Prof. Shani. J. Sequeira.
MSc(N). RN. RM.

A CLASSIFICATION SYSTEM FOR CATEGORISING PROBLEMS IN CHILDHOOD SOCIAL FUNCTIONING

RIKA SWANZEN

SOCHARA
Community Health
Library and Information Centre (CLIC)
Community Health Cell
85/2, 1st Main, Maruthi Nagar,
Madiwala, Bengaluru - 560 068.
Tel : 080 - 25531518
email : clic@sochara.org / chc@sochara.org
www.sochara.org

PDF created with pdfFacto

ACKNOWLEDGEMENTS

TO MY HEAVENLY FATHER: You have bestowed gifts on me and have given me strength. Your grace has carried me over mountains, and through Your attention to the details in my life, You have filled the gaps. I give this back to You so You may be glorified.

To my husband, without whom I could never have completed this study, to my mother, for instilling in me the discipline to never give up, and to my two boys for giving me something more meaningful than work.

To Dr. Wim Roestenburg, my study promoter, thank you for the fine balance between allowing creative freedom and stern discipline. To Prof. James Karls, my other mentor, thank you for your advice and for placing the interests of the profession above your own.

To all the role players that were integral to making this thesis a possibility: the University's bursary department for my merit bursary, and to Fanie Lewies from ULYSSIS for further financial assistance with nothing to gain from it. Also to Gert Jonker from The Bethany House Trust for financial support on the 'last leg' of this study.

To Annelien van der Westhuizen, thank you for being a problem-solver. Thank you to Judith Ferreira for reading the first chapters, and for being so thorough in providing feedback. To Cynthia Reed, for being willing to give so much of your time. And thanks to Trish Cooper for the final editing. Thank you, Nicolette, for the fast and accurate typing.
To my colleagues from practice, Elsabe Aucamp, Annelie Olivier, Antoinette Struwig, Elsabe van Heerden and Yolandi Viljoen, for being excited about my first attempts and for testing it for me. To those behind the scenes, Mrs Mitchell and Mrs Jansen at the Faculty of Humanities, and Riette Eiselen at STATCON, for oiling the 'machinery'.
And lastly, to Prof van Delft, from the Department of Social Work at UNISA. Your positive feedback on the value of this study encouraged me to give even more to the continuing development of the 'product'.

PDF created with pdfFactory trial version www.pdffactory.com

INDEX

		PAGE
CHAPTER 1	**MOTIVATION TO THE STUDY**	
1.1.	Introduction	1
1.2.	Motivation for the study	3
1.3.	Research problem	5
1.4.	Aim of the study	8
1.5.	Value of the study	9
1.6.	Research methodology	10
1.7.	Research design	12
1.8.	Definition of concepts	16
1.8.1.	Child client	17
1.8.2.	Ecometrics	17
1.8.3.	Classification system	17
1.8.4.	Person-in-environment (pie) classification system	18
1.9.	Limitations of the study	18
1.10.	Chapter layout	19
1.11.	Summary	19
CHAPTER 2	**RESEARCH METHODOLOGY**	
2.1.	Introduction	21
2.2.	Research design	22
2.2.1.	Step 1: Problem analysis	25
2.2.2.	Step 2: Determine feasibility	26
2.2.3.	Step 3: Establish requirements for the new technology	28
2.2.3.1.	Step 3 a: Requirements for a measurement tool	29
2.2.3.1.1.	The rationale for measuring	29
2.2.3.1.2.	Types of measurement tools	30
2.2.3.2.	Step 3 b: Requirements for classification systems	33
2.2.3.2.1.	Diagnosis versus classification	33
2.2.3.2.2.	Accurate use of classification systems	34
2.2.3.2.3.	Guidelines concerning classification of children	35

PDF created with pdfFactory trial version www.pdffactory.com

2.2.4. Step 4: Specify boundaries of domain of design and development 37
2.2.5. Step 5: Identify and describe the theoretical framework in which the technology is developed 39
2.2.6. Step 6: Establish a method of information gathering with regard to literature use 41
2.2.6.1. Literature survey 41
2.2.6.2. Organising the literature 46
2.2.7. Step 7: Identify the operational assessment areas that will be measured by the new technology 48
2.2.8. Step 8: Draft the appearance of the new technology 51
2.2.8.1. The purpose of the technology 52
2.2.8.2. The length of the new technology 54
2.2.8.3. The selection, scaling and ordering of items 55
2.2.9. Step 9: Determine role of users 56
2.2.10. Step 10: Prepare user-ready innovation for consumers 56
2.2.11. Step 11: Facilitate feedback on development thus far 57
2.2.12. Step 12: Determine the developmental research procedure 58
2.2.12.1. Design and development competencies 59
2.2.12.2. Interrater testing 60
2.2.12.3. Data management
2.2.13. Step 13: Select sample and apply 66
2.2.14. Step 14: Technical analysis (validity & reliability) 67
2.2.14.1. Validity and reliability used with the adult PIE 67
2.2.14.2. Validation methods 69
2.2.14.3. Reliability testing methods 72
2.2.15. Step 15: Identify and address design problems 74
2.2.16. Step 16: Advanced development 74
2.2.17. Step 17: Proposal for approval of product from accreditation committee 75
2.2.18. Step 18: Develop the marketing plan 76
2.2.19. Step 19: Addressing dissemination barriers 77
2.2.20. Step 20: Start training workshops 78
2.3. Summary 79

PDF created with pdfFactory trial version www.pdffactory.com

CHAPTER 3 THEORETICAL MODEL

3.1. Introduction 80
3.2. The history of social work in South Africa 82
3.3. Accepted definitions of social work 88
3.4. An understanding of social functioning 90
3.5. Moving towards an integrated approach for 21st century social work 91
3.5.1. The advantage of finding an integrated approach for social work 92
3.5.2. Obstacles to finding an integrated approach for social work 92
3.5.3. Previous efforts at integration 93
3.5.4. Where does social development fit into an integrated model? 95
3.5.5. The PIE classification system as integrated model? 97
3.6. Finding a unifying construct for social work 101
3.6.1. Early origins of the psychosocial approach 101
3.6.2. Early origins of ecology 103
3.6.3. Measuring ecology in social work 104
3.6.4. Human ecology 104
3.6.5. The Person-in-environment construct 107
3.7. The child-in-environment 109
3.7.1. Ecology and childhood 110
3.7.1.1. A time-context 110
3.7.1.2. Transactions with children 111
3.7.2. Childhood social functioning 112
3.7.3. The child's social environment 115
3.7.4. Childhood social functioning in a South African context 118
3.8. Previous attempts at classifying social problems in children 120
3.9. A conceptual framework 120
3.9.1. Diagrammatic illustration of conceptual process 121
3.9.2. Concepts that describe childhood social functioning 120
3.10. Summary 124

CHAPTER 4 CHILDHOOD SOCIAL FUNCTIONING

4.1. Introduction 125

PDF created with pdfFactory trial version www.pdffactory.com

4.2. Restricting the concepts for this study 126
4.3. Decision process for inclusion 128
4.4. Consideration of childhood development 130
4.4.1. Developmental stages 131
4.4.2. Milestones 133
4.4.3. Cognitive development 134
4.4.3.1. Context of development 135
4.4.3.2. Child variables in development 136
4.5. Routine 137
4.5.1. Sleep problems 139
4.5.2. Bedwetting or enuresis 140
4.5.3. Soiling or encopresis 142
4.5.4. Eating problems 143
4.6. Behavioural adjustment 147
4.6.1. Choice of terms for categories 149
4.6.2. Elements of behavioural maladjustment 151
4.6.3. Oppositional Defiant Behaviour 153
4.6.3.1. Temper tantrums 154
4.6.3.2. Lying 155
4.6.3.3. Aggressiveness 156
4.6.3.4. Devotion to a cult 159
4.6.4. Conduct disturbances 161
4.6.4.1. School attendance problems 163
4.6.4.2. Running away 166
4.6.4.3. Substance abuse 169
4.6.4.4. Stealing/theft 171
4.6.4.5. Vandalism 172
4.6.4.6. Serious assault 173
4.7. Performance 174
4.7.1. The role of achievement 175
4.7.2. The role of expectation 177
4.7.3. The role of satisfaction 179
4.7.4. Understanding frustration 181
4.7.5. Goal-directedness 183

PDF created with pdfFactory trial version www.pdffactory.com

4.7.6. Creativeness 184
4.8. Stress 185
4.8.1. Understanding stress 187
4.8.2. Emotional effects of stress 189
4.8.2.1. Fear 189
4.8.2.2. Helplessness 190
4.8.3. Statutory intervention 192
4.8.4. Early recollections 194
4.8.5. Grieving 195
4.8.6. Teenage pregnancies 196
4.8.7. Abortion 198
4.9. Socialisation 201
4.9.1. Elements in socialisation 201
4.9.2. Social awareness 204
4.9.3. Childhood gender roles 205
4.9.4. Age and pro-social behaviour 206
4.9.5. Social skills 208
4.9.6. Play 209
4.9.7. Peer group 211
4.9.8. School relations 213
4.9.9. Friendships 213
4.9.10. Self-concept 215
4.10. Parenting 216
4.10.1. Behaviour management 217
4.10.1.1. Discipline 218
4.10.1.2. Parental styles 219
4.10.1.3. Family atmosphere 220
4.10.2. Relations within the family 224
4.10.2.1. Bonding 224
4.10.2.2. Family constellation / birth order 229
4.10.2.3. Child Abuse 232
4.10.3. Disrupted family system 237
4.10.3.1. Divorced families 237
4.10.3.2. Stepfamilies 239

PDF created with pdfFactory trial version www.pdffactory.com

4.10.3.3. Single parent families 243
4.10.3.4. Child-headed families 245
4.10.3.5. Children raised by grandparents 246
4.10.3.6. Domestic violence 248
4.10.3.7. Impact of poverty on families 249
4.11. Operationalisation of concepts 251
4.12. Summary 256

CHAPTER 5 DESIGN OF THE NEW TECHNOLOGY

5.1. Introduction 260
5.2. Conceptual definitions 261
5.3. Indicators for operational definitions 264
5.4. Design decisions 273
5.4.1. Name of the new technology 273
5.4.2. A problem focus 274
5.4.2.1. Operationalisation and classification systems 275
5.4.2.2. The role of the user 275
5.4.2.3. The volume of included material 276
5.4.2.4. The theoretical construct perceived to be supported at face value 277
5.4.2.5. Underlying principles of the design 279
5.4.3. Utilising the PIE framework 279
5.4.4. Perceived needs of the practitioner 284
5.4.5. Validity and reliability considerations 284
5.4.5.1. Narrowing down the area for testing 284
5.4.5.2. The pilot study 285
5.4.6. Cultural sensitivity 287
5.5. Description of the ChildPIE© 287
5.6. Summary 288

CHAPTER 6 DATA RESULTS & INTERPRETATION

6.1. Introduction 289
6.2. Data sets utilised in the study 290

PDF created with pdfFactory trial version www.pdffactory.com

6.3. Overview of data analysis 293
6.4. Selected sample 295
6.5. Data results 297
6.5.1. Feedback assemblage 298
6.5.2. Results from qualitative data 301
6.5.3. Feedback from an expert 303
6.5.4. Feedback from the questionnaire 308
6.5.5. Interrater reliability 311
6.5.5.1. Results from the first pilot test 312
6.5.5.2. Results from the second pilot test 318
6.6. Adjustments made from test results 323
6.7. Summary 324

CHAPTER 7 THE CHILDPIE©

7.1. Introduction 327
7.2. Instructions for use 328
7.3. Benefits for practice 328
7.4. Use by practitioners 329
7.5. The ChildPIE© 330
7.6. Category definitions 331
7.6.1. Childhood Social Roles 332
7.6.2. Indexes 341
7.6.2.1. Developmental stage 341
7.6.2.2. Problem Types 342
7.6.2.3. Child abuse types 350
7.6.2.4. Duration of the problem 354
7.6.2.5. Coping strengths 354
7.6.2.6. Priority code 355
7.6.3. Coding 355
7.7. Intervention plan 357
7.8. Practical example 357
7.9. Summary 358

PDF created with pdfFactory trial version www.pdffactory.com

CHAPTER 8 CONCLUSIONS & RECOMMENDATIONS

8.1.	Introduction	359
8.2.	Conclusions on the development	360
8.2.1.	Method of information gathering	361
8.2.2.	Design and Development competencies	361
8.2.3.	Meeting measurement criteria	362
8.2.4.	Meeting validation criteria for a classification system	364
8.2.5.	Finding a unifying construct	364
8.2.6.	Validation guidelines	365
8.2.7.	Limitations of the study	368
8.2.8.	Discrepancies in process	368
8.3.	Recommendations	369
8.4.	Value of the ChildPIE©	371
8.5.	Summary	371

GLOSSARY OF TERMS		374
BIBLIOGRAPHY		394
ANNEXURE 1	EMAIL CORRESPONDENCE FROM JAMES KARLS	422
ANNEXURE 1A.	CLASSIFICATION SYSTEMS THAT HELPED SHAPED THE RESEARCHER'S DECISIONS	430
ANNEXURE 2	ASSESSMENT AIDS THAT ASSIST IN THE CLASSIFICATION OF SOCIAL FUNCTIONING PROBLEMS IN CHILDREN	455
ANNEXURE 3	DOCUMENTS UTILISED DURING THE PRESENTATION AND DATA GATHERING PROCESS	479

LIST OF TABLES

TABLE 1.1.	APPLICATIONS OF THE PIE AND FORESEEN BENEFITS FOR NEW TECHNOLOGY	9
TABLE 2.1.	TYPES OF MEASUREMENT TOOLS	31
TABLE 3.1.	ENVIRONMENTAL SYSTEMS AND FUNCTIONS	117
TABLE 4.1.	FOCUS AREAS FROM CONCEPTUAL FRAMEWORK	127

PDF created with pdfFactory trial version www.pdffactory.com

TABLE 4.2. MINNESOTA CLASSIFICATION'S CATEGORIES FOR STAGES 132
TABLE 4.3. ABUSIVE PARENTAL BEHAVIOURS 234
TABLE 4.4. CATEGORY DEFINITIONS OF CHILDHOOD SOCIAL FUNCTIONING 253
TABLE 5.1. THE BASIC STRUCTURE OF THE PIE 280
TABLE 5.2. ROLE TYPES 281
TABLE 5.3. PROBLEM TYPES 282
TABLE 6.1. SAMPLE PROFILE 296
TABLE 6.2. FEEDBACK ASSEMBLAGE 299
TABLE 6.3. SUMMARY OF FEEDBACK 301
TABLE 6.4. RESULTS FROM QUESTIONNAIRE 308
TABLE 6.5. CODING OF 1ST INTERRATER STUDY 316
TABLE 6.6. FREQUENCY ANALYSIS 317
TABLE 6.7. SECOND INTERRATER STUDY CODES 321
TABLE 6.8. FREQUENCY TABLE FOR SOCIAL ROLE (2ND RATER STUDY) 322
TABLE 6.9. FREQUENCY TABLE FOR PROBLEM TYPE (2ND RATER STUDY) 322

LIST OF FIGURES

FIGURE 1.1. COMBINED SCHEMA OF ROTHMAN'S SOCIAL RESEARCH & DEVELOPMENT MODEL & THOMAS' RESEARCH PARADIGM 14
FIGURE 1.2. RESEARCH PROCESS OF SCALE DEVELOPMENT IN ECOMETRICS 15
FIGURE 1.3. STEPS IN THE CONSTRUCTION OF A PSYCHOLOGICAL TEST 16
FIGURE 2.1. THE ADAPTED DESIGN AND DEVELOPMENT MODEL FOR DEVELOPING A CLASSIFICATION SYSTEM 24
FIGURE 2.2. THE BOUNDARIES OF THE DOMAIN OF THE ADAPTED DESIGN & DEVELOPMENT MODEL 38
FIGURE 2.3. THE OPERATIONAL PROCESS 49
FIGURE 3.1. THE HUMAN ECOSYSTEM 106
FIGURE 3.2. THE CONCEPTUAL PROCESS 122
FIGURE 3.3. A PERSON-IN-ENVIRONMENT CONCEPTUAL FRAMEWORK FOR CHILDHOOD SOCIAL FUNCTIONING 123
FIGURE 4.1. PYRAMID OF DISRUPTIVE BEHAVIOURS 151

PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 4.2. OPERATIONALISATION PROCESS FOR NEW TECHNOLOGY 256
FIGURE 5.1. THE PROGRESSION OF THE CONCEPTUAL DEVELOPMENT 261
FIGURE 5.2. THE SEVEN BROAD CATEGORIES OF CHILDHOOD SOCIAL FUNCTIONING 262
FIGURE 5.3. CHILDHOOD SOCIAL FUNCTIONING CONCEPTS AND SUB CATEGORIES 263
FIGURE 5.4. INDICATORS OF THE CONCEPT: DEVELOPMENT 265
FIGURE 5.5. INDICATORS OF THE CONCEPT: ROUTINE 266
FIGURE 5.6. INDICATORS OF THE CONCEPT: BEHAVIOURAL ADJUSTMENT 267
FIGURE 5.7. INDICATORS OF THE CONCEPT: PERFORMANCE 268
FIGURE 5.8. INDICATORS OF THE CONCEPT: STRESS 269
FIGURE 5.9. INDICATORS OF THE CONCEPT: SOCIALISATION 270
FIGURE 5.10. INDICATORS OF THE CONCEPT: PARENTING 271
FIGURE 5.10. INDICATORS OF THE CONCEPT: PARENTING (continued) 272
FIGURE 6.1. THREE DATA SETS OBTAINED THROUGH PILOT STUDY 292
FIGURE 6.2. OVERVIEW OF DATA ANALYSIS 294
FIGURE 6.3. E-MAIL CORRESPONDENCE FROM EXPERT 304
FIGURE 6.4. ChildPIE USED IN 1ST INTERRATER STUDY (psycho-social listing) 314
FIGURE 6.5. ChildPIE USED IN 2ND INTERRATER STUDY (social role) 320
FIGURE 6.6. RESEARCHER'S PROCESS 326
FIGURE 7.1. THE CHILDPIE© 330
FIGURE 7.2. CHILDPIE© CODING 356

PDF created with pdfFactory trial version www.pdffactory.com

Chapter 1
Motivation for the study

"Discovery consists of seeing what everyone else has seen and thinking what no one else has thought."

– Albert von Szent-Györgyi Nagyrapolt (Scientist and Noble laureate) –

1.1 Introduction

To not care means to take no responsibility and to ultimately turn your back on society and social engagement. To care, on the other hand, means to accept a host of moral responsibilities for your own and for others' well-being – it is to accept that people matter (Bretchin, 1998:1). Care "implies attending, physically, mentally, and emotionally, to the needs of another and giving a commitment to the nurturance, growth, and healing of that other" (Davies, 1998:126).

The above statements form a particularly apt introduction to the aim of this study. Many social workers really want to care for their clients and find themselves overwhelmed by the implications of this. This study aims to provide a clearer understanding of what caring for social work clients means.

Care tends to be idealised as something that occurs spontaneously within families and kinship systems. Shared assumptions about the family's responsibility for their own young, old, sick or disabled members are common across cultural boundaries.

> The capacity of families to care will be subject to the range of influences that affect lifestyles and relationships in general – the social, cultural, and economic environment, including wealth distribution, the community, the neighbourhood and friendship networks, in the context of high geographical mobility, as well as the prevailing political, policy, and belief structures.
>
> Bretchin, 1998:2.

Families and their cultures and communities are central to social work. All of the influences on lifestyles and relationships mentioned above are part of this focus area. It

PDF created with pdfFactory trial version www.pdffactory.com

is necessary to understand the intentions of the social worker in her approach to the domain of families, cultures, communities, and even society.

The social work profession has its origins in the charity movement of the late 19th Century which started in Great Britain and the United States of America. This movement committed itself to the improvement of the conditions under which the poor and disadvantaged of society lived. Together with the provision of basic needs, such as food, clothing, and shelter, the movement also attempted to relieve the distress of the clients and their families, and to address the external forces responsible for the conditions in which they lived. The first social workers became concerned, friendly home visitors. This led to helpers leaving their offices and moving away from the 'doctor-patient model' (Nichols en Schwartz, 1995:18).

Although this was an exemplary move to deal effectively with real challenges faced by families, it started the notion that social work is charity work.

> Unfortunately social work has never fully succeeded in getting rid of its 'charity' label and many professionals have regarded it as a soft science. One of the central issues in the debate regarding the professional status of the profession, is the importance of an empirical knowledge base for the profession. Many researchers and academics within the profession are of the opinion that social work will not be able to claim itself as a profession if the activities of practitioners are based on intuition and 'practice wisdom', and not on a knowledge base that is grounded in empirical evidence.
>
> Faul, 1995:1.

Siegel, (1994 in Faul, 1995:2) argues that a profession is a systemic body of knowledge and theory and that, to be valid, knowledge must be well grounded, sound, cogent (forceful), and convincing. It must be supported by objective truth or generally accepted authority, be based on flawless reasoning and on solid grounds, and have the power of overcoming doubt. In terms of these criteria, knowledge refers to what seems to be established by the highest standards of objectivity and rationality of which people are capable. Fisher and Hudson (1983, in Faul 1995:2) propose that "measurement is a fundamental part of increasing precision and control, which contributes to the advance of any science".

PDF created with pdfFactory trial version www.pdffactory.com

From early on social work found its meaning in caring for people through providing for their most basic needs. This has given the profession the reputation of providing charity – a label which forces us to question whether we have a systematic body of knowledge that is characteristic of a profession. Social work moved from being a charity organisation to a profession and a science. Its methods have become more rigorous, and this study continues in this tradition.

1.2 Motivation for the study

Through her own observations the researcher has found that many social workers do not use measurements, and so cannot state objectively whether their practice efforts are meeting service objectives. The significance of basing this study within the domain of social work lies in determining what constitutes good social practice. This enables social workers to establish exactly what needs to be measured in order to assess their success in solving their clients' problems. A unifying construct of the profession needs to be identified in order to develop a technology that will increase the precision of the assessment and intervention process, to the advancement of the profession as a whole. The technology to be developed is a classification system that aims to provide social workers with a 'unifying language'.

It will become clear in subsequent chapters that the one requirement of a profession is to be able to show evidence of what it does. Based on the researcher's belief that social work contributes significantly to society as a whole, the motivation for this thesis is to provide the means through which social workers can be united and earn the respect of our clients and other professions. The underlying objective of this study is therefore to show how the social work profession cares in a way that distinguishes it from other caring professions.

From its earliest beginnings, two concepts stand out as integral components of social work's efforts to become professionally and scientifically credible: its domain of practice and its methods of practice. A field can be identified as a science on two grounds: firstly, if it has a domain that helps distinguish it from other fields of science, and, secondly, if it has methods of inquiry by which its findings can be tested. Social work has a broad-based orientation that embraces general as well as specialised approaches. It includes both direct and indirect strategies designed to help people with

PDF created with pdfFactory trial version www.pdffactory.com

social functioning problems. It requires that members of the profession should unite around an agreed-upon domain of practice, values, and ethics, and agree to establish particular modes of professional activity to work within the boundaries of the defined domain. Activities that meet these characteristics are called paradigms. The conscious use of self in the practice relationship .suggests the domain of the practitioner as another component of social work practice (Ramsay, 1994:182-183).

The benefit of developing a measurement tool for use in social work is that it would address the fiscal, professional, and ethical issues of accountability. A measurement tool would lead to the "enhancement of our knowledge base for the conduct of practice, and ... to an improved quality of service delivery" (Hudson, 1987 in Faul, 1995:4).

> We need to recognize that present diagnostic, legal, and social labels do not describe how people function. Without a consistent vocabulary we can never get to a reasonable application of the case management objective. So long as the definitions of problems are made unilaterally by each helping agent, there can be no clarity of boundaries of rational and workable assignment of responsibilities. It is important for social work to find a unifying perspective that will provide greater cohesiveness to social work practice and to bind together social workers who are all doing different things to carry out the same purposes.
>
> Karls and Wandrei, 1994:4-5.

In 1984 pioneers helped to provide a unifying construct for social workers in order to explain to other professions and society in general what the profession entails. By 1994 the Person-in-Environment Classification System (PIE), developed by James Karls and Karin Wandrei, was published. PIE was intended to provide social work with a unifying language.

