, advance into problem stage.
- Learners must be actively involved in the entire decision making in the school as well as in all program formulations aimed at promoting their psychological wellness.
- The curriculum and subject packages (including the choices between Standard or Higher Grade subjects) should be discussed with learners. If taking the subject on a standard grade is deemed to be in the best interest of the learner concerned, this must be discussed with him/her. If, however, they insist in a grade of their choice, they must be allowed to go with their choices (in consultation with their parents of course). This is particularly true for the two adolescent SOL's.

- The vocational and academic streams at these schools should also be revisited to ensure that they have value and are marketable on the job market.
- Plan rigorous orientation programs for new admissions at SOI's. A number of learners get a shock of their lives when they arrive at these schools. For many of them SOI may be tantamount to being in prison if they were not orientated.
- The Department of Education, especially psychology section, should work much more closely with the schools of industries. It is no use drawing up policies if nobody is going to bother to ensure that these are implementable.
- The SOI's should look into making plans to support learners to be able to face the real world at the end of their stay at these schools. The SOI's are a safe environment for these learners and it is to be expected that the prospect of leaving this environment to go into the real world full of uncertainties create anxiety. During the learners' final year the school's efforts should be concentrated on preparing them for termination of care. This should include helping them to find jobs or educational institutions to further their studies or train for a job.
- Relationships with reconstruction social welfare agencies should be improved. If reconstruction social workers dump

children at SOI's and never look back, the schools together with the Department of Education should consider reporting these culprits to the authorities.

- The SOI's should help the social welfare agencies in their reconstruction work by organizing functions like Open Days where they invite parents / guardians of learners to the school. In this way parents can get to meet educators and together discuss future plans for the learner concerned.
- Ensure that learners are kept entertained and are constantly in touch with the outside world by organizing social gatherings in the form of games, etc. during weekends. Again learners should take an active role in organizing these activities.
- The Department of Education should provide financial sponsorship (e.g. bursaries) for educators to enrol courses on special needs education or science of human behaviour (e.g. psychology).
- The Department of Education, through its Skills Development Unit, should plan training workshops specifically on psychological intervention strategies for the teaching and non-teaching SOI staff. The Department can look into outsourcing this function to outside service providers if it does not have the capacity within itself.

- The schools of industries require at least one psychologist, one social worker and a nurse employed on a full-time basis. It would be a good idea for the Departmental officials to visit the other two provinces and see how their programs are structured.

6.5 Recommendations for further research

- Future researches on program evaluation at SOI's should look to balance up the numbers across the two sexes in the sample in order to allow for comparisons. It would also be interesting to get a study that would sample participants across the provinces so as to get better comparisons of the theories of practice and also of the programs.
- The efficacy of the psychological intervention program that is based on the community psychological methods of prevention and mental health promotion needs to be evaluated. *Experimental methods of research* could be used where the program based on this new theory of practice is weighed against the traditional individualistic clinical services based on the mainstream psychological strategies of intervention.

6.6 Conclusion

The research realized all the aims that it had set out to achieve. The study posits that if the SOI's are to succeed in their quest to help EBD learners, approaches based on the community psychological principles of intervention are the way to go. It also proposes a broad based capacity building for educators, which will empower them with knowledge of approaches based on different theoretical frameworks. It is important to do this because human beings are complex beings whose behaviour can be viewed through different theoretical frames of reference. There are many theoretical approaches that endeavour to explain human behaviour and educators need to know these even though they are not expected to do so in-depth. Chapter 2 of this study gives a brief account of at least 8 of these theoretical approaches.

The study was conducted both qualitatively and quantitatively. The results of the two approaches underpinned and complemented each other. The research study yielded the following findings:

- The psychological intervention programs at SOI's are not well structured and also not effective.

- The programs are based on mainstream psychotherapeutic interventions that operate according to the disease, “doctor – patient” model.
- Educators are all keen on getting training so that they can become part of the support services team.
- Most learners are happy about their placement at SOI but would like to be involved in all decisions affecting them at the schools. They are also suggesting a number of changes to ensure harmonious relationships with the staff.
- Both learners and educators state that the relationship between the SOI and the outside social welfare agencies leaves much to be desired.
- Learners are dissatisfied with the academic and vocational packages offered at SOI’s.

Based on the above findings, this study recommends major changes regarding the theory of practice at SOI’s. It is recommended that all psychological interventions should be based on community mental health, which emphasizes prevention, empowerment and advocacy. This requires that the role of both the non-mental health and mental health professionals at SOI’s be reappraised and redefined. It is further recommended that the Department of Education should be more involved with SOI by

offering ongoing support as well as ensuring capacity building for teaching and non-teaching staff. The SOI staff needs to be trained to enable them to be equal to the challenges of the proposed theory of practice.