> ... PIE creates uniform statements of social role; environmental, mental, and physical health problems; and client strengths. The system seeks to balance problems and strengths; it delineates problems pertinent to both person and the environment and qualifies them according to their duration, severity, and the client's ability to solve or cope with them.
>
> Karls and Wandrei, 1994:3.

PDF created with pdfFactory trial version www.pdffactory.com

Attention will be given to the structure of PIE in Chapter 5 where it serves as a guideline for the new development.

In the course of her Master's study the researcher investigated the applicability of the PIE system within a South African psychiatric setting. The intention, in conducting this study, is to further the researcher's interest in the PIE. It is also the intention of this study to provide the social work profession with the means to truly care for their clients – and child clients in particular – as mentioned at the beginning of this chapter.

1.3 Research problem

In South Africa the state as subsidy agent and the community as donor and source of voluntary workforce, are placing pressure on the social work profession to account for its activities and the outcomes of these activities. Accountability has become a goal that must be achieved in every social work organisation in South Africa if it is to survive the lack of funds and to maintain the goodwill of the community. South African social workers have not fallen behind in this era of accountability, and as the pressure has increased, so has the need for measurement tools.

> Social workers realise that in order to describe a client's problem in more precise terms, they need quantitative data to measure the problem and plan for the correct intervention strategy and to evaluate their practice.
>
> Francisco-la Grange and Joubert, 1988 in Faul, 1995:10.

The profession has realised that there is a need for measurement technology, although there are certain restrictions on the technology available to social workers in South Africa. The Social and Associated Workers Act of 1978 (Act 110, Government Gazette 1988) forbade social workers to apply psychometric tests with a view to diagnosis and therapy, and for years this has discouraged practitioners from using standardised measurement tools to assess clients' problems. Van Zyl (1986 in Faul, 1995:11) has changed this situation somewhat with his validation of the Heimler Scale for Social Functioning (HSSF).

I would argue that the measurement tools that have been developed for social work are under-utilised and poorly represented in the curriculum of tertiary institutions. A further

PDF created with pdfFactory trial version www.pdffactory.com

factor influencing the use of measurement technology is the current focus of the South African Council for Social Service Professions (SACSSP) on scales and measurement tools in social work. The SACSSP organised a work group, which has become a recognised sub-committee of the council, and which is currently attending to the following issues:

- The finalisation of a definition of ecometric tests.
- The question of whether non social workers should be permitted to use ecometric tests.
- The compilation of a database of tests with which social workers are involved.
- Criteria for the practical application of different tests.
- Specifying education and training.
- Investigating the nature of control and drafting the regulations required for social workers to utilise the different tests.

SACSSP, 2001:13.

However, although the reality of social work practice in South Africa seems to allow for the adoption of a system like PIE, which is specifically designed for the social work profession, a problem exists in directly implementing the system as it is. While PIE addresses the need for integration in the knowledge base of social work, some of the limitations of PIE that complicate its application to the South African welfare system were highlighted by Roestenburg (1999:137-138):

- Some of the categories are not relevant to South Africa, such as illegal immigrants, which are not necessarily a problem social workers in South Africa deal with. (This issue was questioned in the researcher's Master's study however.)
- The PIE cannot be used for children under 18; this causes problems when social workers need to comply with existing policies in South Africa, which focus heavily on children and on the youth.
- PIE was field tested for reliability on a small scale and is thus only a prototype to be refined through research.
- As a classification system PIE addresses only one component of social work practice, namely the assessment of social functioning problems. It does not direct the social worker to problem solving processes.

PDF created with pdfFactory trial version www.pdffactory.com

- The movement by the developers of PIE away from assumptions of mechanical determinism and narrow specialization may complicate causality measurement to some extent.

Although these arguments were generally confirmed in a previous study (Oosthuizen, 1999), the researcher disagrees that the fourth point is a shortcoming. She would argue that, as a classification system, it serves as an assessment tool, but that its purpose lies beyond mere assessment. Its primary contribution lies in integrating all aspects of the domain of social work. The researcher believes that PIE does this, and that it gives direction to problem-solving processes through pointing the social worker towards social functioning problems on which she should focus her intervention.

The researcher does agree, however, that the language used in PIE is more appropriate to America than South Africa (especially the computerised version, *CompuPIE*). South African social workers need to identify with a classification system before they will consider adopting it. Roberts (1990:243) warned practitioners to be wary of social work theory developed in another country. Even importing theory within western countries can pose problems, and this is magnified when ideas are imported from highly developed and industrialized countries to third world countries.

Although it is recognised that social work needs to be more accountable, cognisance needs to be given to the limited applicability of a system like PIE. The researcher therefore has to address some of its shortcomings in order to motivate its adoption by social workers in South Africa. The researcher was of the opinion that she could contribute either by field testing the existing PIE in South Africa to determine its reliability and validity, and then suggest changes to the system, or by considering a new development that would address the fact that PIE is not applicable to the whole range of social work clients as it cannot be used on children.

In the researcher's opinion it is more useful to explore what is required for a social work classification system for children for two reasons: firstly, she cannot justify testing a system that has already been found to have limitations within South Africa. Secondly, it has been ten years since the last publication of the PIE, and the designer, Professor James Karls, has indicated that he is currently revising the existing version. It therefore makes more sense to be involved in the validation and reliability study of the renewed

PDF created with pdfFactory trial version www.pdffactory.com

version, particularly with the addition of a child-orientated application. By developing a version for the classification of childhood functioning in South Africa, it will gain recognition as an indigenous development, thereby making it more acceptable to the South African social worker.

The research problem then can be stated as the profession's failure to adopt a unifying language among social workers in South Africa because of a lack of an adequate measurement tool that either supports the objectives of the profession, or increases the accountability of social workers' professional activities. Part of the problem is that the available technology is not applicable within the South African system.

1.4 Aim of the study

In addressing the research problem of finding a unifying construct for social work, the researcher has two goals. One is to increase the likelihood of social workers adopting a classification system such as the PIE through highlighting the need for one and through clarifying what the unifying construct of social work is. The other goal is to resolve an inherent shortcoming within the existing PIE, that is, it cannot be used for children; in doing so, the likelihood of the adoption of a classification system is further increased.

To accomplish these goals, this doctoral thesis has as its goal the provision of the first working draft for classifying social functioning problems in children. The aim of this working draft is to enhance practice in all social work spheres dealing with children.

The aim of this research is to develop a classification system for the categorisation of childhood social functioning problems.

It has as its objectives:

- To develop a conceptual framework that will identify the focus area of social work in dealing with children.
- To conduct a literature study directed by the conceptual framework and strategies to ensure validity of content.
- To apply the steps of the Adapted Design and Development Model that guide the development of a classification system in accordance with established requirements.

PDF created with pdfFactory trial version www.pdffactory.com

- To do an initial pilot test on the first draft.
- To incorporate the findings and make recommendations for further developments.

1.5 Value of the study

Apart from the benefits to the profession that accompany the adoption of a classification system (see Chapter 2), this study introduces new ideas to the academic domain of social work, thereby contributing to a rise in the standards of the profession, and further distinguishing it from the other helping professions.

In addition, certain improvements in practice should result when a classification system is used. Since the benefits highlighted by the developers of PIE (Karls and Wandrei, 1995:1819;1825) are also indirectly applicable to the new development, the researcher has listed the benefits to be gained from the childhood version, in juxtaposition to those of the existing classification system. Table 1.1 outlines the anticipated benefits of the new technology next to the applications of the existing counterpart.

TABLE 1.1 APPLICATIONS OF PIE AND ANTICIPATED BENEFITS OF THE NEW TECHNOLOGY

Applications of PIE	Anticipated benefits of the new technology
▪ PIE helps sort out the often complex array of problems that the client brings to the social work practitioner. ▪ It permits a non-judgemental description of the problems that the client is experiencing. ▪ A uniform method of describing client problems enables social workers to plan interventions more responsibly. ▪ Instead of social work assessment following the methodological expertise of the practitioner, PIE enables a social worker in one agency to describe a client's problems in a way that will be understood by a colleague in a different setting.	▪ This tool provides a method of describing the functioning of the family and community of the child in a standardised manner, rather than in terms of vague suggestions. ▪ It provides assistance with the description of service delivery and programme evaluation. (The system can give statistical feedback on typical problems addressed by agencies in their service delivery to children, which means better planning of interventions.) ▪ It is a practical way of ensuring that the child's most important needs are being met. ▪ It is an effective way of identifying community resources that should assist the child's development, or a lack thereof. ▪ It helps to identify possible support structures within the family, or the absence of involved supportive systems.

PDF created with pdfFactory trial version www.pdffactory.com

▪ The client should be able to understand the assessment of the problem, and participate more fully in problem resolution or reduction. ▪ As a teaching tool the PIE is eminently useful in helping students learn casework, understand the domain of social work practice, and develop an assessment and intervention plan that is clear and understandable. ▪ Because this system is essentially a-theoretical, it permits the instructor to use whatever casework model or behaviour theory has been adopted, and apply it to the individual case. ▪ For the researcher and administrator PIE serves as a database to aid the collection, classification, and analysis of social conditions and social interactional problems in which social workers intervene. ▪ Routinely collected data could facilitate both social programme and social policy development.	▪ It focuses on treatment and healing of the whole family (and not just on the patient's illness). ▪ It is a measurement tool which focuses on both intra- and inter-personal aspects. ▪ It focuses on how parental problems might be affecting the child client. ▪ It serves as a communication tool among social workers in different sectors, and so will assist with the referral of clients. ▪ It will provide social work with its own method of defining clients' problems, and so establish it as a distinct profession within the multi-disciplinary field of similar caring professions. ▪ It will enable social workers to approach the systems in the community which are relevant to the child client, like schools, welfare agencies, and hospitals, with a specific set of objectives and assessment criteria. ▪ It provides a common tool in terms of which social workers can give feedback on success in project reports. ▪ It serves as a community assessment / description tool which can be used for needs assessment. ▪ It can be used for appropriate assessments of children for accurate inclusion into community projects and resource utilisation. ▪ It enables private practitioners to prove effectiveness and thereby elicit trust among paying clients. ▪ It provides a more tangible classification of child client problems. ▪ It serves as a more accurate and scientific assessment, and so compliments the use of other forensic methods used in child welfare.

Based on the above list of applications, the researcher is confident that the social work profession will benefit considerably from a well developed classification system which social workers will find both user-friendly and reliable.

1.6 Research methodology

The research method used in this study is **Applied research**, which is the "scientific

PDF created with pdfFactory trial version www.pdffactory.com

planning of induced change in troublesome situations" (De Vos, Schurink and Strydom, 1998:8). The primary model used in this study is **Design and Development** (see Figure 1.1 on page 15 from Thomas and Rothman, 1994:10-11). Developmental research derives from the need for technology, which is the "technical means by which a profession achieves its objectives" (De Vos, Schurink and Strydom 1998:9). Therefore this paradigm is best suited to a study of this nature.

According to De Vos (1998:362), the new model of intervention research developed by Rothman and Thomas (1994), is the second major breakthrough in a practical combination of qualitative and quantitative approaches in the caring professions' research fields. This model was used in developing the research design for this study, which is based on both qualitative and quantitative data. Creswell's (1994, in De Vos 1998:360) **mixed** methodology, which refers to using both qualitative and quantitative approaches, best describes the research approach of this study.

In the course of this study, the researcher considers both how well the developed part of the classification system is working (quantitative), as well as what practitioners think of how well the system seems to fit in to the social work paradigm (qualitative). To get to these two sets of data, the researcher needs to identify the appropriate representatives that can use and evaluate the new technology.

In field-testing the classification on social workers with the necessary expertise, she will gather a sample through **snowball sampling**. To do this, she enquires from colleagues who they think might be interested and able to participate. She would then approach each individually with a short proposal of what would be expected of them and what would be gained through their participation. After training them in the system, they will administer the measurement tool on case studies in practice. Their findings will be compared to determine **interrater reliability**. In other words, the agreement among the ratings will be statistically determined. After the system has been implemented, a questionnaire will be administered to each user, enabling them to offer suggestions and feedback that will be used to refine the new technology. The purpose behind this is to determine the integrity of the new technology.

Schurink (in De Vos, 1998) describes **Grounded Theory design** as a systematic procedure of sampling and of data analysis through which a theory system is developed

PDF created with pdfFactory trial version www.pdffactory.com

from data, often utilising other research designs and strategies. Since a classification system is a broad system to be used by social workers across different settings, it is crucial that it is supported by a strong theoretical model from which the eventual categories for the classification system will be abstracted. Bailey (1987:54) sees grounded theory as theory that is discovered or generated through entering the field without a hypothesis, describing what happens, and formulating explanations as to why it happens on the basis of observation. It will become clear throughout the study why a strong conceptual framework and unifying construct is needed, and why, in order to arrive at this, the researcher needed to approach the study in the manner described by grounded theory. Grounded theory is relevant to this study because of the inherent risk in re-conceptualising and re-categorising theory in order to come to a new understanding of the underlying concepts within this study.

1.7 Research design

Several designs are commonly used for the development of interventions or technologies in the Human services. Some of these designs originate from the field of Psychometrics, such as Smit's (1991) model. In social work, the D&D approach to technology development was introduced by Rothman and Thomas (1994). This framework has been used in several local studies to develop either interventions or technologies, such as Roestenburg's development of social welfare indicators (1999). Faul (1995) has specifically developed methodology to be used in the development of measurement scales in social work in South Africa. This work has contributed significantly to the structuring of scale development processes.

Based on an analysis of the above mentioned structured approaches to assessment technology development, the researcher has formulated a combined approach – incorporating elements of the different approaches – to be applied to this study.

The researcher introduces the three designs in this chapter to indicate how the structure of this study was influenced, and to serve as reference for the Adjusted Design and Development model that will be the focus of Chapter 2.

Although the Design and Development model serves as a guideline for the new technology developed in this study, there are also other considerations to be taken into

PDF created with pdfFactory trial version www.pdffactory.com

account. These considerations are based on the two concerns mentioned earlier in this chapter.

The first is that South African social workers should be wary of theory developed in other countries (Roberts, 1990). With this in mind, the researcher wanted to ensure that she would meet the methodological requirements for a South African study with regard to the development of measurement technology. Faul (1995:12) used a unique process in the development and validation of measurement tools for the social work profession in the United States, and formally described this as part of a research process which she introduced and evaluated in South Africa in order to create a foundation for the development of a battery of validated scales that can be used by social workers in South Africa. The implemented process of development by Faul (1995:35) involves the steps given in Figure 1.2 on page 15.

The second consideration raised by the research problem is that the implication exists that social work measurement is different from psychological measurement. With ecometric scales being under evaluation by the Ecometrics committee of the Council, the process of development of psychological measurement technology is directly relevant to this study. Smit's (1991:148) steps for developing a psychometric test are regarded as the result of years of experience in developing standardised psychological tests. This author's steps are given in Figure 1.3 on page 16. Since the aim of conducting measurements in social work differs from that of psychology, and since this study does not aim to develop a standardised test, only the steps found to be relevant to the development of a classification system are added to the Adapted Design and Development model to be described in the next chapter.

The suitability of this framework as a proposed design for this study is based on the fact that the candidate does not intend to develop a measurement scale but a structured classification framework. Based on this difference, existing frameworks had to be adapted to fulfil this goal.

The figures on the following three pages illustrate the three models discussed above. The proposed design for this study will receive attention in the next chapter.

PDF created with pdfFactory trial version www.pdffactory.com

A: PROJECT ANALYSIS & PLANNING →

B: INFORMATION GATHERING & SYNTHESIS →

C: DESIGN →

D: EARLY DEVELOPMENT & PILOT TESTING →

E: EVALUATION & ADVANCED DEVELOPMENT →

F: DISSEMINATION →

1. Identify & analyse key problems	6. Identify & select existing type of info	12. Identify design problems & intervention requirements	20. Develop plan for trial use 21. Create limited operational model of intervention for trial use in pilot site	30. Plan evaluation in light of degree of interventional development	35. Assess need and points of access of potential consumers
2. Initiate state-of-the-art review	7. Identify relevant info sources 8. Establish retrieval procedures	13. Specify boundaries of domain of design & development 14. Determine design participants & role of users	22. Determine the developmental research medium &/or procedure 23. Determine developmental & monitoring instruments	31. Select evaluation methods (non-experimental procedures)	36. Formulate dissemination plan 37. Design & develop appropriate implementation procedures
3. Determine feasibility: technical; financial, political, etc.	9. Gather, process & store data	15. Select development site 16. Use disciplined problems solving & creativity 17. Generate, select & assemble solution alternatives	24. Identify & address design problems 25. Revise intervention as necessary 26. Continue proceduralisation & implementation of model	32. Conduct pilot evaluation 33. Carry out systematic evaluation	38. Prepare user-ready innovation for consumers 39. Develop means & media to reach consumers 40. Test use of innovation
4. Prepare project plan	10. Collect & analyse original data as appropriate	18. Formulate an initial intervention or other	27. Plan field test & select site 28. Expand trial test as informed by the pilot	34. Revise intervention as necessary	41. Monitor & evaluate use 42. Revise innovation 43. Conduct on large scale
5. Set a development goal	11. Synthesize data & formulate conclusions	19. Initiate proceduralisation	29. Implement field test & revise intervention as necessary		44. Repeat above steps as necessary

Figure 1.1 Combined schema of Rothman's Social Research & Development Model and Thomas' Research Paradigm

PDF created with pdfFactory trial version www.pdffactory.com

PHASES	MAIN MOMENTS	STEPS
PRE-DEVELOPMENT	A: PROBLEM IDENTIFICATION	1. Problem analysis
		2. Aims of study
	B: THEORY FORMULATION	3. Identify and describe the theoretical framework in which the scale is developed
		4. Identify the operational assessment area(s) that will be measured by the scale
		5. Define construct(s) to be measured
DEVELOPMENT	C: DESIGN SCALE	6. Design items
		7. Determine scale length
		8. Scale the items
		9. Develop a scoring formula
		10. Write instructions for respondents
VALIDATION	D: DESIGN VALIDATION STUDY	11. Formulate research problem 12. Select the sampling technique
		13. Determine the sample size
		14. Prepare the research package
	E: COLLECT DATA	15. Administer research package to sample
	F: INVESTIGATE RELIABILITY	16. Compute coefficient Alpha
		17. Compute standard error of measurement
	G: INVESTIGATE VALIDITY	18. Judge face validity
		19. Judge content validity
		20. Investigate content validity
		21. Investigate construct validity
		22. Investigate criterion validity
	H: ESTABLISH CLINICAL CUTTING SCORES	23. Establish clinical cutting scores
UTILISATION	I: DISSEMINATION OF INFORMATION	24. Write a manual 25. Write a journal article

FIGURE 1.2 RESEARCH PROCESS OF SCALE DEVELOPMENT IN ECOMETRICS

PDF created with pdfFactory trial version www.pdffactory.com

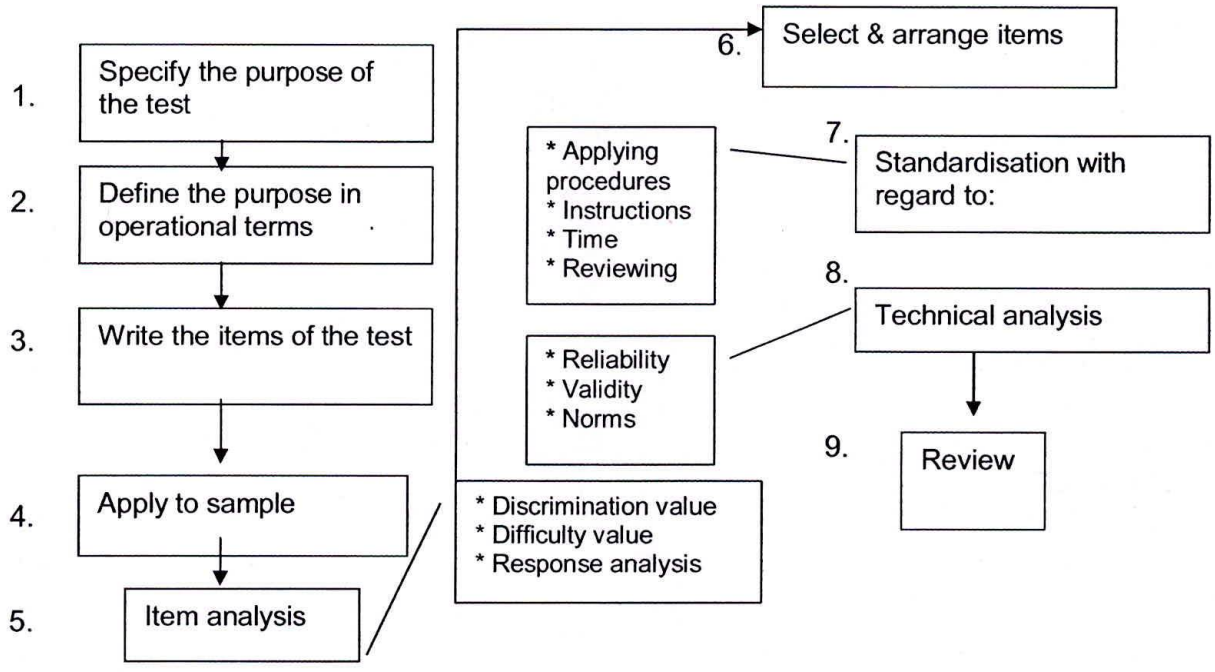


FIGURE 1.3 STEPS IN THE CONSTRUCTION OF A PSYCHOLOGICAL TEST

Theoretical formulation followed by empirical testing and validation underlies all of the existing approaches studied. It is therefore essential to state that the combined model will also contain these two key elements. Due to the nature of the intended technology, several key validation steps had to be included in this adapted model. These are explained in Chapter 2. The three designs which the Adapted Design and Development model are based on are given in this chapter as a background to the design that will be the focus of the rest of this study. Only the steps that were taken from these designs will be discussed in the next chapter.

Selected steps from all three models will be discussed in the Research Methodology chapter, and reference will be made to what step is used. For instance, Smit's 8th step will be S8 in the Adapted Design and Development model.

The researcher will now give a description of the key concepts of this study.

1.8 Definition of concepts

The most important key concepts to be used are introduced here. A glossary of terms will also be included at the end of the thesis to clarify some difficult terminology.

PDF created with pdfFactory trial version www.pdffactory.com

1.8.1 Child client

A person under the age of 18 years (Swanepoel and Wessels, 1991:1). This means that the study will focus on the dynamics of the infant, pre-schooler, school-going child, and the adolescent.

1.8.2 Ecometrics

Van Zyl (1995:31) uses the term ecometry to refer to the technology in social work that has to do with quantifying the person-in-environment fit. It is the methodology of measurement of all aspects of social work, and it focuses on the manner in which people adapt to their environment – referred to as ecology.

> Ecology is a form of general systems theory... concerned with the relations among living entities and between entities and other aspects of their environments. The perspective is concerned with the growth, development and potentialities of human beings and with the properties of their environments that support or fail to support the expression of human potential ... practice is directed toward improving the transactions between people and environments in order to enhance adaptive capacities and improve environments for all who function within them.
>
> Germain 1979:17-18.

1.8.3 Classification system

Classification is the process of dividing a number of items or scores into categories or class intervals (Plug, Meyer, Louw and Gouws 1988:177).

Sartorius (1990:1) regards classification as a way of seeing the world:

> It is the reification of an ideological position of an accepted standard of theory and knowledge. Classifying means creating, defining or confirming boundaries of concepts, and through these we define ourselves, our future and our past, the territory of our discipline, its importance and its exclusiveness.
>
> Sartorius 1990:1.

PDF created with pdfFactory trial version www.pdffactory.com

The author also explains that, should our classifications of things and people in the world around us collapse, the world would cease to exist as a coherent and organised whole (Sartorius 1990:1).

1.8.4 The Person-in-Environment (PIE) Classification System

PIE is a classification system that embodies the idea that social work's business is the interaction between people and their environments. PIE is meant to capture both the problems and resources or strengths in (a) social role functioning (the performance of daily activities in family, intimate, interpersonal, occupational, and special roles, as well as focusing on the struggles and problems in power relationships, problems of ambivalence, dependence, isolation, and the like, and (b) environmental problems and supports, including the economic/needs-meeting, judicial, educational/training, health, welfare, and safety systems (Saleebey, 2004).

1.9 Limitations of the study

Because of resource constraints and the limited support this development has in practice as a result of the restricted exposure it will receive initially, this study focuses only on partial development of the system. In the following chapter the boundaries of the study will be clarified. Validity and reliability are also only partially addressed through this study. Since it is the researcher's intention to first find the common construct in social work and to develop a conceptual framework to guide the development of the classification system, she will only give attention to procedural validity and reliability. In other words, she will control variables during the accumulation of literature and its organisation and operationalisation. Standardising a measurement technology through validity and reliability testing requires different procedures and analyses. There is little use in standardising a partial product. The researcher will therefore merely refer to this standardisation as a step in the next chapter to be implemented at later stages in the development of the whole system.

Another limitation of this study is the availability of social workers involved in practice. The researcher has observed that most practitioners carry heavy case loads and, in the majority of cases, are not be motivated to give time or attention to a tentative design. Since the new technology to be developed depends to a considerable extent for its

PDF created with pdfFactory trial version www.pdffactory.com

success on acceptance by the majority of members of the social work profession (general acceptance being an inherent requirement for classification systems), the involvement of practitioners is particularly crucial. The reference sampling mentioned earlier in this chapter will be used to encourage participation and to identify the members who show interest in new developments.

1.10 Chapter layout

This chapter has outlined the motivation for the study. Chapter 2 provides an explanation of the research design selected to ensure a valid and reliable developmental process. Chapter 3 shows the development of a conceptual framework, while Chapter 4 examines the relevant literature on childhood social functioning. Chapter 5 explains the developmental process, and Chapter 6 presents the first drafts of the development and the results of the two pilot tests. Chapter 7 presents the final draft of the classification system for childhood social functioning problems, and Chapter 8 offers suggestions for further refinement of the final product. All of these chapters implement the steps outlined in the Adapted Design and Development model.

1.11 Summary

This study stems from a desire to contribute to the social work profession by introducing a working classification system. To accomplish this it is essential to remain true to social work and attempt to improve the developments made to date to increase the chances of the system being used. The intention of this study is to combine the issues of accountability and the use of a common language in services to clients in order to prevent the profession from being regarded as a lesser science. By offering the first draft of a system that can be used to identify childhood social functioning problems, the researcher will stimulate debate and further research in this field. In this South Africa can then join hands with the United States to present the social work profession with technology aimed at supporting practice functions and service to the clients in our care.

This study is not based on an assumption that it will give rise to a new development within the field of social work. It is based on a belief that the profession will benefit from the improvement of a measurement tool already in existence, with the intention of making it more visible and useful. To counteract the negative perceptions of the profession based

PDF created with pdfFactory trial version www.pdffactory.com

on poor integration of our rich knowledge base, the primary aim of this study is a clear statement of what the focus area of the profession is, leading to a prototype of a measurement technology to be used in practice. The researcher believes that it is essential to build the credibility and resilience of the profession among other 'people-professions'. Having witnessed the empowerment of social workers through the use of scientific tools, she would argue that such tools play a significant role in increasing the social worker's confidence and effectiveness in practice.

PDF created with pdfFactory trial version www.pdffactory.com

Chapter 2
Research Methodology

"Ours is a dynamic and growing profession, one that is facing with our colleagues in other professions the humbling awareness of the deficiencies in our knowledge and the limits of our interventions. But this awareness draws us on to increase the precision of our understanding of those persons we serve, an understanding that will ensure that, as effectively as possible, we make available to them the range of knowledge, skills, resources, and services that make up our armamentarium of practice"

- Francis J. Turner -

2.1 Introduction

In the previous chapter the researcher outlined the aim of this study as well as the key processes that have to be followed in the design and development of a classification framework for child assessment purposes. It was also argued that the research design required for the development of such technology presents the researcher with a complex set of activities that must be followed if the resulting classification framework is to be valid and reliable. The goal of this chapter is to elaborate on the research design and to explore the methodology required for the successful completion of this study.

Some of the steps are implemented in this chapter, particularly where decisions do not require further activity (for example, determining feasibility). Other steps involve activities that form part of the research process, and so are addressed in subsequent chapters.

It is necessary to clarify that, although the process will be applicable to the development of the whole classification system for children, only parts of the process will be implemented within the scope of this study. To develop the system to a state of full maturity, where it can be applied in practice, will be a long-term, if not life-long, project. Such a project falls outside the scope of a doctoral thesis. The discussion of step 4 later in this chapter will clarify the boundaries of this doctoral study.

The Design and Development Model is very comprehensive, and may be compared to a big umbrella. It guides the researcher through the development steps, which include decisions regarding the research methodology. It might therefore be confusing to find

PDF created with pdfFactory trial version www.pdffactory.com

that the description of the research methodology, as one might traditionally understand it, is only discussed at step 12 (presented later in this chapter). However, the research design, which includes the research methodology, is discussed throughout the rest of this chapter.

To help simplify the discussion of this complex design, the researcher first highlighted the different phases with in grey boxes (in later chapters she highlighted what phase and step is applicable in blue on the sides of the relevant pages). Second she highlighted the intention of each step in blue boxes, and third she highlighted how the steps will be addressed in this study in red boxes.

2.2 Research design

Chapter 1 presented a short overview of the three designs that were used to arrive at the researcher's Adapted Design and Development Model. As mentioned in Chapter 1, the researcher modified the design in order to address the problem statement, and avoid applying a model developed in another country to the South African context. The researcher therefore included steps from Faul's (1995) model of scale development as applied to the South African context. Since one part of the Design and Development process is standardisation of the development, the researcher also introduced steps from Smit's (1991) guideline for standardising psychological tests. The study falls within a Design and Development paradigm, so the combined schemas of Rothman's Social Research and Development Model and Thomas' Research Paradigm, as given in Chapter 1, serve as the guiding framework for the Adapted Design and Development Model.

The Adapted Design and Development Model followed in this study is illustrated on page 22. In the diagram the researcher refers to the steps in the three other designs mentioned above. She uses the following abbreviations to provide reference to the origin of the steps: Rothman & Thomas' Design & Development Model is '*R & T*', followed by the phase and step number; Faul's ecometric scale development design is '*F*', followed by phase and step number; and Smit's model for constructing a psychometrical test is '*S*', followed by the step number. Those steps without any form of reference were inserted by the researcher. The steps she added are crucial to the study as they set guidelines to ensure responsible action in a somewhat new and unfamiliar process.

PDF created with pdfFactory trial version www.pdffactory.com

© Rika Swanzen 2003

PRE-DEVELOPMENT

1. Problem analysis (*F*:A1,*R&T*:A4)
2. Determine feasibility (*R&T*:A3)
3. Establish requirements for new technology
4. Specify the boundaries of the domain of the design and development (*R&T*:C13; F:B5)
5. Identify & describe the theoretical framework in which the technology is developed (*F*:B3)
6. Establish method of information gathering with regard to literature use (*R&T*:B6-11)
7. Identify the operational assessment areas that will be measured by the technology (*F*:B4)

DEVELOPING THE DESIGN

8. Draft & decide on the appearance of the new technology (*compare S.1, F.C7, S.3, F.C8*)
9. Determine the role of users (*R&T*:C14)
10. Prepare user-ready innovation for consumers, i.e. manual (*R&T*:F38, *F*:I24)
11. Facilitate feedback on development thus far

PRODUCT TESTING & STANDARDISATION

12. Determine the developmental research procedure or medium (*R&T*:D22)
13. Select sample & apply (*F*:D12, *S*:4, *F*:E15)
14. Technical analysis (*S*:8, *F*:F16-17, G18- 22)
15. Identify & address design problems (*R&T*:D24)
16. Advanced development (*R&T*:E31)
17. Proposal for approval of product from accreditation committee

MARKETING & DISSEMINATION

18. Develop marketing plan (*compare R&T*:F35)
19. Addressing dissemination barriers
20. Start training workshops

FIGURE 2.1 THE ADAPTED DESIGN AND DEVELOPMENT MODEL FOR DEVELOPING A CLASSIFICATION SYSTEM

PDF created with pdfFactory trial version www.pdffactory.com

PRE-DEVELOPMENT

The first phase of the Design and Development Model allows for the chance to consider the developmental background of the new assessment tool to be developed. This phase starts with a consideration of the problem that will be addressed through the development; it considers whether addressing it will be feasible; it further provides a structure that guides the method of gathering necessary information; it then attempts to find an appropriate framework of requirements for the new development (i.e. as it is seen as a measurement tool, what are the requirements for a measurement tool?). As part of laying the foundation for the development, this phase also describes the theoretical basis for the new development; it narrows the development down to the appropriate focus area, and it prescribes a formula for transforming gathered information into a format that can be measured in practice (as is the aim of the new technology).

2.2.1 Step 1: Problem analysis

The purpose of the first step is to start with a statement of what problem the development intends to address. The researcher must analyse whether addressing the problem is appropriate to the study and beneficial to the profession. It is in part addressed in Chapter 1, and a final statement regarding the problem area to be addressed is given here.

The profession of social work lacks a unifying language with which to describe the social functioning problems of children. The aim of this study is to build on the advancement made by Karls and Wandrei (1994) that provided a classification system for identifying problems in the social functioning of the adult clients of social workers. The PIE is still new to South Africa, but the fact that it does not offer descriptions of the social functioning problems of children, limits its utility in South Africa, a country whose policies and laws are formulated with the future of our youth in mind.

Despite extensive investigation into classification systems, the researcher has found that no similar study has been conducted. After presenting the results of her Master's study at a Joint Conference for Social Workers in Quebec, Canada, in 2000, the researcher established contact with James Karls, one of the developers of the original PIE. Literature on PIE confirmed that no classification for children exists. E-mail

PDF created with pdfFactory trial version www.pdffactory.com

correspondence with Karls reflects his support of this research project. The researcher has included a few of his e-mails in Annexure 1 to show which suggestions influenced this study. From the correspondence it will become clear that this study has inspired international interest and support, as well as hope that it will offer a long-awaited solution to the problem of assessment within the field of social work.

2.2.2 Step 2: Determine feasibility

The purpose of this step is to answer the question of whether the study is viable. By exploring feasibility the researcher can anticipate possible shortfalls which may render her unable to address the research problem.

In order to evaluate the feasibility of this study, the researcher referred to Bless and Higson-Smith's (1995:21-22) areas in which feasibility should be established:

- **Workability**: To accomplish the aim of this study, which is the development of an initial draft of a classification system for childhood social functioning problems, sufficient personal resources for material, time and costs exist to execute the steps set out by the research design.
- **Scope of research**: The scope of the research falls in the field of person-in-environment which has long been seen as the cornerstone of social work.
- **Interest**: The researcher has consistently showed interest in the field of ecometry, both through doing supplementary courses in this area, and through using it as the field of interest in her Master's study.
- **Empirical testability**: A new classification system can be tested for reliability and validity, and its usefulness to practitioners can be evaluated through peer review.
- **Theoretical value**: In the development of a new technology a new theoretical framework is developed which may prove more useful to practitioners than outdated or inadequate ones.
- **Practical value**: The nature of the research design makes provision for testing the value of the technology in practice, and this study is based on the belief that it will contribute to the social work profession by making practice more empirical, and by assisting with assessment and intervention.

PDF created with pdfFactory trial version www.pdffactory.com

The researcher believes that a possible obstacle to the integration of this study into practice is that social workers may be unwilling to subscribe to the same framework. Because of the structure of social work's service delivery system, social workers carry highly diverse caseloads. As a profession, social work has not yet committed itself to one discernable knowledge base (as psychiatrists are committed to the DSMIV, for example). At the same time our periodical literature remains a principal source of new practice ideas and trends, but this literature is not easily available to all social workers.

Turner (1983) states that the underlying unifying concept is the "diagnostic component of practice". At the time Turner argues that there is still much more conceptualising and experimentation to be done before we can search for common ground on the operational components of diagnosis in social work intervention. As long as we are committed to the ideal that what we do for, with, and to clients is somehow related to our knowledge about them, we must continue to connect our perceptions of people and our professional actions with them. The expanding numbers of schools of thought that are influencing social work practice and the thrust towards a multi-method form of practice have made the search for more precise diagnostic efforts more difficult.

> In conjunction with the already wide array of significant factors in a client's inner and outer life affecting his functioning, the diversity of services we have to offer, and the wide range of client's requests and expectations, the search for more precise diagnosis appears almost futile.
>
> Turner, 1983: xxv, xxvi.

The next step includes a discussion on the differences between diagnosis and classification. This study refers to *classification* rather than *diagnosis* because of social work's fundamental resistance to a disease-oriented approach. Turner recognised that the underlying unifying concept is the diagnostic component of practice. The researcher therefore argues that the underlying unifying concept of social work is the classification component of practice. This means that the focus of this study must be to find the unifying concept of social work.

Karls and Wandrei (1997) responded to Lowery and Mattaini's (1997) critical review of the reliability findings on the PIE by stating that, even before the publication of the book and manual, the PIE system had been adopted from journal articles by practitioners and

PDF created with pdfFactory trial version www.pdffactory.com

educators in the United States and in several foreign countries (Japan, Netherlands, Belgium, Italy, Canada, Australia). The considerable interest in the system and reports of its successful application in a variety of practice settings suggests the likely feasibility and coverage of the PIE system. The developers inferred from the PIE's applicability in in-patient and outpatient mental health, public welfare, hospital, family service agency, and employee assistance programmes (Karls and Wandrei, 1994, chapters 3-8), that PIE could be used effectively in most settings in which social workers practice (Karls, Lowery, Mattaini and Wandrei, 1997).

Given the above arguments, the researcher proposes that, even with the apparent difficulties in finding a unifying concept for social work, the keen interest in the adult PIE provides endorsement for the adoption of a classification system in this field. This gives feasibility to this study which has as its aim to address some of the shortcomings of the adult PIE and thereby increase the likelihood of adopting a more comprehensive classification system. The positive response to the PIE system is a further sign that sufficient interest exists to undertake this study. The adoption of the PIE in different countries is also an indication that the system is more likely to be viewed by South African social workers as applicable to the cultures represented in our country. Apart from the limitation of doing this research with limited financial resources, this study is certainly feasible.

2.2.3 Step 3: Establish requirements for the new technology

The purpose of this step is to establish an idea of how the new technology should look. The new technology to be developed has two characteristics shaping its form: it is a measurement tool and it is a classification tool. This step will show how classification forms part of measurement. The information on classification systems is given here to shape the study; it will be implemented in Chapter 5. The discussion at this stage serves as preparation for later stages.

One of the early phases of the helping process, namely the assessment phase, gives the social worker the first opportunity to apply ecological theory of social work practice. In this phase the social worker must assess the client's problems in the context of his dynamic interaction with his environment. Measurement in this phase is something the social work practitioner must do to describe in quantitative terms the quality of adaptation between the

PDF created with pdfFactory trial version www.pdffactory.com

> client system and its environment. ... Once all the sources used in the assessment phase have been integrated and the client's quality of adaptation has been described, the social work practitioner and the client can decide together on the focus of intervention to increase the person's adaptation within his environment.
>
> Faul and Hudson, 1999:14, 15, 16, and 17.

The helping process then progresses to the intervention phase where the social work practitioner implements strategies decided on in the assessment phase. Measurement is used in this phase to evaluate the extent to which the social functioning of the client system has improved as a result of the professional activities of the practitioner.

> The client system claiming satisfaction with service delivery is no longer sufficient evidence of sufficiency. Substantial evidence is necessary to prove the effectiveness of the social worker in increasing the adaptation between the individual and his environment, evidence that can be provided with measurement technology.
>
> Faul and Hudson, 1999:14,15, 16, and 17.

The significance of this study has to do with the fact that a measurement technology is to be developed that will assist the practitioner in assessing the problem, and directing her to intervention strategies. In focusing on measurement, the study contributes to issues of accountability in social work. It is therefore necessary to have a good understanding of what is required of measurement technology.

2.2.3.1 Step 3a: Requirements for a measurement tool

This section provides the general and specific guidelines to be followed when engaging in measurement.

2.2.3.1.1 The rationale for measuring

The way in which a measurement tool should benefit the practitioner is a very useful guideline in developing a new one. Bloom and Fisher (1982, in Faul, 1995:8-9) argue that if a problem is too subtle or too vague to measure, it is probably too subtle or too vague to work on. If the problem is not measured, there will be no way of knowing how well the client is doing with the intervention programme or whether goals are reached. The use of measurement thus holds the following benefits for the practitioner (Faul, 1995:

PDF created with pdfFactory trial version www.pdffactory.com

8-9):

- A measurement tool helps the practitioner to more accurately and thoroughly describe the personal and social problems of clients.
- It allows the practitioner to classify and observe events to determine whether, when, how often, how intensely, or for how long they occur.
- It leads to empowerment of clients by clearly communicating to them what is being done, thus demystifying the intervention process and enhancing their future independence.
- It facilitates practice decisions and helps to answer questions such as: Is the client eligible for services? Does the client pose a risk to others? Does the client have adequate social support? Does he/she have the skills to recognise and utilise the support? Is the selected intervention working well enough? How close is the client to achieving goals? Are the client's gains sufficiently stable to shift to a different treatment intensity? Is there a risk of relapse?
- Repeated measurement of a client's problem and/or strengths leads to beneficial feedback and this assists with informed clinical decision making.
- It adds objectiveness to social work practice, increases the precision of what is done, and is therefore a key to enhancing the effectiveness and efficiency of the practice efforts.

2.2.3.1.2 Types of measurement tools

Measurement tools can be classified according to a range of criteria. Dr Wim Roestenburg (2003) illustrated the range of criteria for the assessment tools available to social workers in terms of a functional table that divides the tools according to qualitative and quantitative properties. For purposes of this study the researcher refers only to some of these divisions to show the difference between classification systems and scales. She includes some of the qualitative procedures identified by Roestenburg (2003) to illustrate what procedures are applied indirectly when using a classification system. For example, in using a classification system, the processes of interviewing and observation are applied to gain the information needed to make professional judgements about identified problems.

PDF created with pdfFactory trial version www.pdffactory.com

TABLE 2.1 TYPES OF MEASUREMENT TOOLS

QUANTITATIVE TOOLS			
Assessment Technology Type	**Description**	**Uses**	**Accountability issues**
Criterion referenced scales	Most formal types of interviews that are used to measure the frequency of behaviour or attitudes of candidates. This type of scale measures a person against set criteria.	Used as an objective measure to quantify and summarise behaviours. Uses numerical language as basis of description.	Ensure the reliability of the instrument is known as well as its validity. Ensure that reliability is promoted by observing test conditions.
Norm referenced rating scales	A rating scale, the score of which numerically compares a person to a recognised norm. Usually administered as a test within a specified time limit.	Used as primary assessment instrument to compare scores with the norm. Used to confirm judgements about candidates.	Check validity of instruments before use. Ensure that test conditions are applied during administering to conform to validity requirements.
QUALITATIVE ASSESSMENT TECHNOLOGIES			
Assessment Technology Type	**Description**	**Uses**	**Accountability Issues**
Naturalistic observation	Observation of behaviour in a real context such as the workplace to assess specific performance in a task.	To evaluate acquired skills and knowledge post intervention.	Validity may be influenced by 'halo-effect'. Cost offsets benefit. Validity influenced by workplace restrictions. Participant nervousness. Requires time away form work.
Recollections	Recalling previous observations and interpretations of behaviours and events such as can be given by others who deal with the candidate.	Additional source of information for other assessment methods. Indirect way of assessing.	Large time gap between behaviour and recalling process – lower accuracy. Individuals may be untruthful and highly subjective. Information may be filtered.
Interviews	Goal directed interactive process between two or more individuals to determine nature of problem or need. Can be highly structured or unstructured.	Sometimes only assessment and evaluation tool used. Preferred method when quality relationship is paramount.	More structured type can be used to compare individuals with each other. Less structured type used for individual assessment as when a problem is identified.
Professional judgements	An assessment made by a qualified person who is authorised to form an opinion or judgement about a person.	Used as additional information in assessment situations.	Ensure person is capable, conscientious, and objective. Can be a valid source, but also contains risk.
QUALITATIVE-QUANTITATIVE TECHNOLOGIES			
Assessment Technology Type	**Description**	**Uses**	**Accountability Issues**
Rating scales	A scale with quantitative items and a scaling format to be used by assessor to rate client behaviour.	Used in the observation and rating of individual or group behaviour. Repeated observations of different individuals in similar circumstances.	Scale format and item construction improves objectivity and reduces assessor contamination of data. Systematic format that facilitates replication potential.
Classification	Classifying and categorising a	Qualitative method to	Requires substantial

PDF created with pdfFactory trial version www.pdffactory.com

frameworks	candidate according to a set of behavioural items, characteristics, or traits that exist in a framework.	facilitate accurate judgement based assessment. Promotes uniform classification according to a set of behavioural or symptomatic criteria.	training and practice to facilitate uniform application. Framework promotes replication indifferent circumstances and by different assessors. Uniform application of framework and coding promotes cross validation and inter-rater agreement on classification.

Roestenburg, 2003

The purpose of using a classification system among these measurement options is indicated by the need to have descriptive criteria that will categorise a client in such a way that another professional familiar with the classification system will recognise the symptomatic traits that will facilitate coordinated treatment and referral among professionals. This form of measurement is not exclusive of any of the other assessment types. On the contrary, in the language of social work all other assessment should eventually assist with a more accurate classification of client problems.

The accountability issues which relate to classification systems are significant to this study. The researcher would argue that these issues serve to confirm that a common knowledge base for social work should first be established. A well developed conceptual framework will make training in the system easier, while increasing the chances of interrater agreement.

In summary, the aim of this study is to develop a classification tool that will act as a measurement tool and offer the following benefits to practice:

- Help the practitioner describe the personal and social problems of the client more clearly and accurately.
- Assist in determining whether, when, how often, how intense, or how long observed events occur.
- Empower the client through providing clearer feedback.
- Provide more precise estimates of severity, magnitude, duration, or form of the client's problem.
- Facilitate practice decisions and enhance the effectiveness and efficiency of practice efforts.

PDF created with pdfFactory trial version www.pdffactory.com

2.2.3.2 Step 3b: Requirements for classification systems

> Social work has had a love-hate relationship with classification systems, being particularly opposed to systems that label individuals as deviant or that otherwise stigmatise or stereotype. Nonetheless, social workers have been aware of the usefulness of identifying categories of psychosocial problems. Since the early 1980s the field of social work has been moving towards a more scientific approach to testing its theories and interventions, and many social workers support the classification of problems as a means toward conscious and deliberate planning of social work interventions. Objections to the use of classifications are raised more because of classification's misuse rather than the classification itself. The client and the social worker each can see that a clear description of psychosocial problems will aid the client's well-being.
>
> (Karls and Wandrei, 1995:1819-1820).

2.2.3.2.1 Diagnosis versus classification

The most significant difference between classification systems and self-rating scales (which in the researcher's opinion tend to gain greater acceptance from social work practitioners), is that the former attempts a diagnosis based on the social worker's observation of the client within the framework of his of her professional knowledge about social functioning within the context of an environment. Diagnosis usually involves a classification in terms of an illness or abnormality, and describes a myriad of terms that professionals use to label clients. Observed behaviour is used as a sign of more important underlying processes. Use of diagnostic labels often assumes a trait conception of behaviour in which consistency of behaviour across situations is assumed (Faul and Hudson, 1999:31).

Turner (1983: xxi) argues that diagnosis is built on knowledge of individual cases, classes of cases, and classes of components of the complexity of the bio-psychosocial reality of social work clients and the range of problems they bring with them. If one uses the literature of a profession as a reliable reflector of the reality of the practice of that profession, then we can conclude that, as our practice is becoming more complex, the role of diagnosis is also becoming more important. The long-standing criticism of a too structured approach to diagnosis when classifying patients is rapidly reducing. We are all aware of the potential misuse of uni-category diagnoses, but equally aware that one cannot responsibly practice without well-developed and well-tested systems of

PDF created with pdfFactory trial version www.pdffactory.com

classification. The need for precision in diagnostic terminology, the need for a multi-axial approach to diagnosis, and the role of psychosocial stressors in understanding persons-in-situations, have long since been part of the social work tradition (Turner, 1983:xxii).