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APPENDIX A

LETTER TO CHIEF SUPERINTENDENT OF EDUCATION

P.O. BOX 3770

LADYSMITH

3370

Dear Sir

I am writing to request permission to conduct a research at _____ School of Industries in your circuit. I am doing PHD – community psychology with University of Zululand and the title of my research topic is: Evaluation of the psychological intervention programs for children with behavioral and emotional problems in the schools of industries in the Ukhahlamba Region. The aim of the study is to determine the effectiveness of the psychological intervention programs used in the schools of Industries. I will ensure that the school program is not interfered with.

Please respond to this letter in writing and let me know whether or not permission is granted.

B.R. Chemane

APPENDIX B

LETTERS TO PRINCIPALS OF SOI'S:

P.O. BOX 3770

LADYSMITH

3370

Date

Dear Sir

This letter serves to confirm our verbal conversation with you concerning my request to conduct a research study at your institution. I would like to come to your school on _____ at _____ with a view to meet with educators and learners so that I can brief them as to the intentions of the study and seek their willingness to participate. If the date and time suggested above will be an inconvenience to you please let me know telephonically so we can arrange an alternate date/time.

Yours faithfully

B.R. Chemane

APPENDIX C

LETTER TO TEACHERS:

P.O. Box 3770

Ladysmith

3370

Dear Teachers

Further to our discussion regarding the research study that I intend conducting at your school, this is a confirmation letter reminding and confirming the date of _____ we agreed upon.

Like I said during briefing day, participation in the study is not compulsory. Should you decide to change your mind about your agreement to participate in this study you are at liberty to do so, just let me know through your principal. Remember that your anonymity and confidentiality will be ensured throughout and in the final script of this study.

Thank you again for showing interest in the study.

B.R. Chemane

APPENDIX D

LETTER TO LEARNERS:

P.O. BOX 3770

LADYSMITH

Dear Learners

Thank you again for agreeing to participate in this important study. As I said to you that day we met, your name will be protected and everything you say will be treated as a secret. Completing the questionnaire will not require you to study or to remember things you learnt, therefore there is nothing to be scared of.

I just want to say here again that you are at liberty to reconsider your agreement to participate. Should you, for any reason, decide to change your mind that is fine. If you happen to change your mind please just let me know through your class teacher.

If you are still willing I will meet you on____ at____at your school as we agreed. Completion of the questionnaires should not take longer than 20 minutes, at the most.

B.R. Chemane

APPENDIX E

EDUCATORS' QUESTIONNAIRE

NAME OF SCHOOL_____

SECTION A: PERSONAL DETAILS.

The following information is required for statistical purposes only.

Name (optional)_____ Age_____ Sex_____

Qualifications:_____

Race_____

Teaching experience: a) In a school of industries_____ b) In an ordinary
school_____ c) Other type of school____ (specify type) ____

SECTION B

Answer the following questions by placing a tick in the box next to your choice.

Some questions are open-ended and require that you give an explanation.

1. Children in the schools of industries present with challenging emotional and behavioural problems. Do you think they benefit by being in these schools?

Yes ☐ No ☐ Partially ☐

Please explain your answer: _____

2. If your answer to 1 above is no/partially, what would you suggest should be done to ensure that they reap maximum benefit? _____

3. Do you agree that learners in the schools of industries require a psychological intervention program (e.g. counselling – individual or group, behaviour management/modification techniques, systematically/carefully planned physical exercise)?

Yes ☐ No ☐ Uncertain ☐

4. Does your school have the program mentioned in 3 above?

Yes ☐ No ☐ Uncertain ☐

5. If your answer to 4 above is yes, please answer the following questions:

5.1 What type of psychological intervention is it?

Individual counselling ☐ Group ☐

☐ counselling

☐

Behaviour modification ☐

Planned physical exercise ☐

Combination of all/some of the above ☐

(Please specify the combination): _____

5.2 Is the program effective?

Yes ☐ No ☐

Please explain your reasons: _____

5.3 Is the program timetabled for every learner to benefit from or is it only for those adjudged to need it at any given time?

Time-tabled for every learner ☐ Only for those adjudged to need it ☐

Uncertain ☐

5.4 Who administers/conducts the program?: _____

6. During your teacher training, were you trained specifically to teach learners with behavioural and emotional problems?

12. General comments, if any: _____

Thank you for your co- operation.

APPENDIX F

LEARNERS' QUESTIONNAIRE (ENGLISH)

NAME OF SCHOOL _____

NAME OF LEARNER _____

GRADE _____ AGE _____ RACE (e.g. Indian, Black, Coloured, White) _____

SEX _____

Please answer the following questions fully and honestly by placing a tick (✓) in the box next to the answer that applies to you. Some questions will ask you to explain your answers:

1. Have you gained something good by being at this school?

Yes ☐ No ☐ A little ☐

2. If you answered yes above, what have you gained?: _____

3. If you answered no/a little to 1 above, what would you suggest the school should do to make sure that you gain to the full? _____

4. Does the school have a regular group-counselling program where all the learners get support (in groups) for personal problems?