The researcher has observed that the most significant difference between self-rating scales and classifications appears to be what they represent to practitioners. Self-rating scales represent the social work principle that clients participate in their own treatment, and are therefore empowered from the beginning phase of assessment. Classification systems are controlled by the practitioner and are therefore often perceived as problem-orientated. Turnbull and Cahalane (1994:49-50) are of the opinion that assessments which focus on symptoms tend to result in treatment interventions that emphasize medication. Understanding that a classification such as PIE is not a diagnostic tool is therefore crucial if the new technology is ever to gain favour among social workers.

PIE is not a diagnostic tool because it does not offer a cause-and-effect relationship for the problems identified. It is instead a tool for collecting and ordering relevant information that can produce a comprehensive assessment of a client's problems in social functioning. This in turn also allows for the application of interventions from varying theoretical positions that might relieve or solve the problem (Karls and Wandrei 1994:3).

However, the dangers of misusing or inappropriately using a system such as PIE are outlined by Goldstein (1980:46):

> In the absence of workable person and environment problem classifications, without operational concepts to describe the active and natural processes of coping and adaptations, without action principles derived from these concepts and in the absence of systematic research on practice effectiveness with specific types of maladaptive transactions, it is easy to fall back on old, familiar formulations as to what is wrong and how to correct it.

2.2.3.2.2 Accurate use of classification systems

The most significant guidelines, principles, and criteria that should be used in classification systems in order to minimize the problems of misuse are provided by Karls and Wandrei (1994:5), Sartorius (1990:5-6), and Wittchen and Essau (1990:113). A summary of these is outlined below:

PDF created with pdfFactory trial version www.pdffactory.com

- Classifications are merely tools that alert the practitioner to major combinations of relevant factors.
- Formulating a useful psychosocial assessment requires knowledge beyond that in the classification.
- A classification is a means of ascertaining what characteristics a person or family has in common with others, but also emphasizes what is unique in the person or family.
- The social worker should not permit the label to obscure the client's strength or the value of intervening in a variety of systems to meet the client's needs.
- The search for understanding is reciprocal between a practitioner and a client - the client has the right to participate actively.
- A classification should be based on points of agreement among professionals.
- It should be sufficiently simple and understandable to allow easy use.
- It should not compete with or replace regional or local classifications.
- It should be somewhat conservative and theoretically un-enterprising so as to remain attractive to a wide variety of people of different orientations and knowledge.
- It should be stable and abide by the rule that changes can only be introduced when sufficient data have become available to support the change and facilitate its acceptance.
- It should be comprehensive enough to detect a wide spectrum of problems, but specific enough to allow the professional to act appropriately, and sensitive enough for early detection of problems.

The researcher will now look at how requirements for the classification of children differ and will then provide a summary of what the requirements of a classification tool for children are. This summary will be useful in the design stage described in Chapter 5 of this thesis, and even more valuable when drawing up guidelines for users to be included in a manual when the final product is completed (post doctoral development).

2.2.3.2.3 Guidelines concerning the classification of children

Cegelka (2003:65-66) lays down strict guidelines with regard to controversy around the classification of learning disabilities. These do not necessarily apply directly to the PIE system for adults, and the researcher has therefore noted these as suggestions for the

PDF created with pdfFactory trial version www.pdffactory.com

ideal context in which the classification for children should be done:

- Where possible a child should only be classified where a **team composed of qualified diagnosticians** with the skills to assess medical, psychological, social, educational, and vocational factors, is available to evaluate the case. The team should assume responsibility for proposing and interpreting an individual plan for the child's progress and needs.
- Evaluation for the purpose of classification should ideally **include the use of individual test procedures** that measure a range of skills and that are appropriate to a child's linguistic and cultural background – taking into account reversible environmental factors.
- As far as possible the child should be **assessed in his/her natural setting**, but the behaviour in this setting alone should never be used as sole criterion for categorising a child.
- No assessment of a child should be considered complete unless the **parents have been actively involved in the evaluation process** as significant observers of the child and his functioning. Assistance to parents in the home management of problems related to optimal development should be offered.

In summary then, the accurate use of a classification system demands that problems presented by diagnostic systems are avoided.

- A classification system should be used as a tool that merely alerts the practitioner to major combinations of relevant factors, and gives an indication of how a client's problem is the same as others and how it is unique.
- The practitioner needs psychosocial knowledge beyond that in the classification system. She should also not permit the label to obscure the client's strengths.
- A good classification system is based on points of agreement among social workers, and they should be able to identify with such a system.
- It should be fairly simple and 'user-friendly', be applicable as a tool of information exchange, and be sensitive enough to allow early detection of childhood problems.
- Since children lack the ability to relate to abstract emotions, parents should be involved where possible, other individual test procedures should be included, and ideally assessments should be done in the child's natural setting.
- The child would also be best served if assessments are discussed in team conferences.

PDF created with pdfFactory trial version www.pdffactory.com

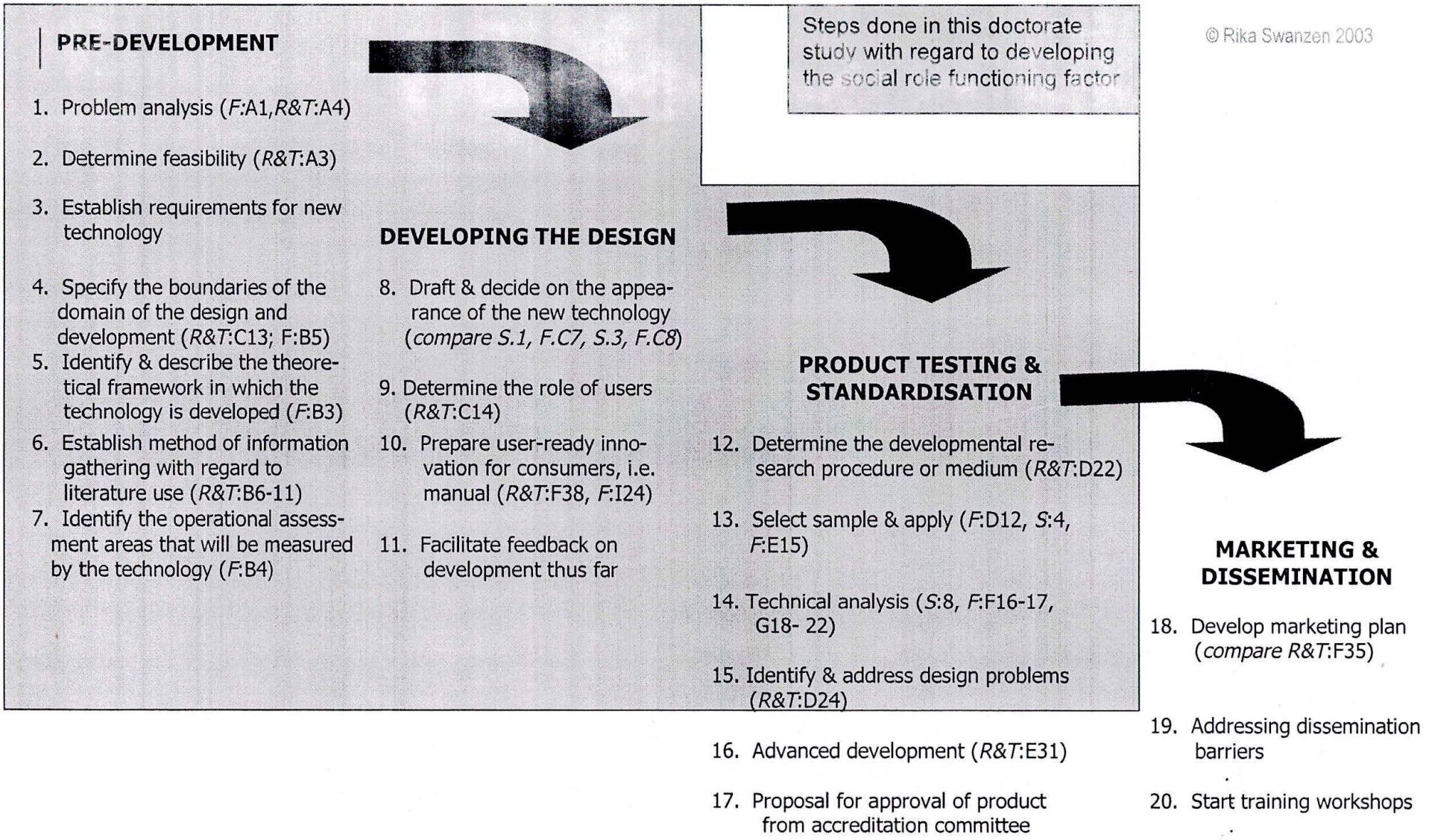
- Classification differs from diagnosis in that it does not offer a cause-and-effect relationship for problems, but it is rather a tool for collecting and ordering relevant information that can produce a comprehensive assessment.

2.2.4 Step 4: Specify boundaries of domain of design and development

The purpose of this step is to ensure that the development stays within the boundaries of the study's objective. Before the researcher embarks on a literature search she needs to narrow down the area of her study.

Following from PIE, with 20 years of development behind the system, four factors can be identified that need to be developed for the childhood version (illustrations of PIE are given in Chapter 5). The childhood version should provide child role descriptions for the different areas of social interaction, with consideration of the intricacies of problems in these roles together with an indication of the duration and intensity of the problem and the coping strengths the child may posses. It should consider other influences that may be at play (such as physical and mental health) and how adequately the environment provides for the needs of the child. This is a cumbersome development process and it is necessary to narrow down the domain to what is specific to this study.

PDF created with pdfFactory trial version www.pdffactory.com



© Rika Swanzen 2003

FIGURE 2.2 THE BOUNDARIES OF THE DOMAIN OF THE ADAPTED DESIGN & DEVELOPMENT MODEL

PDF created with pdfFactory trial version www.pdffactory.com

The study is confined with regard to two things: firstly, with regard to the steps of the Adapted Design and Development Model to be addressed in this study, and secondly, with regard to the parts of the classification system (new technology) to be developed.

It will not be appropriate to implement all the phases and steps of the Adapted Design and Development Model until the whole classification system has been developed. The diagram of this model (Figure 2.2 on the previous page) highlights the phases that will be addressed in this study. (The highlighted steps in the standardisation phase will also include the initial pilot testing, to test interest and to check the process of testing – this will be clarified later in this chapter when these steps are discussed).

With regard to the parts of the classification system, the development has been narrowed down to the first factor, which is the social role functioning factor. What this entails will become clear as the study progresses. The development will only focus on the social functioning problems of children (since a classification system for adults already exists); this implies a child from birth to 18 years (based on a clinical definition of child and not policy definitions in current South African Welfare which have extended the description of youth to include the young adult phase). This development of the classification system also only focuses on social functioning problems as applied to social work (to be clarified in Chapter 3).

2.2.5 Step 5: Identify and describe the theoretical framework in which the technology is developed

Any development is based on certain beliefs and principles that place it within the context of a profession. This step gives shape to the development within the context of social work.

The reason for this step as a pre-requisite to the development of the new technology lies in the dual vision of this study. The study is embedded in the Design and Development model, but the need for an additional theoretical model made the introduction of **Grounded Theory** essential. Grounded theory construction is the development of theory from data through the general method of comparative analysis. Theory-building approaches try to discover more than simply *what* something is – they attempt to find out *why* it is. Seeking explanations is the same as theorising. It begins with attempting to

PDF created with pdfFactory trial version www.pdffactory.com

establish links between/among the elements in the literature which the researcher has identified and classified. The first goal is to find the entities to analyse. The entire point of theory construction is to produce concepts from the literature that seem to fit the data (Tesch, 1991:19, 23).

In grounded theory construction the entities to analyse are called categories. In 1967, Glaser and Strauss coined the term **constant comparison** to describe the process of progressive category clarification and definition. When the researcher then discerns that two or more categories are conceptually related, rather than claiming that any theory has been derived, all that has been achieved has been to construct hypotheses and the attempt to demonstrate support for those hypotheses.

> Although not strictly seeking generalisations, grounded theory is theory building in the sense that it aims to strip away the particulars and to arrive at some underlying principle that is likely to apply to similar situations.
>
> Tesch, 1991:24.

In this step and in others where to the researcher was required to make decisions based on her own judgement, she used the following five-step procedure set out by Earl Baby in 1986:

- observe the way things are;
- ask why they are this way;
- suggest an explanation;
- then ask, if this explanation is true, what else might be true;
- look to see if it is true.

The primary difficulty in this sort of thinking is getting into the habit of following the steps carefully (Erickson and Nosanchuk, 1992:74-75).

In Chapter 3 the researcher describes a theoretical approach, shows that it is integral to social work, and develops a conceptual framework that will guide the selection of topics for the relevant literature survey. This will then begin to give shape to the classification system for childhood social functioning problems to be developed. The five guidelines above that should be implemented when depending on one's own judgement of what to explore and include, will be applied at every stage of this study.

PDF created with pdfFactory trial version www.pdffactory.com

2.2.6 Step 6: Establish a method of information gathering with regard to literature use

The categories that form the foundation of the new technology are derived from literature on the social functioning of children. The literature on this subject is very diverse, so a filter is needed to direct what should be included and what excluded. This step describes how the literature was accessed, reviewed and handled to ensure a comprehensive inclusion of all relevant information.

The following quote from Hayes (1994:101) explains why this step is necessary:

> There is concern about the apparently overwhelming amount of information that might be of value, possibly without adequate means for separating that which is relevant, gaining access to it, or analysing and organizing it.

Challenging factors in information gathering are, firstly, identifying the existence and relevance of potentially important information materials, and then determining their availability and the means of accessing them. Certain sources of information, such as those that are computer-based, require sophisticated technology to gain access to them (Hayes, 1994:105-106).

2.2.6.1 Literature survey

For a study such as this, it is necessary to explore an extensive range of literature in order to develop an idea of what concepts are related to social role functioning in children. A basic understanding of the literature review process is necessary in order to orientate the researcher to finding and managing relevant literature.

> The fact that reviews are tied to a finite universe of problems does not mean the activity of research synthesis is any less creative. .... Instead, the creativity in research review enters when the reviewers are asked to make sense of many related but not identical theories or studies. More often than not, the cumulative results of studies are many times more complex than envisioned by the separate researchers who conducted them. The reviewer's instinct for uncovering variables that influence a relation and ability to generate divergent schemes are important ingredients in the research synthesis process.

PDF created with pdfFactory trial version www.pdffactory.com

Cooper, 1989:19.

The gathering process involves the following steps (Cooper, 1989: 39-47; 54; 57-62):

- Firstly, the researcher starts with **a precise definition of the target population**, which will allow for a list of its constituent (basic) elements.
- Secondly, **studies are to be located** from:

  - Informal channels which include the researcher's own research; the 'invisible college', that is, scientists working on similar problems who are aware of each other; students and their lecturers who share ideas and pass on papers and articles they find of mutual interest; attendance at professional meetings; and convention papers. The personal biases within these channels are obvious and the researcher should not rely solely on information gained from such sources.

  - Primary channels, involving publications which form the initial link between the reviewer and the formal communication system. Two methods of gaining access to primary works are the use of personal libraries or journals carried by institutional libraries, and the ancestry approach. The latter involves retrieving information by tracking down the research cited in already-obtained relevant research. The limitation of this channel is the tendency of journal reviewers to look less favourably on studies that conflict with conventional wisdom than those which support it.

  - Secondary channels should form the backbone of any systematic, comprehensive literature survey since they contain the information most closely approximating all publicly available research. Bibliographies are non-evaluative listings of books and articles that are relevant to particular topics. Making use of bibliographies prepared by others is time-effective for the reviewer. These lists extend beyond the reviewer's field of interest, but they need constant updating. The sources of information most likely to prove fruitful are the indexing and abstracting services associated with the social sciences. The service will focus on a topic and define its scope as an explicit number of primary publication outlets. The limitation of this service is the long time lag, often three to four years, between when a study is completed and when it appears in the system. There may also be restrictions on what is allowed to enter the system based on topical or disciplinary guidelines. More than one secondary source will be required for the literature search to be exhaustive. The system is entered through keywords associated with pieces of research. For this the Thesaurus can be valuable in ensuring that the

PDF created with pdfFactory trial version www.pdffactory.com

researcher accesses all the literature on the topic. Computer searches can access thousands of documents from a wide variety of sources. Their exhaustiveness, coupled with the explosion in social science research, commonly results in the problem of information overload. Nevertheless, the effort is still far less than that required for many hours of manual searching.

- Thirdly, the researcher should **determine the adequacy of the literature survey**. The question of which and how many sources of information to use has no fixed answer. As a rule the researcher should always employ multiple channels so that the chances of a strong unidentified bias distinguishing included from unincluded studies is minimized. Although informal sources carry the risk of bias, their benefit lies in containing the most recent findings. Even though unpublished research may not have undergone rigorous methodological appraisal by established researchers, it may produce valid findings which contradict conventional wisdom.
- Fourthly, the researcher should **protect validity** during the study retrieval process. The researcher should ask how the studies under investigation might differ from other studies, and how elements contained in the studies might differ from other elements of interest. The first threat to validity in the literature study is that the review may not include all studies pertinent to the topic of interest. The second threat occurs during the retrieval process where individuals or elements in the studies may not represent all individuals or elements in the target population. The researcher has an obligation to describe missing populations carefully and to qualify any conclusions based on over-represented samples.

The target population of this study is children, and the constituent elements involve those relevant to the child's social functioning, to be clarified in Chapter 3.

In the course of this study, the researcher makes use of all the information channels. She uses findings from her Master's study (1999), and material from the doctoral thesis, articles, and training notes of her promoter, as well as dissertations by other students. In addition, she refers to articles obtained from the developer of the adult PIE (James Karls), as well as his training notes, e-mail correspondence and advice. In the process of reading, she takes note of studies cited by authors she will refer to throughout her thesis, regarding these studies as additional support of their statements and opinions. In making use of informal literature such as news letters from supportive community groups, she

PDF created with pdfFactory trial version www.pdffactory.com

also tries to identify current client-friendly terminology, with the idea that this should contribute to cultural sensitivity (including those aspects relevant to the community).

The indexes and abstracts of the university library from the education, psychology, psychiatry, sociology and social work disciplines provided the major source of relevant literature. The researcher will make use of her internet account to access 'Proquest', an online data base for social science topics. This reduces travelling and this means the computer can be used to search through text instead of the researcher having to scan through pages of information herself. She will also examine unpublished information brochures and the websites of recognised organisations in South Africa such as Autism S. A. and the Depression and Anxiety Support Group. As a member of the Council of Social Service Professions in South Africa and the South African Association of Social Workers in Private Practice, she receives their quarterly newsletters, and so is able to stay abreast of developments in the profession. The researcher will attend all training workshops related to her field of study, such as diagnosis in children, augmentative communication, and autism. In this way, she ensures access to sufficient information channels to avoid bias and so can contribute to the protection of the validity of the literature she is including in this thesis.

Since so many topics need to be covered in the development of a comprehensive measuring tool such as a classification system, there exists a perceived threat to protecting validity through including all relevant literature on the topic. In the process of compiling the literature survey the researcher had to decide what literature to include and what to omit. The best way to address the perceived threat in this process seemed to be to develop a list of requirements that have to be met when deciding on the inclusion or exclusion of a particular literature source. The following aspects have been identified to act as a filter for the literature review:

- Include only the literature on the target group, that is, children from birth to 18 years.
- Look in general at needs to be met for optimal social functioning.
- Search for literature focussing on categories or integrated models or frameworks.
- Avoid exploratory studies that work inductively towards a theory, and look for deductive explanatory or intervention studies.
- Refer to articles evaluating previous studies and giving collective findings (reviews).

PDF created with pdfFactory trial version www.pdffactory.com

- Only quote relationships already proven between variables, or when it is stated that, although the relationship was unproven, a significant relationship between facts had been shown.
- Focus on relevant literature with themes common to the study, for example, related problems or similar causes.
- Include only references that have a social or environmental (systems) approach to the subject.
- Focus on facts pertaining to assessment and excluding intervention (the latter to be addressed in post doctoral study).
- Examine the content of the study: the accuracy of interpretation; the extent to which the references are dated; how objective the researcher appears to be; and how it compares with possible opposing views.
- Give preference to developmental approaches in explaining the functioning of children.
- Include literature which examines the intrapersonal aspects related to children's needs and development.
- Look out for collective terms in literature that may be appropriate to the classification system. (Beware of terms such as 'disorder', and others which entail a set of requirements before the term can be used).
- Engage in a broad search to cover all possible problems with social work child clients, while avoiding specialisation in each category.
- Refer to a range of sources, including academic journals and text books, website services, medical and child care magazines, and, to a lesser extent, related non-academic books such as self-help books.

The second threat to validity mentioned previously is the reality of the multi-racial South African context. In order to address this issue, this study focuses on the degree to which studies in other countries may be applied to the cultural differences found in S. A. (This is merely an awareness based on personal practice experience and multi-cultural training. The researcher is not claiming that she will test the studies for their application to the South African context.) She also made a point of searching for South African based research studies. This second threat to validity is one of the principal reasons why it is not possible to merely accept the frameworks which the PIE was built on. For the purposes of this study, it was essential to examine more recently developed frameworks and frameworks which focus on children (including conditions frequently found in South

PDF created with pdfFactory trial version www.pdffactory.com

Africa, such as 'child-headed families'). It will also be crucial to consider the South African traditions, and the trends we as a profession support. The primary source used to identify current trends in South Africa was government policy papers (such as the White Paper on Social Welfare and Social Development). These threats then are addressed in the conceptual framework (Chapter 3), and in the literature study following from this framework (Chapter 4).

2.2.6.2 Organising the literature

Marshal and Rossman (1995:111-112) see analysis as the process of bringing order, structure and meaning to a mass of collected data. The process is regarded as ongoing, interactive, commencing from the point where the researcher enters the field of study and continuing throughout the research process. This is why the researcher has discussed the organisation and analysis of the literature gathered as conceptual data for the study at this stage. The method used for the literature survey is explained again in the third phase when the new assessment technology is tested and the data gained through the testing process is analysed.

Gathered data must be synthesised in a specific form to allow easy and accurate data analysis. Forness and Kavale (1994:117-118) suggest that meta-analysis is an appropriate method in intervention research (of which design and development forms part):

> Meta-analysis is a method of research synthesis that aggregates findings across a particular area of research by converting data in each study to a common metric. Its aim is to use this metric as an inductive synthesis to define the relative effectiveness of a particular procedure across several studies, to clarify the parameters of the phenomena that appear to govern its effectiveness, and even to place this relative effectiveness in the context of other procedures used with similar populations.

An ideal example of this approach, which uses structured protocols in meta-analysis but includes the flexible integrative qualities of the traditional review, is **Systematic Research Synthesis (SRS)**. It is procedurally rigorous, without seeking statistically summative means of representing conclusions. Its basic features, according to Rothman, Damron-Rodrigues and Shenassa (1994:137-139), are:

PDF created with pdfFactory trial version www.pdffactory.com

- The planned structuring of explicit steps and operations in the synthesis. In this instance a research review is regarded as parallel to a scientific enquiry.
- It provides conceptual rather than statistical data integration. SRS creates a conceptual synthesis of research in a given area – an approximating rather than a determinant integration. It entails a degree of invention that makes a new integrated whole from the parts of a body of research findings. Conceptual integration requires qualitative judgements that are subject to reliability questions.
- It permits a very broad range of evidence on any given issue. Since SRS is not constrained by statistical strictures, it allows for more comprehensive coverage, including quantitative and qualitative findings.

With the SRS approach:

- uniformities and tendencies in the data are discerned,
- clusters of data comprising a consensus of findings are identified, and
- appropriate statements constituting generalisations are composed.

Rothman, Damron-Rodriguez and Shenassa, 1994:152.

The approach employs a set of techniques used in qualitative research analysis, one of which is particularly relevant to the nature of this study. **Indexing** can be used to look for markers that comprise different wordings for the same term (thereby disambiguating terms). The synthesis process often includes finding an intervening variable that explains and reconciles different conclusions. Raising or lowering the level of abstraction of a conceptual category can generate consensus findings. Consensus findings may state the relationship of variables as they are supported and also include sub-generalisations, showing inconsistencies among findings as they relate to different circumstances or groups. Synthesis can entail the creation of new concepts, or the modification, transformation, or reorganisation of current ones (Rothman, Damron-Rodriguez and Shenassa, 1994:152-153).

The inclusion of SRS concepts should not be confused with a methodological design. The researcher uses the Adapted Design and Development Model as the methodological design for this study. In addition, some of the concepts from the SRS approach were integrated into the design in order to help with the organisation of data from the literature

PDF created with pdfFactory trial version www.pdffactory.com

search. In Chapter 4 she describes the following process relating to the literature search based on SRS principles:

- Organise the literature into headings within each chapter based on uniformities and tendencies, consensus findings, and generalisations from the relevant literature.
- Name the headings of the sections in order to initiate a form of synthesis – giving a name to the concept described underneath the heading. (The term conceptualisation is similar in practical intent. This is significant as preliminary work for the later stages.)
- Because the study draws on literature from different disciplines, it is necessary to simplify (lower abstractions as mentioned above) or change words (such as psychiatric terms) where necessary to suit the language of social work, without changing the meaning. Instances where this seems necessary are typically when similar facts are relayed through different descriptive words.
- Remain receptive to debates in the literature and identify inconsistent findings. Without focusing too much on the different viewpoints, establish points of agreement that add value to understanding social functioning in children.
- By using bullet point guidelines throughout, the planned structuring of the process is emphasized. An overly complicated plan carries the risk of invalidating the thesis.

2.2.7 Step 7: Identify the operational assessment areas that will be measured by the new technology

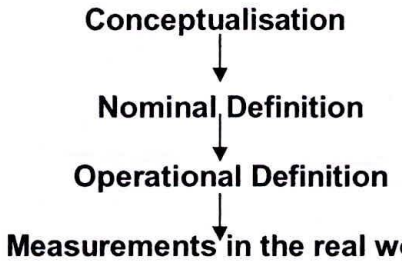
Having already established the aim of developing a classification system, how to go about identifying the relevant literature, how literature on social functioning of children will be handled to eventually become the content of the new technology, and what the boundaries of the development will be, it is now necessary to describe how to express this theoretical base in a format that will enable it to be applied in practice through the new classification system. Up until this step the literature will undergo a process of synthesis or organisation. In this step the literature will include a process of reduction and conceptualisation to produce the items of the new classification system.

This section is about the operational stages. Operationalisation is one step beyond conceptualisation (Rubin and Babbie, 1993:700). Step 5 describes how to formulate a

PDF created with pdfFactory trial version www.pdffactory.com

theory and step 6 discusses how to identify and organise the vast amount of literature needed for the study. The remainder of this section explains how to establish more specific measurable variables that will become the new technology.

The progression of measurement steps from a vague sense of what a term means to specific measurements in scientific study, can be depicted as follows:



Ruben and Babbie, 1993:133.

FIGURE 2.3 THE OPERATIONAL PROCESS

Conceptualisation is the process which specifies precisely what is meant when a certain term is used. The end product of conceptualisation is the specification of a set of indicators of what one has in mind, indicating the presence or absence of the concept being studied. Different mental images can be conjured up by a certain term, and these images can be grouped together to form dimensions – a specifiable aspect or facet of a concept. A concept can therefore be subdivided into several sets of dimensions. The inter-changeability of indicators implies that if several different indicators all represent, to some degree, the same concept, then all of them will behave in the same way as the concept would behave if it were observable (Rubin and Babbie, 1993:129-130).

Bailey (1987:55) defines operationalism as the term referring to operations carried out in the measurement of a concept – the concept is synonymous with the corresponding set of operations (that by which something is determined). Rubin and Babbie (1993:37) refer to operationalisation as the specification of steps, procedures, or operations that you will go through in actually measuring and identifying the variables you want to observe.

In order to be observed, variables must be translated into observable terms – these translations are termed operational definitions. This refers to the operations, or indicators, which will be used to determine the quantity or qualitative category of a particular variable when observed. The definition of a concept provides some idea of how an operational definition might be developed, but it does not specify what indicators will

PDF created with pdfFactory trial version www.pdffactory.com

be observed. The operational definition points the way to how a variable will be measured (Rubin and Babbie, 1993:124).

The real definition is not a stipulation determining the meaning of some expression, but rather a statement of the essential nature or essential attributes of some entity. Essential nature is so vague, however, that it cannot be used for rigorous inquiry. The specification of concepts in scientific inquiry depends on nominal and operational definitions. A nominal definition is one that is assigned to a term. When disagreement exists about what the term really means the researcher specifies a working definition for the purposes of the inquiry. The specification of nominal definitions focuses our observational strategy but does not allow us to observe. The next step is then to specify exactly what will be observed, how this will be done, and how various possible observations will be interpreted. All of these specifications make up the operational definition of the concept and spell out precisely how the concept will be measured (Rubin and Babbie, 1993:131, 133).

If one considers that "measurement is a process that results in the consistent assignment of individual characteristics or objects so they can be classified, ordered, or counted" (Ottenbacher, 1997:17), then this study sets out to find consistent assignments of characteristics in children to be classified as social functioning problems. The measurement process in clinical environments involves four steps:

- Identifying a concept to be measured.
- Specifying an indicator of the concept.
- Defining operational data necessary for measurement, so they can be quantified or classified into a variable.
- Determining reliability and validity of the assessment process.

A concept then is a verbal or symbolic representation of the phenomenon the researcher or clinician is interested in. Concepts are the building blocks of any language; they are essential for professional communication and research. A variable is a "measurable dimension of a concept and is an indicator of a concept that is translated by means of an operational definition into one of four levels of measurement: nominal, ordinal, interval or ration" (Ottenbacher, 1997:18-19).

PDF created with pdfFactory trial version www.pdffactory.com

The precise and exact naming of variables is important in research. It is both essential to and a result of good operationalisation. Variable names quite often evolve from an iterative process of forming a conceptual definition, then an operational definition, then renaming the concept to better match what can or will be measured. This looping process continues, resulting in a gradual refinement of the variable name and its measurement until a reasonable fit is obtained. Sometimes the concept of the variable that you end with is a bit different from the original one you started with, but at least you are measuring what you are talking about, if only because you are talking about what you are measuring.

Fisher, 1989 (in Faul, 1995:177).

From the development of the theoretical framework that will be the goal of Chapter 3 (Step 5), the information gained through the literature survey (Step 6) has to be condensed into categories for the classification system to be developed. This will take place through the process of operationalisation, in which the concepts derived from Chapter 4 are employed. For each concept, indicators will be developed and these indicators will be quantified or classified into variables.

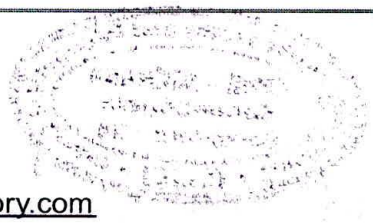
DEVELOPING THE DESIGN

The information accessed in the retrieval stage is converted into basic action constructs, and through design processes these basic action constructs are used to formulate more situational intervention concepts. These resulting concepts form the conceptual plan for development. The task of design, then, is creation of a conceptual formulation or plan, which specifies the general form of an intervention, which satisfies the goal requirements.

Mullen, 1994:172.

2.2.8 Step 8: Draft the format of the new technology

Certain decisions need to be made with regard to the format and nature of the new technology. Following the guidelines of the three models used in the Adapted Design and Development Model (as described in Chapter 1), this step considers a few aspects to ensure a workable format, and also ensures that the requirements for a measurement and classification tool are met.



PDF created with pdfFactory trial version www.pdffactory.com

The best framework to use as an example of how a classification system for social work should look is the adult PIE. The researcher builds on her previous study on the adult PIE in a psychiatric setting (for a detailed description of the PIE classification system refer to this study, Oosthuizen, 1999). Although the classification system developed in the course of this study will appear similar, it will obviously differ significantly from the adult PIE. It is therefore necessary to make independent decisions regarding the appearance of the classification system to be developed. The aspects regarding appearance which are to be considered in the course of this study are outlined below.

2.2.8.1 The purpose of the technology

The appearance of the system relates directly to what it is intended for. Three classes of things are measured by social scientists. The first class is direct observables – those things we can observe rather simply and directly (e.g. selecting the colour of an apple). Indirect observables include relative, subtler, and complex observations (e.g. the minutes of a meeting). Thirdly, constructs are theoretical creations based on observations, which cannot be observed directly or indirectly (e.g. intelligence). A construct cannot be observed directly because it does not exist – the researcher created it from a theoretical framework (Rubin and Babbie, 1993:104).

Guion (1965, in Smit, 1991:148-149) states that test development is the development of operational definitions. A test consists of operations, namely tasks to be performed, or questions to be answered. Smit (1991:149-154) identifies the following aspects in describing the purpose of the new test (which in this study is a classification system) being developed:

- The **content** of the technology: The content is determined by the goals of the technology. Two aspects with regard to content are identified, namely:
  - *performance testing* – depending on the goal of the test, the developer must identify and define those (observable) behavioural aspects that manifest to identify the trait or characteristic to be measured or tested.
  - *predictive testing* – a systematic analysis of the performance aspect is necessary to be able to predict certain behaviour.
- The **test plan** refers to the specifications regarding the aspects that should be covered, the skills that must be measured, and the relative weight the different

Health Library and Information Centre
CPHE - SOCHARA
Koramangala
Bangalore - 34
(CLIC)

PDF created with pdfFactory trial version www.pdffactory.com

CH-100
15029 p06

facets of the behavioural aspect should carry in the final test form. Two aspects of the test plan are discerned, namely:

- the *type* of items, and
- the *amount* of each type of item to be selected.

The decision on the above will give form to the **test format**, which can be one of the following:

- *Free-response / open-ended items*: No limits are placed on the respondent's reply to the task or question. The respondent must provide the answer instead of recognising the appropriate one. This type of item is dependent on how specific it is, and has a limited coverage of the content. This can influence its reliability.
- *Multiple-choice items*: This item is applicable to a broad spectrum of content, namely defining terms, identifying causes, consequences and association, recognising and identifying faults, etc. The multiple-choice format is a question or incomplete statement with four or five possible answers. The criteria for multiple-choice items are that each answer should have high face validity, the statement must contain most of the wording, negative statements should be avoided, the item should not ask the opinion of the respondent, the statement should not be leading in terms of the 'correct' answer, the alternatives should be presented in an ordinary format, and the response 'none of the above' must be used sparingly. Developing a test like this can be very time consuming.
- *True-untrue items*: This refers to explanatory items to which 'true' or 'untrue' are possible responses. This is limiting when specific, and sometimes only trivial knowledge is tested.

The new technology will include all three classes of measurables. The practitioner will be the observer and will be able to report on direct observations, such as presented behaviour, on indirect behaviour as reported on by others or predicted by the practitioner based on theoretical knowledge, and on theoretical constructs, like including the tentative classification of problems and appropriate intervention(s). The goal of the new technology will include aspects of both performance and predictive testing. The nature of the client problem needs to be explained through the assessment and it should include some prediction in terms of diagnosis and appropriate intervention. When looking at a system like PIE, it includes both these goals. Even though the description of the test format is not typically applicable (since the classification system cannot be seen as a

PDF created with pdfFactory trial version www.pdffactory.com

test), the principles laid out for a multiple-choice type format are useful. These principles relate to face validity, as indicated. The challenge of using the multiple-choice format in the development of the new technology is that it would have to contain all the possible 'correct' answers. The researcher would have to anticipate all the possible options the user may need for a very diverse caseload (implying a vast number of topics to be included in the literature search). The majority of problems should be able to fit into the category options. The option of 'other' or 'mixed' should be avoided in principle, since this would mean that the new technology is not making provision for most cases, or that the categories are not well defined. The avoidance of the 'none of the above category' is similar to Karls and Wandrei's concept of 'coverage', which states that goodness of fit between the system and practice is obtained when not many of the clients fall into the residual category (refer to validity and reliability of the PIE in Step 14 of this chapter).

2.2.8.2 The length of the new technology

This is a further step in designing the new technology. It is necessary to consider all aspects of the final product.

Deciding on the length of the classification is critical, since this will influence its appeal to potential users. The new technology attempts to offer more time-efficient assessment. An overly lengthy system might discourage practitioners from adopting it. The classification system must serve as a comprehensive framework of general social work practice, in which a considerable amount of information is consolidated. The length will therefore be dependent on the number of roles identified in the child's social functioning and the number of indexes which clarify the problem experienced with the identified social role. (This will be considered briefly in Chapter 5, but is excluded from the scope of development of this study.) The space-saving innovation in the adult PIE (placing indexes in a text box below the role categories), will also be employed in the new technology. An effort has also been made to reduce the number of role categories in order to fit these onto one page (as with Factor 1 of the adult PIE), bearing in mind that the lengthier part – the environmental systems – is still to be developed in the post-doctoral study.

PDF created with pdfFactory trial version www.pdffactory.com

2.2.8.3 The selection, scaling and ordering of items

This forms a further step in deciding on aspects of the final product. All of these systematic decisions will be explained in the course of the description of the new technology in Chapter 5.

The **selection of items** is done according to difficulty value, discrimination value, and information gathered from response-analysis. Items with the highest combined correlation with the criteria and low correlation with other items are selected. Furthermore, items should correlate well with the total test score (Smit, 1991:167-168).

The implementation of the steps up to this point will shape the content of the new technology. Not all selected items will necessary form part of the new development after rigorous testing. Although the rigorous testing required for the final design (inclusion of items) of the new technology does not lie within the scope of this study, this step served a purpose in demanding a re-evaluation of the degree of difficulty of those items initially selected. Correlation tests will only be done after more data are obtained through post-doctoral development.

Scaling items has to do with the development of a specific rule for assigning values to them. The reason for this is to obtain an indication of the level or magnitude of the variable for a specific person. Different approaches exist for assigning values to scale items (Faul, 1995:50-54), but for the purposes of this study, which involves the development of a classification system and not a scale, these values do not apply. The researcher nevertheless borrowed this step from Faul in order to illustrate what coding will be used in the development of the new technology.

The adult PIE uses a coding system that quantifies aspects like coping and severity. A similar coding system will be adopted for this study. Only the meaning of the number will be altered to reflect childhood dynamics. The refinement and testing of this coding system will, however, only be addressed after this study has been completed (it falls out of the domain of the design for this study).

PDF created with pdfFactory trial version www.pdffactory.com

In **ordering** the items, attention is paid to the final appearance of the new product to ensure a logical flow. This flow will be determined on the basis of age progression and the level of magnitude of the variable.

2.2.9 Step 9: Determine the role of users

The central aim of this new technology is to bring to practice an empowering mutual language among social workers dealing with children. It will not succeed unless practitioners and academics believe it is workable. For this reason their input into this project is essential.

Choices must be made in design and these choices are normative. Values enter into the decision process, and consumers should therefore be involved in this process. If consumer needs are central in design choices distribution is increased. On the other hand, design can begin with the seed of an idea that grows and is formed by design methods, and eventually gets adapted to a variety of possible users (Mullen, 1994:190).

Not only does this new technology stem from the ideas of the researcher, but also from previous attempts of others (see Chapter 4) to quantify and objectively assess the problems of social work child clients. As mentioned previously, a number of opportunities for receiving input have been built into the development process. The findings and suggestions that result from this study will be taken to experts in the domain of assessing the well-being of children. These users will be asked for suggestions on how to make the technology more practical. They may therefore be considered partners in the eventual success of the technology in terms of meeting both academic and practice standards.

2.2.10 Step 10: Prepare user-ready innovation for consumers

The success of the new technology depends strongly on its accurate use and for this reason a manual providing clear guidelines will be part of the package.

A common mistake in developing a measuring tool is to assume people will know how to use it. If respondents do not understand how to answer items, serious errors may be introduced. Therefore clear instructions and introductory comments should accompany a

PDF created with pdfFactory trial version www.pdffactory.com

measurement tool. Some guidelines with regard to instructions are to keep them simple, explain what is being measured, display a response key, explain where to put responses, and mention that there are no right or wrong answers (Spector, 1992; Mindel, 1982; and Hudson, 1994 in Faul,1995: 56-57).

In the testing stages of the new development, before the final instruction manual can be presented, some clear form of instruction is necessary. Faul (1995:63) argues that the research package to be presented to respondents should include a cover letter that explains the purpose of the study and introduces the research bodies conducting the research. Participation should be stressed as voluntary and anonymous. Secondly, a background information sheet should accompany the package, used to describe the characteristics of the sample, which will later be useful in investigating construct validity. This sheet will consist of questions regarding the age, gender, education, marital status, or income of the respondent or other information relevant to the study. The measurement to be validated will comprise the content of the rest of the package.

The latter suggestions were incorporated when approaching and orientating the participants in the study. The final manual will only be developed once the full development and redesign have been completed. A temporary manual for the purpose of testing the partial design will be developed for the sample's use. Participants will be informed that the product has not been standardised and may not be used in practice outside of the study.

2.2.11 Step 11: Facilitate feedback on current development

Since not all potential future users can be reached at this early developmental stage, participants are needed who will understand that they are required to evaluate a work in progress. They are not being presented with a final product which necessitates either approval or disapproval.

Practitioners and academics will be presented with a progress draft on different occasions, in order to obtain feedback. This feedback will be used to modify the product being tested, and to check unforeseen problems in the new technology. In addition, the researcher can confirm whether she will be able to meet the requirements set out by the

PDF created with pdfFactory trial version www.pdffactory.com

research design, as well as the needs of the practice sphere. Chapter 6 tables the feedback assemblage that provided opportunities for feedback, with a description of the people who provided feedback.

PRODUCT TESTING AND STANDARDISATION

Standardisation refers to both the standardisation process that precedes the administration of the test, and the use of test data after application. The aim of measurement is to acquire objective and accurate information for the evaluation of behaviour. This information is the result of close control of factors that may have a differential effect on the results. This control has to do with the first function of standardisation as mentioned above. The second function of standardisation has to do with the interpretation of findings and the development of norm scores (a quantitative value or symbol for expected, normal or average behaviour for comparative purposes). The end result of the latter process is a standard procedure for interpretation. The aspects to be checked with regard to standardisation, include the content, the application procedure, and the interpretation procedure (Smit, 1991:168-169).

This phase is concerned with the procedures to be followed in testing the new technology in order to ensure that it will eventually be applicable in social work practice spheres.

2.2.12 Step 12: Determine the developmental research procedure

It is necessary to stipulate the plan by which the new technology will be developed and tested. The analogy of a train can be used to describe this step: the research procedure can be compared to the tracks that are needed for the train, with the train being the design of the total study. The data-gathering is like the load that the train picks up and the destination of the train is the interpretation of results which are applied to the final development.

According to Bailey (1987:33), 'methodology' refers to the philosophy of the research process. This includes the assumptions and values that serve as a rationale for research and the standards or the criteria the researcher uses for interpreting data and reaching conclusions.

PDF created with pdfFactory trial version www.pdffactory.com

It is necessary to mention again that this initial study involving the partial development of a classification for children, will only involve a pilot study. A pilot study is a tentative, small-scale study done to pre-test and modify study design and procedures (McBurney, 1994:185).

In conventional research on practice, one usually concludes a study with implications of the findings for practice. The researcher hopes that these suggestions will somehow and someday influence future practice. In contrast, modifications suggested by developmental research are incorporated directly into the intervention under development.

Reid, 1994:261.

The above quote is significant to this study. Having as its aim to develop a classification system, Chapter 5 will indicate how the development takes place, Chapter 6 will present the results, and Chapter 7 will introduce the improved version – the one that will take the findings into consideration to modify the first attempt. The 'true result' of this study will then be an improved prototype of the initial development this study sets out to accomplish.

As a guideline to how the final prototype of the new technology will be developed, at the researcher examines what is required when a design and development study are being conducted she then considers how the data will be acquired and managed, since this is crucial to reporting valid and reliable data.

2.2.12.1 Design and development competencies

Within the framework of this study methodology the new technology, and the process of developing it, should lead to the following design and developmental competencies:

- Mastery of theoretical and conceptual background knowledge concerning human service problems, social science disciplines, and research methodologies.
- Ability to identify, define and conceptualise major social and behavioural problems, treatment methods and unresolved issues for intervention modalities.
- Ability to identify relevant sources of knowledge and information for problem solution, and to retrieve, assess, order, and synthesize their contributions for application purposes.

PDF created with pdfFactory trial version www.pdffactory.com

- Ability to design innovative intervention strategies and techniques derived from the diverse sources of knowledge and information.
- Ability to engage in development processes, that is, to operate intervention procedures, to submit them to pilot and developmental testing, to revise them as appropriate and to come up with innovative, field-tested interventions.
- Ability to employ multiple methodologies in development and evaluation – needs assessments; quantitative and qualitative approaches; basic research methods; single-case experimental designs; group- and quasi-experimental designs; measurement instruments and practice related to recording procedures; developmental practice and methods of proceduralisation; diverse techniques, such as those of human service practice (treatment planning), task analysis and flow charting; and selected aspects of programme evaluation now employed for assessing, modifying, and developing interventions in a phased sequence.
- Ability to work cooperatively in practice settings, to gain the support of practitioners, and to handle politics of field research and of outcome evaluation.
- Ability to communicate research results differentially to both the scientific community and to professional practitioners and administrators (Thomas and Rothman, 1994:372-373).

The researcher uses the above competencies as a guideline for this study, and will evaluate herself against these in Chapter 8. Following from the first guideline above, she sets out to gain a theoretical background of childhood social functioning.

2.2.12.2 Interrater testing

The central research problem is to give social workers dealing with children a comprehensive and representative model with which to classify social functioning problems. The methodology of the Design and Development Model has a number of advantages. Firstly, it is oriented toward creating a specific solution, strategy, or answer to a specific problem. The primary research question is 'how to' (where the focus is on development) rather than 'why' (where the focus is on explanation). Secondly, this method actively and meaningfully involves practitioners in all phases of the project. Clinical judgement, practice wisdom, and subjective evaluation of practitioners are viewed as valid and important pieces of information (Whittaker *et al.*, 1994: 197). The best strategy to address this problem is therefore to ensure a valid theoretical foundation and

PDF created with pdfFactory trial version www.pdffactory.com

to apply it to practitioners to test its reliability and applicability. The judgements and experiences of practitioners would be the main sources of information.

One method of obtaining these judgements and experiences from practitioners is to establish interrater reliability or agreement amongst raters. The existence of high agreement suggests reliability of the classification system. Chapter 6 in this thesis will elaborate on the interrater testing that will be done through the use of pilot testing. The manner in which the test will be approached is discussed next.

The researcher will present a case study in either a transcript or written form. The case study will be presented to various trained practitioners with instructions to study genuine cases from practice and to use the new technology to classify the social functioning problems of the child. In reality more than one interview will probably be necessary to make an accurate assessment, and the case studies will therefore also differ in the information available (some will be short with intake information, others may include reports from other disciplines, etc.). The classification system can be used throughout the helping process, and it is unrealistic to expect all the information to be available by the first or second contact. The data to be analysed will be the classifications given by the respondents. The questionnaires administered to elicit their opinions should be geared towards finding out what their practice needs are, and whether or not these needs can be met by the classification system.

2.2.12.3 Data management

The mixed methodology approach means that different sets of data are obtained for analysis – both qualitative and quantitative. The data gathering process will involve the preparation of a preliminary manual with instructions, definitions and case studies; finding participants and training them; facilitating the implementation of the classification system with the case studies; and the completion of the questionnaire on their experiences of the system. It must be borne in mind that data gathering in this step refers to the data from the testing done on the classification system. Previous management of data referred to the method of data gathering and how this would be managed for reduction and re-organisation into a new theoretical construct.

PDF created with pdfFactory trial version www.pdffactory.com

Data management is even more crucial with the dual qualitative and quantitative approach. This study will initially use only a small sample. For this reason the researcher will not have a large amount of data to handle, but will need to have clarity on which data is to be gathered for quantitative analysis and which for qualitative analysis. The organisation of the data in this way will be facilitated by using separate methods for the different sets of data (see Chapter 6). She will use Microsoft Excel to clean up and organise the more quantitative data, which will then be handed over to a student consultation department that specialises in statistics at the University (STATCON). This will ensure objective and accurate data processing, and will produce frequency tables that can be used to determine specific and overall agreement (see Chapter 6). The qualitative data will also be organised into a table, and answers to open-ended questions will be presented in Chapter 6.