Yes ☐ No ☐ I am not sure ☐

5. If your answer to 4 above is yes, does this happen:

Once a week ☐ Once a month ☐ Once in two weeks ☐

Only for certain learners ☐

Only when teachers think it is necessary ☐

6. If the program mentioned in 4 above exists at your school does it help?

Yes ☐ No ☐ I am not sure ☐

Please explain why you say yes/no: _____

7. Do you think it would help if your teachers do not only teach you subjects in the classrooms, but are also involved in group counselling sessions where they listen to your problems and help you to work through your personal problems?

Yes ☐ No ☐ I am not sure. ☐

Please explain your answer: _____

8. Do you agree with the idea that physical exercise, if carefully planned and well supervised, would help relieve your stress and help you focus more in your classroom?

Yes ☐ No ☐ I am not sure. ☐

9. Do you agree with the following statements? Tick (✓) one box.

9.1 My behaviour has become worse at this school than it was before I came here

I agree ☐ I disagree ☐ I am not sure ☐

9.2 Some children's behaviour is worse when they leave this school than it was when they came here.

I agree ☐ I disagree ☐ I am not sure ☐

10. General comments, if any, about you being at this school: _____

Thank you for your co-operation.

APPENDIX G

LEARNER'S QUESTIONNAIRE (Isizulu)

NAME OF SCHOOL _____

NAME OF LEARNER _____

GRADE _____

AGE _____ RACE (e.g. Indian, Black, Coloured, White) _____

SEX (Ubulili) _____

Uyacelwa ukuba uphendule imibuzo elandelayo ngokuphelele futhi ngokwethembeka ngokuthikha (✓) ebhokisini eliseduzane nempendulo oyikhethile. Eminye imibuzo izodinga ukuba uchaze kabanzana.

1. Kukhona yini osowukuzuzile ngokuba kulesi sikole?

Yebo ☐ Cha ☐ Kuncane ☐

2. Uma kukhona okuzuzile kungabe kuyini?: _____

3. Uma uphendule wathi qha/kuncane ku 1 ngenhla, ziluleko zini
ongazinika isikole ukuqinisekisa ukuthi uzuza ngokuphelele?

4. Kungabe isikole senu sinalo yini uhlelo lwe – counselling (ukwethulwa
umthwalo wokukhandlela komphefumulo) olwenziwa njalo ngamaqembu
(group counselling)?

Yebo ☐ Cha ☐ Anginaqiniso ☐

5. Uma impendulo yakho ku 4 ngenhla kungu yebo, kungabe lokhu
kwenzeka:

Kanye ngeviki ☐

Kanye ngenyanga ☐ Kanye emasontweni amabili ☐

Kwenzelwa abafundi abathile kuphela ☐

Kuphela uma othisha becabanga ukuthi kunesidingo ☐

6. Uma uhlelo lwe counselling okubuzwe ngalo ku 4 ngenhla lukhona kulesi
sikole, kungabe luyasiza?

Yebo ☐ Cha ☐ Anginaqiniso. ☐

Uyacelwa ukuba uchaze ukuthi kungani uthi yebo/cha

7. Ubona kungasiza yini ukuba othisha bangagcini nje ngokunifundisa izifundo emakilasini kodwa babuye babambe iqhaza ekunisizeni emaqenjini lapho nethula khona imithwalo ngokuniphethe kabi emoyeni nezinkinga zenu, banilalele babuye banisize ukuba nixazulule izinkinga ezinikhathaza umoya?

Yebo ☐ Cha ☐ Anginaqiniso ☐

Uyacelwa ukuba uchaze impendulo yakho/wenabe

8. Uyavumelana nombono wokuthi ukuvocavoca umzimba okuhlelwe kahle futhi okuqashiwe kungasiza ekukhandlekeni komphefumulo, kukwenze futhi uzizwe uphapheme nasekilasini ezifundweni?

Yebo ☐ Cha ☐ Anginaqiniso ☐

9. Uyavumelana nalezi zitatimende ezilandelayo? Thikha (✓) ibhokisi

9.1 Ukuziphatha kwami (indlela engenza ngayo izinto) sekukubi kakhulu kulesi sikole kunento okwakuyiyona ngingakezi lapha.

Ngiyavumelana nalesi sitatimende ☐

Angivumelani nalesi sitatimende ☐

Anginaqiniso ☐

9.2 Abanye abafundi baphuma kulesi sikole ukuziphatha kwabo sekukubi kakhulu kunokwakuyikho befika lapha.

Ngiyavumelana nalesi sitatimende ☐

Angivumelani nalesi sitatimende ☐

Anginaqiniso ☐

10. ungaphawula usho noma yini ngokuba kwakho kulesi sikole

Ngiyabonga kakhulu ubambiswano lwakho.