Stouthamer-Loeber (1995:101-105) highlighted the importance of keeping missing data to a minimum and using data checking strategies as part of the capturing process. By using a similar format to the interview schedule on the computer, the researcher can immediately spot when the instructions were not followed and a wrong skipping-pattern was used. This is useful information for subsequent testing where the question can be asked differently. Inconsistent information is also not necessarily a bad thing in research, as it can provide information on why different answers were given.

Data documentation is an important part of data management. Data files need to be preserved in an organised fashion. Different types of data require setting up files with different kinds of file structures. In longitudinal studies it may be more economical to maintain separate data files for each assessment wave. Every instrument will not necessarily be used in all waves, and it may be the case that not all participants agree to be interviewed at every period. If all information were stored together there would be many empty data cells. Each research project should thus maintain a collection of different data files that will be part of a data bank (Stouthamer-Loeber, 1995:106-107).

Managing data is an important part of testing the new technology. It would be easiest for different participants to be included at different testing times; not only to disseminate the system to a wide variety of practitioners, but also to continuously obtain new perspectives and ideas on the development. As she continues to test the refined new technology, the researcher will develop a data bank.

PDF created with pdfFactory trial version www.pdffactory.com

Each study needs a system to organise its files. There are generally three types of files according to Stouthamer-Loeber (1995:107-108): The first type contains the assessment data in a cleaned and coded format. The data in these files are called **raw variables** and are the result of the previous data management steps. Each study develops a system of naming raw variables that makes the names unique and easy to trace. One method of doing this is to name each variable that starts with the phase identifier followed by the number of the question.

One of the most valuable features of the PIE classification system is that, because it uses numerical coding in its framework, it already has a representative code with a variable name. The data gained from the respondent is therefore received in the form of named variables. The file to be used to contain this data will take the form of a Microsoft Word computer file in which a table is created to hold the data.

The second type of file contains derived variables. Raw data is not usually analysed in its original format but is transformed or combined with other raw variables to create derived variables (summary scores of added scores from different studies; recoding of variables; or where missing values have been imputed). Identifying derived variables can be done in such a way that the name of each variable reflects the content of the data field. This may eliminate the need for an explanation of the variable names and make analysis printouts easy to examine. If the creation of derived variables is integrated as a routine procedure, it will be relatively easy to maintain a catalogue of these variables with documentation that includes all arithmetic transformations, recoding procedures, value labelling statements, and internal procedures such as internal reliability testing. Derived variables that are constructed during the data analysis process are harder to track. Documentation for these variables may be embedded in files with statistical analysis procedures or may not exist at all if they were created interactively without the existence of a log (Stouthamer-Loeber, 1995:108).

In order to prove that the new technology is reliable and valid, huge-scale testing of the final product will eventually be necessary. It is therefore essential to keep files that contain derived variables. What makes it easy with the new technology is that, because a classification system is to be developed, the category names are descriptive of the variable being tested and the latter therefore already has a name that describes the

PDF created with pdfFactory trial version www.pdffactory.com

content. These files will only become relevant as more data is gathered to form a catalogue of the variables that can be used to interpret the validity and reliability of the new technology (as a post-doctoral study).

To monitor the derived variables, a data bank that is able to retrieve the following information about each variable, can be used (Stouthamer-Loeber, 1995:109):

> a) description of the content; b) the raw variables included in creating the derived variable; c) the construction data; d) the name of the procedural file that created the variable; e) the person responsible for constructing the derived variable; and f) the publication(s) in which the variable was used. This system facilitates the reconstruction of previously reported results, since it enables the researcher (or any other user) to search for such results and existing derived variables in order to avoid duplication. When errors are discovered in raw variables, the system permits the identification of all derived variables in which these flawed raw variables were included.

The third type of file contains information related to the data collection effort such as files that keep track of the detail about the participants and the study – tracking files. In addition, these files should be archived to prevent disaster when buildings go up in flames, burglars walk off with computers containing hard drives packed with information, or hard drives crash (Stouthamer-Loeber, 1995:107, 109).

Back-ups of the data for this study are stored on compact discs, which are kept in a safe that is theft and fire resistant. This also serves as precaution against any possible forms of computer failure.

According to Cooper (1989:81), data analysis means the categorisation, ordering, manipulating and summarising of data to obtain answers to research questions. The purpose is to reduce data to intelligible and interpretable form. Cooper (1988:81) also argues that interpretation takes the results of the analysis, makes inferences pertinent to the research relations studied, and draws conclusions about these relations.

The data analysis takes form through the implementation of steps 6 and 14 in this thesis. Firstly with regard to the literature accumulated to provide the content of the new technology, and secondly to interpret the data gained from testing the new technology to

PDF created with pdfFactory trial version www.pdffactory.com

determine how good the development is. Reducing the data to intelligible form will take place throughout Chapters 3 to 7. The focus of this study is the use of literature and findings to develop a classification system for childhood social functioning.

The final aspect of the research process is critical, namely sharing the findings with outside researchers and practitioners. This could involve sharing the data acquired in another study.

> Sharing data with researchers outside of the immediate project staff can be a tremendous benefit to a project. Other researchers may have different points of view from the original research team or a different expertise that may broaden and increase the yield from a study. In addition, the original findings of a research team may be verified, refined or even contradicted by outside researchers.
>
> Stouthamer-Loeber (1995:110).

The researcher believes that this project should be geared towards the application of funds for the preparation of data sets and for the provision of assistance at a later date. Researchers are likely to come to the conclusion, however reluctantly, that they must charge for the use of their data set. As the burden of servicing outside projects becomes detrimental to the ongoing work of the research group, so requesting contributions becomes a necessity.

Data sharing with outside researchers requires a clear understanding of how the data will be used and for what purpose. To prevent unpleasantness, a data sharing contract should be drawn up, which specifies who will have access to which part of a data set and for how long. The contract should include an outline of the questions to be addressed and an analysis plan to make sure that the data is not misinterpreted or later used for a different purpose. The investigator may preserve the right to examine the results before they are disseminated, not to act as a censor, but to ensure that the data have been interpreted correctly and that there is no unnecessary duplication in reporting. It can further specify what kind of help will be offered by the original research group (Stouthamer-Loeber, 1995:111).

In the researcher's case, the sharing of data would serve as a welcome answer to the problem of how to get sufficient scores from the implementation of the new technology to

PDF created with pdfFactory trial version www.pdffactory.com

be able to conduct bigger scale testing (at post-doctoral level).

Data sharing also involves letting others know in more general terms what the findings of the study are. The purpose of doing this is to inform others who may be interested in the topic and to build on the scientific knowledge of the profession. This involves report writing.

According to the definition of *thesis* (see glossary of terms), this study is already a form of report on the researcher's arguments and findings. Apart from this document, the researcher will also report on this study in journal articles.

2.2.13 Step 13: Select sample and apply

The purpose of this step is to describe the requirements set out for the selection of a sample, and to explain the method used to gather the respondents and get them to the point of participating in the testing of the newly developed classification system.

In the analysis phase of the Design and Development Model, the main tasks involve identifying and analysing the social problem, and selecting information sources from which to generate innovations (Whittaker *et al.*, 1994:198).

In **extreme or deviant case sampling** participants and situations are selected that are most likely to provide information rich data. **Snowball or chain reference sampling** is used to gain a holistic understanding of the meanings of interconnected networks. Through this technique the researcher is referred to other relevant sources of information (Schurink, 1998:254 and 255).

The researcher will select the sample based on the following criteria for the purposes of the testing: firstly, participants should fall within the age category of 30 to 55 to ensure that the group has adequate experience; they should have some training in assessing children; and they should be as homogenous as possible in order to control external influences on the testing environment. This can be achieved through attempting to find a group that are of the same gender and work in the same area. The researcher will approach organisations and individuals who know of social workers specialising in some

PDF created with pdfFactory trial version www.pdffactory.com

manner with children and who are interested in new developments in social work. She will identify at least three suitable raters from the references, to test the classification system's interrater reliability and to acquire qualitative data on the rating experience. The participants will have to attend a workshop where they will be trained in the correct use of the technology – findings derived from a poor understanding of the technology would obviously not be valid.

2.2.14 Step 14: Technical analysis (validity and reliability)

Since the researcher is developing a classification system, she will examine the elements used in testing the PIE's value in practice. Having taken cognisance of the array of standardisation strategies, she focused only on those utilised in the study in this section. The 'technical analysis' that is the focus of this step will then only reach its fullest potential once the whole system has been developed as part of a post-doctoral study. A preliminary reliability study will be done on the partial development, to ensure the validity of the content of the new technology, which forms the foundation of this study.

Krefting (1990) and Agar (1986) (in Poggenpoel, 1998:348) are of the opinion that qualitative research is often evaluated against criteria appropriate for quantitative research, although the nature and purpose of the two differ considerably. A new language is needed for the assessment of qualitative studies. Terms such as **credibility, accuracy** or **representation,** and **authority of the writer**, should replace terms like reliability and validity.

The criteria mentioned by Poggenpoel are significant to this study. The researcher is placing a high value on the experience and authority of the developer of the adult PIE, and will consider his advice on this study as an important indicator of validity and reliability. It will become apparent in the next section that the developers of the adult PIE also considered both qualitative and quantitative criteria in the standardisation of their development.

2.2.14.1 Validity and reliability used with the adult PIE

Efforts to develop what is now known as PIE started in the 1980s through the California chapter of NASW, whose president at the time was James Karls. PIE was conceived in

PDF created with pdfFactory trial version www.pdffactory.com

part as a reaction to DSM III and its perceived limitations for use within social work practice, and in part as a response to trends and new developments in social work practice and theory (Wandrei and Karls, 1997:29). American social workers also felt that they were learning the language of psychiatry to describe their patients, since this was the only system available to them (Karls and Wandrei, 1992:80).

The original system was established by 1983, and has since had minor modifications in response to peer reviews, feedback from workshop attendees, feedback from users, and pilot reliability and validity studies. PIE can be seen as an on-going work in progress (Wandrei and Karls, 1997:29).

In 1984 there was a review of the earliest version of the PIE by 16 eminent social workers throughout the country. Of these experts, 14 responded favourably to the system. Additional feedback and suggestions for revisions were obtained from 12 years of the co-authors presenting workshops on the system to several thousand social workers in the Unites States and other countries. Responses from participants have been overwhelmingly positive (Wandrei and Karls, 1997:32-33).

In 1984 a nation-wide pilot test of the initial version of PIE was conducted. Two chapters from each of the nine NASW regions were selected, with five members from each chapter representing different theoretical orientations, direct practice settings, and length of time in practice. Participants were asked to apply the system to two clients, and then to complete a questionnaire about their experiences. Sixty-two social workers responded to the questionnaire. Most indicated they were able to use it with their clients with minimum difficulty. Eighty-two percent reported that it helped identify when social work intervention was needed, and 76.4% reported that it clearly and concisely described the client's situation and said that the manual was easy to understand. On measuring whether or not the system would allow communication with other practitioners, 64.7% responded positively. Furthermore, 64.6% said the systems would be useful in their clinical practice, and 52,9% reported no problems in using the system. The results of the field test were then used to revise the system (Karls and Wandrei, 1992:81 and Wandrei and Karls, 1997:33).

A pilot study funded by the NASW was conducted in 1991 in four sites. Using video-taped case material in these tests, a total of 197 ratings were made across 16 video

PDF created with pdfFactory trial version www.pdffactory.com

tapes, with from 4 to 30 raters per tape. While the size of the study did not give enough ratings across the range of PIE categories to make definite statements about their reliability possible, there was high agreement among the social workers using the system on the identification of the PIE categories. These formal and informal utilisation and pilot testing suggest that that the PIE system has likely acceptability and feasibility in practice, and likely reliability (Wandrei and Karls, 1997:33).

For Wandrei and Karls (1997:32-33) it was important to establish the usefulness that the classification steps would have for practice. They did so with the adult PIE by ensuring the following:

- **Acceptability**, which concerns itself with whether the users agree that the categories and their definitions have face validity, that is, whether they encompass the language and ideas of the profession.
- **Feasibility**, which indicates whether the system is understandable and easily applied.
- **Coverage** is achieved to the extent that there is goodness of fit of the system in practice, and that not many clients fall within the residual categories (those designated 'unspecified' or 'other').
- The **reliability** of a system indicates how well practitioners using the system can agree with each other on the identification of the categories.
- The **validation** of a system is a measure of its usefulness, and reflects how well it measures what it is supposed to measure.

For the pilot testing of the new technology, the researcher will make use of a qualitative questionnaire to determine whether her sample agrees on the acceptability, feasibility, and coverage of the initial development, and to see what changes they suggest. Determining validity is approached through the guidelines to be used in the literature study and through the synthesis and operationalisation of the theoretical concepts discussed in previous steps in this chapter. For reliability at this early stage of testing the researcher will also use rater reliability as with the adult PIE. What needs to be determined through validity and reliability testing is discussed next.

2.2.14.2 Validation methods

A valid instrument measures what it is supposed to measure and yields scores whose

PDF created with pdfFactory trial version www.pdffactory.com

differences reflect the true differences of the variable being measured rather than random or constant errors. Thus a valid instrument actually measures the concept in question and measures it accurately (Hudson, 1981 in De Vos and Fouche, 1998:83).

> Reliability, of course, is only a precondition for good data quality. By itself it does not show that the data are adequate representations of particular behaviours. To accomplish this validity must also be assessed. Validity is the degree to which a set of data represents what it purports to represent. Validity is more difficult to measure or 'prove' than reliability, as it is inferred from circumstantial evidence that an observed score is or is not a credible representation of the behaviour of interest. To gather evidence of validity, the existence of a theory or a reasonable conceptual framework is critical. With a theory at hand, three main types of evidence of observational data validity can be obtained: content validity, construct validity, and criterion-related validity.
>
> Lindahl, (2001:27-28).

Proving the latter will not receive attention in this study, but it confirms the researcher's decision to work first on a conceptual framework that will be acceptable to most social workers.

The process by which research data is obtained and handled has an important influence on how valid the overall study will be. To ensure valid data that will support the acceptance of the new technology as a non-biased, scientific measurement, data analysis forms an important part of the validation process. Since verification involves checking for the most common biases that can steal into the process of drawing conclusions, it is clear how this should be used with reference to measurement error (as described at a later stage). The following summary serves as guideline for the qualitative data analysis task. This guideline was developed from the work of Huberman & Miles (1994), Marshall & Rossman (1989), and La Biondo-Wood & Haber (1994), in Poggenpoel (1998:351-352).

Some of the most frequent shortcomings include the following:

a. Data overload in the field, leading to the analyst missing important information, overweighing some findings, and skewing the analysis.
b. Responding to the most salient (noticeable) first impressions or observations of highly concrete or dramatic incidents.
c. Selectivity or overconfidence in some data, especially when trying to confirm a central finding.

PDF created with pdfFactory trial version www.pdffactory.com

d. Co-occurrences taken as correlations or even as casual relationships.
e. False base-rate proportions; extrapolation of the number of total instances from those observed.
f. Unreliability of information from some sources.
g. Over-accommodation of information that questions outright the tentative hypothesis.

Tactics used to ward off obvious biases are:

h. Checking for adequate representation.
i. Checking for researcher reactivity.
j. Triangulation (comparison of results of two or more methods) and weighing of evidence.

Tactics for the testing of viability of patterns centre around:

k. The active search for contrasts.
l. Comparisons.
m. Outliers and extreme cases.

More elaborate tests of conclusions attempt to:

n. Rule out spurious conclusions.
o. Replicate key findings.
p. Check out rival explanations.
q. Look out for negative evidence.
r. Obtain feedback from respondents can be used at any point in the cycle.
s. Make use of a more general and comprehensive approach such as auditing, which is a systemic review of a given study on the part of an external examiner.

A minimum set of expectations is required for the verification of qualitative research, giving information regarding the following:

t. Sampling decisions made within and across cases.
u. Instrumentation and data collection operations.
v. Database summary, size, how produced.
w. Software used, if any.
x. Overview of analytic strategies followed.
y. Inclusion of key data displays supporting data.
z. The following questions are asked in this regard:
    - Are findings grounded in data?
    - Are inferences (conclusions) logical?
    - Can enquiry decisions and methodological shifts be justified?

PDF created with pdfFactory trial version www.pdffactory.com

- What is the degree of researcher bias (premature closure, unexplored data in field notes, lack of search for negative cases, feelings of empathy)?
- What strategies were used to increase credibility (second readers, feedback to informants, peer review, adequate time in field)?

The researcher termed all these steps or suggestions, the **'a to z'**, and will use these as guidelines during the data gathering, analysis, and interpretation phases, whilst also guarding against making this validation process too extensive. The new technology will in essence classify observed or reported behaviour that will give an indication of where problems might lie in terms of the child's social functioning within his/her environmental context. The validation of the technology will therefore have a strong foundation in its theoretical, conceptual framework. This framework will be influenced by ecological and ecometric theory, but will have as its focus the use of the most popular, holistic theories in social work with a strong inclination towards practical and useful intervention. In this initial phase the researcher will make use of her own judgement and practical experience to discern which theories to use, but will build in an assessment of their relevance in the actual data gathering phase, as well as during the doctoral presentations throughout the study to peers and colleagues. Reflections on the validation strategies used are presented in Chapter 8.

2.2.14.3 Reliability testing methods

Reliability of an instrument refers to its accuracy – the degree of consistency or agreement between two independently derived sets of scores, and the extent to which independent administrations of the same instrument yield the same or similar results under comparable conditions (Hudson, 1981 in De Vos and Fouche, 1998: 83 and 85).

> Most measurements in the behavioural sciences involve measurement error, but judgements made by humans are especially prone to this problem ... a reliable instrument is one with [a] small error of measurement, and one that shows consistency and stability of scores on the behaviour being evaluated ... With respect to observational data, reliability is most commonly thought of in terms of the extent to which two observers, working independently, agree on what behaviours are occurring.
>
> Lindahl 2001:25-26.

PDF created with pdfFactory trial version www.pdffactory.com

Test-retest reliability means the repeated application of the same measure. A reliable measurement tool will show a change in the value of the characteristic being measured and should not show a change when none occurs (Bailey, 1987:72-73). The same test is used and a difference in values is attributed to a change in that being measured. Rubin and Babbie (1993:168-169), however, highlight the problem with reliability testing. Should the measuring tool be incorrect it will still give similar readings and would therefore be viewed as reliable, although it is not. They also see other problems, such as the fact that how we feel when we do the measuring is likely to colour what we see, which means we may misinterpret what we see.

> The type of measurement reliability that is most relevant to a particular study varies according to the purpose and design of the study. If the study involves judgements made by observers or raters, for example, then we need to assess the extent of agreement, or consistency, between observers or raters. This is called inter-observer reliability or interrater reliability (agreement).
>
> Rubin and Babbie, 1993: 170.

Rubin and Babbie (1993:170) further state that, to assess interrater agreement, two raters are trained and shown the same case studies in order to independently implement the same measurement (the classification system in the case of this study). If they show agreement of 80% or more (70% might be acceptable) in their ratings, one can assume the amount of random error in the measurement is not excessive. Instead of calculating the percent of agreement, the correlation between two sets of ratings can be calculated. This means judging whether both used high or low scores and whether they went in the same direction (both up or both down), even if they did not agree on the exact number/score. Correlations can range form 0 (no relationship) to 1.0 (a perfect relationship with no random error).

This strategy for testing the reliability of the classification system actually fits both meanings of standardisation given at the beginning of this phase. The conditions under which the raters implement the technology can have a crucial influence on the agreement in ratings. Control of differences among study respondents and consideration for external influences such as fatigue, work pressure, motivation, etc. all received attention in the selection and administration of the sample. In an attempt to prevent errors and possible bias during the test procedure, the researcher will make use of genuine practice case

PDF created with pdfFactory trial version www.pdffactory.com

studies, provided by an independent social worker in private practice. Obtaining scores on how many raters agreed on the same case study, falls under the second meaning of standardisation where accurate interpretation of the result needs careful consideration.

2.2.15 Step 15: Identify and address design problems

Data obtained from the interrater study and qualitative feedback serve as 'evidence' to be used to make alterations to the development. In addressing the problems that become evident during the developmental process, certain aspects need to be addressed. These are considered below.

Developmental work begins with trials of the intervention in a series of case studies. The case study provides preliminary data about the intervention under study: how it is actually carried out, what problems practitioners experience in applying it, how well it appears to achieve its immediate goals, and what apparent longer range effects it has. Answers to these questions help identify areas for improvement (Reid, 1994:247). Reid (1994) also mentions a number of tools and structures that facilitate the pursuit of these answers, although these will not be discussed at this stage. The immediate implementation of findings naturally forms part of developmental research. A formal step such as this one will become necessary as the development of the classification system progresses. For example, aggregate analysis can only be performed when a significant number of single case studies have been accumulated.

2.2.16 Step 16: Advanced development

The purpose of this step is to determine whether what has been learned through the trial tests is sufficiently positive to justify further development. This has considerable bearing on a possible post-doctoral study.

According to Thomas (1994:267), an integral part of the innovation process is that evaluation should provide the necessary results to determine whether an innovation should be retained and utilised as it was designed, or whether should it be redesigned and developed further. Satisfactory results in evaluation generally provide a basis for moving ahead into dissemination.

PDF created with pdfFactory trial version www.pdffactory.com

Advanced development presupposes that initial design and pilot testing have been carried out with the intervention and that what has been learned in the earlier trial use is sufficiently positive to justify more systematic appraisal of intervention outcomes (Thomas, 1994:268).

Evaluation and advanced design and development have three related requirements (Thomas, 1994:272-274):

- The evaluation should constitute a **fair test of the outcomes** of intervention. Ideally a control group, which received the intervention versus a no-treatment group, can provide valuable comparison to strengthen the design.
- A **service requirement** in which the intervention being evaluated should provide the human service for which objectives of the intervention were intended. The intervention should not be evaluated against what it was not intended for.
- Advancement of the intervention calls for implementing the intervention in the evaluation so that **development of the intervention is furthered beyond that which was accomplished in the earlier pilot testing**. The scope of the development should not be exceeded, however.

The areas of advanced development need to be coordinated with those of initial development as well as with the requirements of service, evaluation, and advanced development, while also bringing the three together in a complementary relationship. Thomas (1994:275) also mentions a number of tasks related to evaluation. These will be addressed when necessary – towards the finalisation of the whole classification system (post-doctoral).

2.2.17 Step 17: Proposal for approval of product from accreditation committee

Because of the uniquely South African context in which social work assessments are currently scrutinised for accreditation, the researcher included this step as a necessary part of receiving endorsement for the development from the South African Council for Social Service Professions (SACSSP).

The Ecometric Paper presented by the committee established by the SACSSP for accreditation of ecometric assessment as a specialised field in social work, will be used as a guideline for applying for accreditation of the new technology as an approved

PDF created with pdfFactory trial version www.pdffactory.com

ecometric tool for social workers in South Africa. This step will be implemented outside the scope of this doctoral study.

MARKETING AND DISSEMINATION

The purpose of development research is to offer an intervention for practice. The new technology should therefore be marketed and disseminated to the target group it is intended for (i.e. social workers). This phase will only be executed when the development of the new technology has been completed and has undergone sufficient testing and advanced development. Important elements of the steps in this phase will be highlighted but will not be discussed in this chapter, since it falls out of the scope of this research study.

2.2.18 Step 18: Develop the marketing plan

A new assessment tool is only as good as the extent to which it is used by the practitioners it is intended for. One major influence in the probability of the tool being used is how effectively it is marketed. Practitioners need to know of its existence first before anyone will know to use it. This step also forms part of the blueprint of the next phase to follow in the design and development process.

Fawcett, *et al.* (1994:39-43) outline the following operations to help make the process of dissemination and adaptation more successful:

- **Prepare the product for dissemination**: Several issues emerge in this process: choosing a brand name, establishing the price, and setting standards for the intervention's use.
- **Identifying potential markets for the intervention**: To do this the following questions need to be asked: Which people can benefit from the intervention? Who, with the use of the intervention, can contribute most to problem solving? Is the goal of dissemination broad-based adoption or restricted to selected practitioners? Which market segments would most likely adopt and benefit from the intervention if they were aware of it? Which media approach – public service announcement, direct mail, or other – would be most appropriate and feasible to inform the market segment? It may also be helpful to identify 'early adopters'

PDF created with pdfFactory trial version www.pdffactory.com

whose use of the product might encourage others in the selected market segments to adopt the intervention.

- **Creating a demand for the intervention**: Potential purchasers must be convinced that they will really benefit from the intervention. Strategies used in marketing of innovations include modelling, sampling, and advertising.
- **Encouraging appropriate adaptation**: Reinvention of an innovation occurs when adopters modify the intervention to fit local conditions after its original development. There exists tension between permitting reinvention and preserving the quality of the intervention. Encouraging adaptation may accelerate adoption, but some changes may result in loss of effectiveness, dependability and other valued attributes of the innovation.
- **Providing technical support for users**: Support might be needed to adapt the intervention to the specific needs of the implementers. Providing support is important in order to maintain long-term client satisfaction.

2.2.19 Step 19: Addressing dissemination barriers

Certain obstacles can be anticipated. This step discuses possible barriers as a means of highlighting awareness of their existence.

The barriers that may be anticipated in dissemination are outlined below (Corrigan, *et al.*, 1994: 318-325):

- **Innovation-related barriers**: A split between scientist and practitioners exists in terms of published and validated treatment methods and their use by clinicians. The rigorous methods and conservative inferences that guide clinical research do not readily yield meaningful clinical products. Statistical significance may have little in common with clinical significance. There may be little correspondence between treatment effects on the average patient and real effects on the everyday patient.
- **Institutional constraints**: Introducing innovative programmes into existing organisations requires targeting two populations for acceptance and use of the innovation: the patients for whom the treatment was developed, and the change agents responsible for carrying out the intervention. To motivate clinicians to change their treatment approaches and gain competence and comfort in using innovations may require control over rewards that affect staff behaviour.

PDF created with pdfFactory trial version www.pdffactory.com

- **Practitioner barriers**: Using the innovation may clash with professional role identity. *Differences in therapeutic language may lead to the innovation being judged as inappropriate*. Specific problems include developed treatment plans that are inconsistent with perceptions of client skills, frequent staff turnover preventing consistent implementation, and staff with low morale having little motivation or competence to faithfully carry out innovations.

2.2.20 Step 20: Start training workshops

How the innovation will be presented to participants will determine future use. The new product may be good but if it is not received well by the trainees, this can detract from the success of its implementation. This step looks at strategies to be considered in the training workshops through which future users will be trained.

Glaser and his colleagues (1983 in Corrigan, *et al.*, 1994:329-331) outlined five strategies that facilitate implementation as innovators introduce a new programme into treatment settings. These assist in presenting the product in a more acceptable way:

a. Staff more readily accept innovations if they are able to **observe a demonstration** of the intervention.
b. Innovators should clearly **communicate the relevance** of the technique to the resolution of problems in treatment settings.
c. The relative **advantage of implementing new interventions** in place of or through existing programmes should be highlighted, especially in terms of difficult client issues.
d. Staff members more readily accept innovations that are **easily understood**. The pre-packaged and highly prescribed nature of modules facilitates this goal. Innovators should be aware that the modules may be implemented by persons of a wide range of educational levels, and must key their introductory discussions appropriately.
e. Implementation is facilitated when innovations can be 'phased in' with **evidence of incremental success** along the way. Seasoned staff members are wary of ambitious programmes that seek to rewrite existing positions and practices.

PDF created with pdfFactory trial version www.pdffactory.com

2.3 Summary

The process outlined in this chapter is comprehensive. It is intended to guide the development of a new technology – ensuring that it produces a standardised technology and that all the requirements for implementing the technology in practice are considered.

Throughout each step, the intent of the step is highlighted in blue, while the method through which the step will be implemented is highlighted in red. In the chapters that follow, the researcher has indicated what steps are being addressed at each stage. Because of the boundaries set for this study (as discussed in step 4 in this chapter), not all the steps of the Adapted Design and Development Model will be addressed in this thesis.

The developmental process followed in this study, which forms the research design for the study, should not be confused with the research methodology. The research methodology has to do with how data will be obtained through tests done on the new development, and how the data will be analysed and interpreted. The research design sets out the total process followed in developing a new technology. Its phases guide the research with regard to pre-development, design, testing, and dissemination. The research procedure (methodology) is one step in this process. The procedure attempts to address the research problem through a research goal, a research objective, a research approach, and a systematic plan for gathering data, from a selected sample, and through organising and analysing the data obtained (discussed in Chapter 1 and in steps 12 and 13 of this chapter).

Chapter 3 will consider what the common construct for social workers should be. This will form the foundation of the new technology to be developed.

PDF created with pdfFactory trial version www.pdffactory.com

Chapter 3
Theoretical Model

"The meaning of life is not what happens to people – it's what happens between people."
– Martha Beck (author and motivational speaker) –

3.1 Introduction

In the researcher's opinion, the reason social work has not adopted a classification system to date is firstly because social workers do not understand the possible benefits of such a system, and secondly because of a reluctance to commit to one unifying construct. The assumption seems to be that committing to a unifying construct will inhibit the social worker's freedom to use their own method of choice in practice. The developers of the PIE however, after consulting with a task team over two years, determined that social workers should utilise theoretical and methodological knowledge beyond that of the classification system (see Chapter 2, step 3b). Objections to the developers' intentions did arise, however (as set out by Roestenburg, 1999, in Chapter 1, and Lowery and Mattaini, 1997 in Chapter 7). It is therefore a necessary part of this study to motivate for the approach by the developers, that is, to promote the adoption of a universal language among social workers.

To illustrate this point, Rubin and Babbie (1993: 46) argue that social work is a practice profession which tends to apply existing social science theories in an effort to alleviate problems in social welfare. Its practice paradigms therefore tend to be based on the synthesis of existing theories. This study will explore the different practice paradigms that have been employed throughout the history of social work in South Africa.

This chapter involves the implementation of step 5, namely to identify and describe the theoretical framework in terms of which the technology has been developed. It may be argued that trying to provide a broad construct for all social workers is an attempt to limit the choices of practice models available to them. For the purposes of this research, the challenge of finding a theoretical model for a classification system applicable to all social workers, means finding a system which no social worker can argue does not form part of her professional approach to client problems. In other words, the researcher advocates that, no matter what method social workers use in practice, they should recognise that it

PDF created with pdfFactory trial version www.pdffactory.com

falls under the umbrella of social work practice. Without a conceptual and formal alliance to the underlying principles of the profession, social workers will feel threatened by a unifying concept they have not seen the need for. For this reason, this step is extremely important for the success of this study.

The aim of a classification system is to simplify the language and transactions between one social worker and another, between the social worker and the client, and between the social worker and other professionals in the referral and case management process. The model should therefore incorporate the underlying theories that set social work apart from other helping professions and which bind the profession across practice spheres. At the same time, the model should not specialise to the extent that a variety of practice approaches is excluded. Speciality fields in child practice should be able to classify the child's problems and assess the child as part of a treatment plan, according to the practitioner's own model.

The ideal, then, is to find a common construct that can be applied to all practice methods, which supports the values underlying social work in a comprehensive but concise fashion. In the course of this chapter the researcher will show that the person-in-environment approach meets these requirements. To do this she provides an overview of the history of social work in South Africa together with the most recent developments. These developments not only support the construct, but demand the adoption of a system that will support government initiatives for social development strategies. She also uses the elements gained through the construct together with a consideration of how it applies to the child, to build the first 'entities to analyse', called **categories**. A process of constant comparison for the sake of progressive category clarification and definition leads to the first 'construct hypotheses' of this study (refer to Chapter 2).

This study is based on the premise that, to classify child-client problems in social work, social functioning is assessed and described through ecological theory. This theory states that transactions between the individual's role in society and the degree of adequacy of his environment to meet his needs exist, and determine the well-being of the individual. The categories to be derived from this theoretical framework should support the role and environmental system divisions (similar to the adult PIE). This study attempts to derive a simpler theory from vast ecological and person-in-environment principles that support the new technology's application within the social work context.

PDF created with pdfFactory trial version www.pdffactory.com

3.2 The history of social work in South Africa

> The fabric of South Africa's history is coloured by wars, famines, the discovery of incredibly rich mineral deposits, internecine struggles and sudden, rapid urbanisation, but its dominant pattern from the time that white men and the native inhabitants of the sub-continent first encountered each other, has been that of the relationships between groups of different racial origin. The heterogeneity of South Africa's peoples and the ways in which these groups of peoples have regarded each other, competed with each other and depended upon each other, is the pre-eminent influence that has moulded South Africa's society, tempered the development and nature of its economic system, and fashioned by the philosophy of human welfare.
>
> McKendrick, 1990: 5-6.

Some idea of the development of the profession in South Africa may be formed through events in history described by McKendrick (1990). International trends (especially those in the USA) were taken from Ramsay's (1990:172-176) account of the highlights in social work development through history. Mason (1990: 51-53; 62-63) outlines the approaches found suitable for social workers internationally, and how these differed from the South African during the 1980s. Midgley (2001: 267-278) offers his view on the post-apartheid regime's influence on social welfare. Brandell and Ringel (2004: 549-553) give a historical view on the relationship between social work and psychodynamic theory. The researcher has combined these sources to illustrate the influences on and progression of the social work profession in South Africa.

In the early 1650s, the Dutch East India Company established itself in the Cape of Good Hope. Since this served as a mid-station for fresh supplies, the first white people were brought to the southern point of Africa as employees, and the foundations of modern South Africa were laid. Within the first 10 years, the Cape experienced three events that are still relevant to the present day: race conflict, racial intermingling, and poverty. The company felt sufficient responsibility to raise money for poor relief through the Dutch Reformed Church in Holland, and eventually the church became established in South Africa in 1665. Although the Boers and Africans saw each other as conspicuously dissimilar, they had in common the customary way in which they met their human welfare needs: the keystones of welfare were the family and kinship group. From 1795 the Cape

PDF created with pdfFactory trial version www.pdffactory.com

underwent a series of occupations by the British, who finally acquired sovereignty over the colony in 1814. Resentment and a tradition of freedom from official interference prompted progressive immigrations of Boers north and east to land occupied by African tribes.

On the international front, social work in the 19th Century was characterised by a range of voluntary philanthropy in the form of charity organisations, settlement houses, social reform movements, and women's liberation advocates. The need for an organisational form of 'socialisation' work was forged during the Industrial Revolution when exploitation of individuals and puritanical beliefs about people in poverty were commonplace. During the same period religious organisations begun establishing institutional welfare services in South Africa, such as the first orphanage, founded in 1814. Of the 17 institutions for children known to have been established between 1864 and 1899, only one – a reformatory – was for members of the non-white group. With the discovery of diamonds at Kimberley in 1870 and gold on the Witwatersrand in 1885, the focus shifted suddenly and unexpectedly from rural to urban communities. Many Whites did not have the educational and trade skills to compete with overseas immigrants, and similarly were unable to compete with Africans in the area of unskilled labour since they were neither disposed to manual labour nor willing to accept such low wages, and so the 'poor white problem' had begun. African migrants experienced different problems, with public policy denying them permanent residence in town and cities, forcing them to become 'temporary sojourners'.

Partly as a consequence of the newfound riches in the Transvaal, a war broke out in 1899 between Britain and the two Boer Republics of the Transvaal and the Orange Free State. The war ended in 1902 but the consequences of the damage inflicted (such as the burning of farms) lasted many years. Charity volunteers were initially trained to be 'friendly visitors', providing moral reform and help to the poor. Social reform and women's liberation volunteers were community activists who took issue with those in power and set out to improve the social well-being of those deprived or denied basic human rights and equal opportunities. Settlement house volunteers were live-in neighbours helping the poor and working class immigrants to participate in the democratic process and to press for social change.

PDF created with pdfFactory trial version www.pdffactory.com

During this period a number of pioneers emerged who took social work to a different level. Charity organisations in the Unites States, influenced by the strong leadership of Mary Richmond, focused on reforming individuals and families in poverty. At the same time, with the support of Jane Adams and other pioneers of social justice, settlement house and reform work focused on changing the social conditions of poor housing, child labour, and sweatshop environments in factories. Afrikaans women's organisations in South Africa sprang up to aid poor whites at the local community level and the church organised successive conferences to seek means of ameliorating white poverty. After the Union in 1910, the state became involved through provisional relief schemes designed to mitigate the situation of poor whites. In other countries social work as a human service profession emerged from efforts to replace voluntary philanthropy with scientific philanthropy. Greater emphasis was placed on the specialised training required for thorough social investigations on the assumption that, by gathering sufficient facts, a remedy could be prescribed. The 1917 publication of Richmond's Social Diagnosis presented social casework, with an emphasis on thorough investigation, diagnosis, and treatment as social work's teachable scientific method. The fact-finding, case method of study was the profession's first explicitly stated conceptual framework.

Poverty in South Africa continued to grow with the depression of the late 1920s. At the instigation of the Dutch Reformed Church, the Carnegie Corporation of New York was persuaded to fund a scientific investigation into the causes of white poverty. The report of the Carnegie Commission of Inquiry had a dramatic impact on South African social welfare. Two of the major recommendations of the Commission, which were subsequently enforced, were for the establishment of a state bureau responsible for people's social welfare, and for the preparation of skilled, university-trained social workers, well versed in the social sciences. These recommendations were seminal to the creation of a state Department of Social Welfare in 1937, the rapid development of courses in social work training at universities, and the establishment of a social work profession (although social workers were only officially registered after the mid-1970s).

On the international front, however, a split in social work occurred. In her campaign for volunteers to be trained and paid for social work services, Mary Richmond identified the broad-based 'man in his environment' perspective as a unified concept for the new profession. On the other hand, Addams argued that, as the causes of personal social problems were embedded in the environment, this reinforced the need for the profession

PDF created with pdfFactory trial version www.pdffactory.com

to have a social environment focus. However, the few efforts to conceptualise social work with an integrated person-in-environment domain and a social interaction focus received little support. The rivalry between Richmond and Addams became so great that the two resorted to denouncing each other's perspective. The pressure to become scientific pushed social work in the direction of Richmond's method specialisation perspective.

After World War I, social casework services were extended to people not living in poverty. Post-war needs introduced social work to Freudian Psychology, and with the eventual incorporation of this theory, social casework switched almost exclusively to an individual unit of study. Social casework specialities soon emerged in different fields of practice. In the 1930s and 1940s, social casework evolved into two rival schools of thought: the diagnostic and the functional. The functional school differed from the social diagnosis model in that it rejected scientific determinism, and suggested greater participatory involvement in the caseworker-client relationship, guided by the function of the organisation.

The World War of 1939-1945, in which South Africa was a combatant, also brought social welfare challenges to the country. The publication of the Atlantic Charter emphasised the four freedoms, including freedom from want. The South African government still rejected an institutional approach to social welfare – reaffirming the traditional standpoint that the individual was primarily responsible for ensuring his own well-being. A second challenge brought by the war was the increased influx of black Africans to towns in search of employment in the cash economy. This aggravated the already existing housing shortage, and led to the growth of squatter settlements. These concomitants of African urbanisation had detrimental effects on family life and social interaction. Migrant labour dislocated the family system and contributed to prostitution, illegitimacy, alcoholism, juvenile delinquency and other indices of social disorganisation. The final event of major significance during this period in South Africa was the coming to power in 1948 of the white Nationalist Party government. The clarion call of the new government was 'Apartheid', and their policy was to implement separate development in all areas of life, including that of social welfare. During this time the South African social welfare system was stretched in attempts to accommodate the two conflicting influences of modern social work practice and apartheid ideology.

PDF created with pdfFactory trial version www.pdffactory.com

By the mid-20th Century it had become apparent in the United States that efforts to conceptualise the profession by method specialisations were problematic. The work done by Werner Boehm and Harriet Hartlett addressed the importance of a common domain of practice across all method specialisations, and the need for a holistic conception of the entire profession. Out of these efforts came the generic term **social work practice**, as a replacement for specialised practice terms such as casework, group work, and community practice. Bartlett's 1970s publication of *The Common Base of Social Work* proposed that three core components were needed for a holistic conception of social work: a social functioning focus, a broad-based practice orientation, and a repertoire of intervention methods.

In South Africa social welfare services became increasingly oriented towards the rehabilitation of persons in social need, rather than being centred on palliative or calming measures. This prompted the beginnings of a movement towards community care, rather than reliance upon residential institutions; the start of refocusing concern on causes, rather than consequences; and the growth of specialised welfare agencies which addressed their efforts to particular areas of need. The response of black Africans to the different levels and ranges of services available to them as compared to those available to the white population, was to develop a variety of voluntary associations, for example, burial societies. Many of these had mutual aid or welfare functions. *Stokfels* and *Mahodisana* societies served to circulate sums of money amongst members. Although proponents of racially segregated services justified separation by noting that separate did not mean unequal and by arguing that the separation was based on cultural sensitivity, opponents argued that all people have important common needs whatever their cultural outlook.

Approaches used by social workers during the 1980s included the behavioural approach as a reaction to the psychodynamic emphasis in case-work; behaviour modification, with its range of techniques based on empirical evidence illustrating their effectiveness; the systems approach, which is more of an overarching theory developed by von Bertalannfy during the late 1960s and first applied to social work by Hearn; Family therapy approaches, with concepts of sub-systems and boundaries fundamental to the structural understanding of the family; and the generalist or eclectic approach, which describes the different roles of the social worker, from clinician / behaviour changer to consultant / educator or broker / advocate.

PDF created with pdfFactory trial version www.pdffactory.com

The reality of South Africa's legacy influenced the contemporary approaches which social workers found helpful. Often presented as a first world / third world dichotomy, casework is unproductive in the face of poverty, disease, and unequal distribution of material resources. These social workers called rather for more community work and macro-systems change. Because of cultural differences, black social workers called for the extended family to be the unit of analysis and not the nuclear family. The use of social networks is more beneficial in the promotion of mental health and the prevention of mental illness. A change in terminology occurred during this time, with the more general term 'assessment' replacing the more medical term 'diagnosis' and 'intervention' replacing 'treatment'. South Africa's transformation from a society permeated by an official policy of racism to an open liberal democracy was one of the major political events of the last decade. Even more surprising was the liberation government's commitment to reconciliation. At the time of transition to majority rule, South Africa was a relatively high-income developing country with a modernised and technologically advanced economy, but with high levels of poverty being starkly incompatible with its economic development achievements. The new government therefore adopted a developmental strategy that focused on meeting basic needs, eradicating poverty and investing in human capacities – a commitment finding expression in the Reconstruction and Development Programme or RDP. The country's economic and fiscal difficulties, however, impede the realisation of the RDP's goals.

In short then it is clear that social work had its start in addressing poverty and injustice. The first move away from this was driven by a need for the social work profession to become more scientific, hence the rise of psychotherapy after World War I. Around the 1930s, early attempts to conceptualise social work within a person-in-environment framework failed. Social work in South Africa was only formalised during 1937, with the establishment of the Department of Social Welfare and the development of training courses at universities. After World War II, social welfare in South Africa was stretched in attempts to accommodate modern social work theories and the Apartheid ideology of separate development. Social work was conceptualised in terms of method specialisation, which had become problematic by the 1950s. In response, Bartlett attempted to find a common construct for social work. She identified three core elements of the field: a social functioning focus, a broad-based practice orientation, and a repertoire of intervention methods. During this period, there was a general movement back to

PDF created with pdfFactory trial version www.pdffactory.com

community-based care, which influenced social work in South Africa. The resilience of the African people at this time led to the establishment of informal mutual aid societies. During the 1980s social work was still influenced by other approaches, such as the behavioural and family therapy approaches. Social work first became influenced by systems thinking in the 1960s. Social work in South Africa, faced with needing to eradicate the injustices of the past, generally finds case work unproductive.

The researcher believes that Bartlett's recognition of a need for a common construct for social work still applies today. If one considers the definition of a science in the glossary of terms (since the pressure to become more scientific forced social work into a diagnostic model), she would argue that Barlett's work was the result of her perception that Richmond's diagnostic method seemed more empirical and objective (although she did recognise the 'man in his environment' as a unifying concept for social work). The person-in-environment construct for social work was probably too vague to be accepted at that time. This does not mean that the person-in-environment approach, as a unifying construct for social work, has been discarded. The fact that the 1980s and 1990s saw authors like Turner, Karls and Wandrei, Goldstein and Ramsay, call for a return to finding a unifying construct in social functioning is some proof of this.

3.3 Accepted definitions of social work

The researcher compared the most commonly used definitions for social work to statements made about the focus of social work practice. If the definition of social work at different periods has the same underlying theme, and if this correlates well with the trends found throughout history, she will have established a basis for her assumptions regarding the need for a unifying construct for social work.

Hepworth and Larsen (1990) based their work on the definition published by the National Association of Social Workers (NASW) in 1973, which defined social work as the professional activity of helping individuals, groups, or communities to enhance their capacity for social functioning, and to create conditions favourable to their goals.

The NASW (1973: 4-5) claimed that social work practice consists of applying social work values, principles, and techniques to the following ends:

- Helping people obtain tangible services.

PDF created with pdfFactory trial version www.pdffactory.com

- Counselling and psychotherapy with individuals, families and groups.
- Helping communities or groups provide or improve social and health services.
- Participating in relevant legislative processes.

Hepworth and Larsen (1990) viewed the purpose of social work as:

- Restoring and promoting mutually beneficial interaction between individuals and society.
- Enhancing social functioning, which involves addressing common human needs to enable productive functioning.
- Requiring ecological study; identifying the resources in the community and the individual's ability to access these. This is a reference to adult ability and maturity.

Within the context of South Africa in the 1990s, a generally accepted definition was that social work as a profession involves itself with enhancing, restoring, or maintaining the social functioning of individuals, groups or communities. These activities and the various professional roles social workers take on, involve them in bi-directional interactions between an individual and his environment. The socio-political context includes, among others, the interaction of law, government organisation, societal institutions, family, as well as formal and informal social networks, which regulate and interact with the various components of the social service system. As Bartlett noted more than thirty years ago; social work is not practiced in a vacuum or through the choice of social workers alone. The South African socio-political context determines who receives service, what type of service is given, how the delivery of service is structured, how services are paid for, how social work services are regulated, and even what type of education is available for social workers as well as who is educated. The socio-political context is embedded in the community, culture, and nation concentric circles (see Figure 3.1) (Welch, 1990: 156-157).

The more recent internationally accepted definition of social work is:

> The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the point where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

PDF created with pdfFactory trial version www.pdffactory.com

South African Council for Social Service Professions - SACSSP, 2001: 1.

In the service delivery model for developmental social services in South Africa, the definition taken from the Social Service Professions Act 110 of 1978 states that social work means a professional service, performed by a social worker, aimed at the improvement in the social functioning of people.

> Social functioning means the role performance of an individual in its entirety, at all levels of his existence, in interaction with other individuals, families, group, communities, and situations in his environment.
>
> Department of Social Development, 2004: 14.

The following summary highlights the most relevant common concepts found across all the definitions:

- Help individuals, groups or communities to enhance capacity for social functioning
- Conduct counselling and therapy with individuals, families and groups
- Restore and promote mutually beneficial interaction between individual and society
- Requires ecological study of the resources in the community and individual's ability to access these
- Promote social change; problem-solving in human relationships and empowerment and liberation to enhance well-being
- Help people obtain services, and help the community improve services
- Participate in relevant legislative procedures
- Enhance social functioning by addressing common human needs
- Exists within a socio-political context, which influences social service delivery
- Social functioning is the role performance of an individual in interaction with other individuals, families, group, communities, and situations in his environment

3.4 An understanding of social functioning

Social functioning is central to the formulation of one of the primary goals of the profession, and therefore social work has a responsibility to define clearly what is meant by social functioning, and to develop methods to measure it effectively (Faul, 1995: 11).

Social functioning is defined by Lantz (1987: 3) as referring to the interactions between and including the person and their social environment. He sees social functioning as a

PDF created with pdfFactory trial version www.pdffactory.com

complicated process and not a static state of being, but rather constantly changing throughout the human life cycle. Social dysfunction includes intense human pain and is signalled by anger, rage, depression, anxiety, physical illness, hallucinations, delusions, anomie, emptiness, suicidal thinking, drug addiction, alcoholism, de-realization experiences, starvation and homicide (Lantz 1987: 3).

One of the earliest definitions of functional assessment is "any systematic attempt to measure objectively the level at which a person is functioning, in any variety of areas such as physical health, quality of self-maintenance, quality of role activity, intellectual status, social activity, attitude toward the world and self, and emotional status" (Dittmar, 1997: 1).

Karls and Wandrei (1994: 24) define social functioning as **a successful ecological transaction**:

> Social functioning in the PIE refers to a person's performance in his or her social roles. .... A person's role can be defined in terms of fulfilling a recognized and regulated position in society. .... Although the major functions of these roles remain generally the same across cultures, the way the functions are accomplished may vary from culture to culture ..."

The similarity to the 'niche' described in ecological theory is obvious. The researcher would argue, therefore, that she is justified in her assumption that the two concepts of ecology and person-in-environment have undergone an amalgamation in the understanding of them in practice, and have found their pinnacle in defining what social functioning is.

3.5 Moving towards an integrated approach to 21st Century social work

The previous section outlined the development of social work as a profession to where it is today. Its ethics and knowledge base had to find shape within a practice approach. This section considers the development and description of this approach in practice.

Welch's (1990: 155-156) statement should be noted with reference to current integration efforts within the South African context:

PDF created with pdfFactory trial version www.pdffactory.com

An integrated model of practice for South Africa must begin with an acute awareness of the situation created by apartheid and of the total socio-political context of practice. Social work in South Africa, as elsewhere, is practiced in a socio-political context. While some social workers develop specialised skills that leave them not as directly in touch with the socio-political context realities (i.e. work in specialised fields of practice, with particular problem areas, or in specific treatment modalities), these specialisations are secondary to the primary purpose of social work. The primary purpose of social work is to enable individuals, families and groups to deal with their problems in living through the utilisation of society's resources in the context of their social environment.

3.5.1 The advantage of finding an integrated approach for social work

Welch (1990:154) quoted Baker (1980) on the following six advantages that will accrue from the development of an integrated practice base. An integrated base can:

- provide a set of practice principles (ethical and process) which can guide the social worker in a disciplined and principled manner in novel situations;
- help make explicit the values, knowledge bases, processes, roles and necessary skills which help answer the question 'what does a social worker do?';
- serve as an organising device providing continuity in a constantly changing world;
- allow for evaluation of the impact of various core components on one another, as they individually and in combination affect outcome, and how process and outcome are affected by context variables;
- provide a common occupational identity and language base which allow social workers to communicate; and
- allow social workers to move from the general questions of 'who am I and what do I do?' to the development of more specific guidelines for training and practice.

3.5.2 Obstacles to finding an integrated approach to social work

Goldstein (1983, in Welch, 1990:157) made the following observations concerning the development of a knowledge base for social work, and, according to the researcher, these have contributed to the inability of the profession to adopt an integrated approach:

- The knowledge base of social work reflects both a borrowing of theory from other disciplines and a refinement of specific interventive technology.

PDF created with pdfFactory trial version www.pdffactory.com

- There has been a tendency to unquestioningly accept certain theories and methods.
- Social work's unfortunate tendency to separate people-helping and society-changing aspects of the profession has had a negative consequence.
- There is poor integration of research and practice.

3.5.3 Previous efforts at integration

As early as the 1970s, the need to find a 'common base' for social work was addressed. Social work required an area of central concern that is common to the profession as a whole; meaningful in terms of the profession's values and goals; practical in terms of available and attainable knowledge and techniques; and sufficiently distinctive that it does not duplicate what other professions are doing. Social functioning interactions, where individuals and their social environments meet, were identified as the central focus of the profession. The common domain included three essential concepts: people, interactions, and environment, abbreviated into person-in-environment. In practice this meant the primary focus of social work was on the interaction between the coping efforts of individuals, singly or in groups, and the environmental demands they experienced over time. Underpinning the broad orientation to the concept of social work practice would be a common set of values about the nature of human relationships, a body of knowledge, and intervention approaches familiar to all social workers, whether generalists or specialists. This re-conceptualisation was the forerunner of several general social work practice conceptualisations, aided by the introduction of general systems and ecological theories. These theories provided the theoretical foundations for social workers, to describe the holistic patterns of interaction between the elements of the person-in-environment domain (Ramsay, 1994: 175-176).

Social work has historically had the dual mission of people-helping and society changing. The tendency to polarize these two perspectives has inhibited the development of an integrated practice format that incorporates all social work methods (case-, group-, and community work as well as community organisation). Several social work theorists have advocated an ending to the artificial dichotomy, calling instead for the use of theories that focus on person-environment transactions (Welch, 1990: 152).

PDF created with pdfFactory trial version www.pdffactory.com

Historically, social work has been influenced by behaviourist frameworks in psychology, the structural-functional approaches in sociology and psycho-analytic orientations in therapy. As a profession we have been through various theories and practice methodologies, shifting emphasis from individual to system and back to the individual many times. In 1983 Germain argued that the commitment to person-in-situation is one of the primary thematic threads in the historical development of social work practice (Welch, 1990: 153).

For over twenty years, Schwartz has defined and refined the reciprocal approach – this approach is generic, and applicable to all aspects of social work practice. Working together with Shulman from the late sixties to the late seventies, Schwartz offered an original social work contribution to interactional theory. They paralleled Blumer's (1969) social internationalism, to develop a comprehensive approach, integrating knowledge of social reality, basic assumptions about social work values and goals of practice, and the formulation of integrated principles of action (Welch, 1990: 153).

Welch (1990) looked at a number of attempts at integration. In an interesting attempt at conceptual unity, Baker (1980) combined a generic base (e.g. knowledge, values, process, purpose, roles and principles) with a bio-social model, a multi-role practitioner model, an interpersonal process model and a social change model. One of the most influential generic approaches is by Pincus and Minahan (1973). They utilised a systems theory perspective as a foundation for social work practice. They employ the systems theory concept of **interdependence**, which states that all elements of a system affect one another: change one, and you impact all the other elements. Further credit for the general systems theory approach to social work goes to Hearn (1958), Lutz (1956), Meyer (1970; 1976), Goldstein (1973) and Siporin (1975). The most productive and promising suggested model of integrated practice came from a blending of general systems theory (Lazlo, 1972) and human ecology (Theodorson, 1961).

> While general ecology utilized systems theory to understand the relationship between living organisms and their environment, human ecology focuses on the human ecosystem as the basic unit of analysis. The human ecosystem functions in terms of change and stability, with the central questions relating to how humans maintain themselves in continually changing yet restricted surroundings.
>
> Welch, 1990: 153-154.

PDF created with pdfFactory trial version www.pdffactory.com

In a more recent writing on the profession of social work, Saleeby (2004) states that:

> The profession of social work has long claimed its niche as that space where the traffic between the environment and individuals, families, and groups occurs. Person-environment is a code for this transactional space. The reign of the ecological/systems model of understanding and practice, and that staple of curriculum, human behaviour and the social environment, all stake out in one way or another, this conceptual and practical habitat for the profession. It is, in fact, one of the distinguishing marks of the helping that social workers do, that we must always understand human problems, suffering, possibility, capacities, and need in terms of their context; we must understand how the environment promotes challenges and offers resources; and we must understand how the individual or family interacts with those factors. But there is a sense of the environment that social work has, to a significant degree, ignored - that is, the immediate, proximal, often small environment where people play out much of their lives. Were we need to attend to elements of this aspect of the environment, some of the ways that we think about human problems and possibilities might be reshaped.
>
> Saleebey, 2004:7.

3.5.4 Where does social development fit into an integrated model?

The consideration of social development in this chapter is motivated by two things: firstly the researcher heeds the historical concerns that the social work profession has had with regard to the adoption of models that are not adaptable to South African circumstances. She therefore has to consider what the focus area in social work service delivery is currently. Secondly Professor Leila Patel (Head of the Social Work Department at the University of Johannesburg) attended one of the researcher's panel discussions (discussed in Chapter 6) while she was busy with the pre-development phase of the Adapted Design and Development model of this study. Prof. Patel, who is also recognised as one of the specialists in this field, suggested that the researcher gives more consideration to the social development approach in her framework (see feedback assemblage in Chapter 6).

Key aspects of social development, as highlighted by Midgley (1995, in Fouche and Delport, 1999: 135), are:

PDF created with pdfFactory trial version www.pdffactory.com

- The process of social development is inextricably linked to economic development.
- Social development has an inter-disciplinary focus, which draws on the insights of the various sciences.
- It invokes a sense of process, involving a dynamic concept with the explicit notion of growth and change.
- The process of development is progressive in nature.
- The process is also interventionist – organised efforts are needed to bring about improvements in social welfare.
- Social development goals are fostered through various strategies and supported by different beliefs and ideologies about how these goals can best be attained.
- It is inclusive or universalistic in scope.

Patel (1992) elaborates more on the goals of a developmental social paradigm and these are summarised by Fouche and Delport (1999: 135) as follows:

- Improving people's material conditions of life.
- Maximising the development of human capacity to create productive, contributing members of society.
- Promoting individual and collective self-reliance in an enabling social, economic and political environment, to promote social and emotional well-being, worth, dignity and self-identity.
- Assisting individuals and groups at various stages of their development in different circumstances, and helping those in need of protection, care, support and material assistance to achieve their optimal development.
- Building a grass-roots democracy through the empowerment of the people to press for social policies and programmes to meet their needs, to promote their rights, as well as to contribute to and benefit from the fruits of social and economic progress.

The elements of social development, such as people-driven, multifaceted, empowerment, self-reliance, inclusiveness, integration of social and economic efforts, capacity building, and multi-sectoral integration, implicitly refer to the well-being of individuals, groups, families and communities (Fouche and Delport, 1999:135). Potgieter (1998, in Fouche and Delport, 1999:136) sees individuals, married couples, families, small groups, organisations, and communities as the vehicle for change. The author emphasises that a social developmental approach is inclusive of helping groups, families and communities, but in a different manner, i.e. to develop human resources (including capacity building

PDF created with pdfFactory trial version www.pdffactory.com

and empowerment) and where possible, facilitate and enhance economic development (Lombard, 1996, in Fouche and Delport, 1999:136).

The researcher would go so far as to argue that the social development approach is a practical language for promoting a person-in-environment fit. She will be discussing the latter approach later in this chapter in order to establish the degree to which these two approaches are compatible.

3.5.5 The PIE classification system as integrated model?

The task force that developed the adult PIE, identified social well-being as a sound basis on which to build a social work classification system. Social well-being is different and separate from mental and physical well-being. Human behaviour is seen as the result of intra-personal and inter-personal forces in dynamic interaction. The source of these forces are social performance expectations generated from an individual's personal life experience or from the social context, which consists of the family, community, culture, and so forth. This social role construct has been studied and described in social role theory by Sarbin (1954), Thomas and Feldman (1967), and Turner (1954). The concepts were adopted by the task force as the foundation for describing the problems of social work clients. A corollary to this social work construct – 'role functioning' – was used as a unifying construct to catalogue problems of social functioning (Karls and Wandrei, 1992: 81).

Similarly the environment was seen as a product of forces within and between social institutions. The general categorising of social institutions follows Warren's (1963) conceptualisation of the basic functions to be performed by social units and systems in a community. On the basis of the five spheres in Warren's conceptualisation, the environment was further defined as the result of personal and societal efforts to meet these functions. The problems in the environment are the barriers that impede achievement of social institution functions (Karls and Wandrei, 1992: 81). The same definition of environmental problems will be utilised in the post-doctoral development of the new technology.

At face value the PIE may be seen as meeting the need for an integrated approach: it provides a way of classifying social functioning problems – looking at the person within

PDF created with pdfFactory trial version www.pdffactory.com

his environment. Two points of concern raised by the authors below are discussed, and solutions to these are proposed. The concerns raised are relevant to this study, since the researcher will probably be questioned on similar points if her development has similar constructs to the adult PIE.

The PIE is a remarkable attempt at integrating social work, but as with any development it comes under scrutiny. Lowery and Mattaini (1997, in Karls, Lowery, Mattaini and Wandrei, 1997) presented the following critique, regarding the use of PIE as a "system that purports to be applicable for all social work settings":

- "PIE relies on lists that distinguish issues in the person from those in the environment, an approach reminiscent of early social work (e.g. Richmond, 1917). The contemporary ecosystems perspective (Meyer, 1995), which recognizes the transactional nature of clinical phenomena, is a substantive advance over this approach." The authors pose a crucial question: "can PIE capture those transactional phenomena in the way that broad-band graphic instruments like ecomaps or other ecosystemic approaches do?".
- The PIE does not produce a diagnosis per se, but a complete PIE assessment still requires a diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders (DSM). This means that all of the questions raised about DSM must also be addressed with PIE. "The DSM link also binds social workers using PIE to that psychiatric system, which is grounded in a different professional stance." (Karls, Lowery, Mattaini and Wandrei, 1997)

Transactional phenomena is a crucial concept for Lowery and Mattaini (in Karls, Lowery, Mattaini and Wandrei, 1997) since most contemporary theoretical approaches to social work practice are deeply contextualised, viewing issues in transactional terms. For example, ecological models focus on 'goodness of fit' between person and environment (e.g. Germain and Gitterman, 1996); family systems models view problems as lying in family dynamics rather than residing in the person; and eco-behavioural models are concerned with changes in patterns of events that are embedded indivisibly in the person and his world (e.g. Mattaini, 1997). The PIE system separates such problems into problems of Role Functioning and Environmental Problems, and the question asked is whether the PIE system could thereby narrow the focus of assessment.

PDF created with pdfFactory trial version www.pdffactory.com

Drs Karls and Wandrei's response to this, is that the question actually illustrates the dilemma we face in social work by not having a unifying theory on which to base our practice, and it possibly explains why the PIE system took the form it did. The profession is not yet willing to adopt family systems and eco-behavioural models as the basis for client or problem assessment. The task force concluded that, if social work were to have a uniform assessment system, it should accommodate as many contemporary theoretical approaches as possible. To do this, it is necessary to avoid advocating any specific theoretical model, even though almost everyone on the task force had a favourite. The developers believe that the PIE system accommodates this diversity. Once the problems in social functioning as well as the environmental, mental health, and physical health problems are identified, an ecological model (or behaviourist model, psychoanalytic model, feminist model, strengths model, etc.) can be used to explain the probable case dynamics. To the extent that these models produce certain kinds of interventions, PIE could provide an ongoing mechanism for testing the efficacy of these models in treatment or intervention. If the interventions are effective, the problems identified in PIE should either be reduced or eliminated by the approach advocated in the model or theory (Karls, Lowery, Mattaini and Wandrei, 1997).

PIE seems to rely heavily on role theory as an underlying theoretical perspective even though many contemporary social work approaches rely on alternative theoretical models (e.g. psychodynamic and developmental, cognitive-behavioural, stress and coping, the strengths perspective) as primary organising frameworks. Over the two-year period in which the task force developed the initial PIE system, it reviewed a large number of relevant concepts and theories from the behavioural and social sciences. The debate about what might constitute a social work classification system covered everything from Erikson's life cycle model through Perlman and Hollis and a score of others. It also critically examined Mary Richmond's system for social diagnosis. The task force noted that most social casework models used the term **social functioning**, and considered enhancement of social functioning the primary goal of social work intervention. To develop a schema for describing and categorising social functioning, the task force chose to borrow ideas and terminology from sociology. It did not consider that it was relying on role theory as its underlying theoretical perspective. The major contribution made by role theory, or perhaps more properly the field of sociology, was the identification of social roles that were incorporated in Factor 1 (Karls, Lowery, Mattaini and Wandrei, 1997).

PDF created with pdfFactory trial version www.pdffactory.com

It seems, from both practice and literature, that, despite the attempts of the last thirty years to find a 'common base' for social work, the members of the profession still resist the adoption of a unifying theoretical base – a resistance which the researcher finds perplexing. She has observed in social work practice a similar phenomenon pointed out by Goldstein (1983, in Welch, 1990): social workers tend to adjust their practice method to whatever new and seemingly applicable model they receive training in. Many of these are directly applicable to social work practice, but there seems to be no agreed upon practice guideline through which workshops and models are filtered.

A concern the researcher has with regard to motivating for the PIE to be the agreed upon practice guideline, is that the developers admit that the categories of social role functioning were derived from concepts in sociology. The concern raised by Lowery and Mattaini (1997) about the reference to a psychiatric diagnosis is based on a similar concern. According to Goldstein (1983, in Welch, 1990) the borrowing from other disciplines can be an obstacle to accepting it as social work's 'common base'.

A further concern relates to the criticism of the PIE's apparent lack of inclusion of the transactional nature of relationships. Lowery and Mattaini (1997) suggested the contemporary ecosystems approach as a more applicable model for social work. The developers of PIE have the presence of mind not to be pressured into adopting the current contemporary favourites, and thereby risking the PIE becoming unsuitable when a change in preference takes place. For this reason the researcher will also take the current focus on social development in South African Welfare into consideration, but she will not attempt to use it as the unifying construct in the development of the new technology.

The researcher is concerned, however, that the profession does not seem willing to adopt one perspective that describes its domain, even if variation takes place within its implementation in practice. This phenomenon is not uncommon to any of the other helping professions, but diversity did not stop them from accepting advances in the science of their profession. For this reason, the researcher will press on to suggest one system that will be applicable to approaches, has proved itself popular, and has stayed part of the profession despite major societal and political changes in the last few decades.

PDF created with pdfFactory trial version www.pdffactory.com

It would be a shame, however, not to benefit from the 20 years of development that has shaped the PIE. For this reason, the researcher will not attempt to explore the number of theoretical constructs and concepts already investigated by the task force and developers. She will only attempt to provide motivation to support the argument that the construct of person-in-environment is broad enough to be accepted as the unifying construct for social work. She will also show that the PIE format can be a practical tool through which the adoption of the unifying construct could take place. (To provide a visual idea of what the PIE looks like, the researcher will put Factor 1 of the adult PIE into Annexure 1A – this study only focuses on developing a Factor 1 for the child, so for now she will not include the rest of the MiniPIE.)

3.6 Finding a unifying construct for social work

Building from Goldstein's (1983, in Welch, 1990) statement in the previous section that an unfortunate tendency to separate people-helping and society-changing aspects exists in the social work profession, the researcher recognises the necessity of establishing links such as these in her attempt to motivate for the adoption of a classification system. Four concepts were introduced when the focus of social work was described in the previous section. These are **social functioning, ecology, person-in-environment (interaction between person and his environment), and well-being**. The researcher feels it is necessary to create one term that will incorporate these concepts and therefore needs to explore these concepts in order to find an acceptable unifying term. Social functioning will receive separate attention, since the aim of this study is to develop a system that will classify the social functioning problems of children. A thorough understanding of social functioning and how it relates to children is not only necessary for adoption as a unifying construct, but is also necessary to guide the literature search.

3.6.1 Early origins of the psychosocial approach

The researcher found that any search for literature on person-in-environment is bound to produce literature on the psychosocial approach as well. To work through her own overlapping use of the two concepts, and to clarify these for the reader, the researcher starts the discussion on the related concepts stemming from social work's purpose with a short discussion on the roots of the psychosocial approach. She does not intend to form

PDF created with pdfFactory trial version www.pdffactory.com

an opinion on the approach and its current use in practice. She merely intends to clarify the significance it has in terms of person-in-environment theory.

Generally speaking, services to individuals and families have been termed social casework from the early beginnings of professional social work. As Mason (1990: 47) found, casework can be regarded as one approach of the social work profession, with its defining characteristic being the provision of individualised service. Social workers used many different approaches based on theoretical orientations. Especially after the First World War, this became more apparent with the development of the speciality of psychiatric and medical social work (in response to the demand for treatment for 'shell-shocked' soldiers and their families). Mary Richmond published her book 'Social Diagnosis' in 1917. Influenced by the medical model, with its emphasis on single causation and a linear relationship between cause and effect, she adapted the disease model of medicine to social diagnosis and treatment. The Milford Conference held in 1929 in the U.S.A. attempted to identify generic rather than specific components of casework practice. This was a period of growth which saw an increased preoccupation with the method or techniques of social casework. It was also a period which focused on individual defects rather than on the shortcomings of the social system. Caseworkers began to regard themselves no longer as dispensers of charity but rather as 'social physicians', concerned with psychological maladjustment rather than with material need (Mason, 1990: 48).

Growing out of the diagnostic casework of the 1930s, Hamilton (1951, in Mason, 1990: 49) introduced the notion of the person-in-situation configuration, which was later developed by Florence Hollis (1964, in Mason, 1990: 49) as the Psychosocial Approach. These views incorporated the ideas of Gestalt psychology and multiple rather than linear causality. Hollis classified casework procedure as either direct or indirect (or environmental) treatment. By 1970, Hollis was describing the Psychosocial Approach as a system theory approach to individual and family problems. The person to be helped must be seen in the context of his interactions or transactions with the external world. Although treatment was still individualised, the systems within which the individual existed were recognised (Mason, 1990: 50).

Community Health Library and Information Centre
CPHE - SOCHARA
Koramangala
Bangalore - 34
★ (CLIC) ★

CH-100
15029 P06

PDF created with pdfFactory trial version www.pdffactory.com

3.6.2 Early origins of ecology

The term **ecology** was first used by Ernst Haeckel in 1868 to refer to interdependencies among organisms in the natural world. In conventional usage, ecology means the interdisciplinary scientific study of the living conditions of organisms in interaction with each other and with the surroundings, organic as well as inorganic. There is a comfortable fit between the science of ecology and a profession like social work, which has as its expressed purpose the fostering of healthy and interdependent transactions between people and their environments. The earliest ecological model of social work practice challenged the individualistic casework orientation, popular in the early and middle twentieth century. As Carol Meyer (in Ungar, 2002) notes:

> The movement from casework to social work was more than semantic; it meant ultimately that family, group, community, and organizational approaches to intervention were to be included under the heading of social work practice, and that new efforts were to be made to intervene in the client's environment.

In an early review of ecological theory, Geoffrey Greif and Arthur Lynch (1983, in Ungar, 2002) trace social workers' understanding of ecology to biological theories that explain the adaptation of organisms to their environments. In human terms, this means that, as a person enters each new situation, he or she usually adapts to its demands and, by his or her presence, changes the situation at least structurally. A person is constantly creating, restructuring, and adapting to the environment, even as the environment affects the person. Although these early formulations emphasize goodness of fit through adaptation, they practically ignore the position of the observer (social worker) vis-à-vis the client and the relative power of each part of the helping system. Early ecological models were based on systems theories and were most commonly used by social workers to explain the interactional processes between family members. These systems-based models of practice did not deconstruct the standpoints of those who decide which adaptations are best. Implicit in these early models is the naive assumption that all family members benefit equally from a system that establishes balance in ways amenable to those in power. Despite these shortcomings in systems theory, social workers still found the ecological perspective, based on a broadened view of systems theory, intriguing and more synchronous with their mission, than the individualising psychoanalytic models of intervention popular in the 1950s and 1960s (Ungar, 2002).

PDF created with pdfFactory trial version www.pdffactory.com

3.6.3 Measuring ecology in social work

Van Zyl (1995, in Faul, 1995: 17) coined the term **ecometrics**, which refers to measurement in the context of ecology (the study of the delicate balance between living organisms and their environment).

The following two concepts within the ecological theory are important for the social work profession:

- *Habitat*, which refers to the places where people live, and consists of the physical and social setting within particular cultural contexts. When habitats are rich in resources required for growth and development, humans tend to thrive, but when they are deficient in vital resources, development and ongoing functioning may be adversely affected.
- *Niche*, which refers to the status or role occupied by a member of the community. One milestone required in achieving maturity is finding one's role in society, which is essential if the individual is to achieve self-respect and a stable sense of identity (Van Zyl, 1995: 34).

This definition of ecometrics compares well with the format of the PIE. The PIE is a classification system that is a form of measurement (refer to Table 2.1 in step 3). It has as its aim the 'measurement' of the role the client occupies in society (niche), as well as problems in the environment that impede its ability to meet the needs of clients (habitat). Based on this clear resemblance, the researcher draws the conclusion that the PIE is an ecometric tool. This further implies that ecology and person-in-environment are compatible enough to unite within a classification system such as the PIE.

3.6.4 Human ecology

Referring back to Karls and Wandrei's (1992) explanation of the process that lead to the adoption of social role functioning as a unifying construct, the task force started with what social well-being meant. Using the word 'human', they referred to behaviour as the result of intra- and interpersonal forces in dynamic interaction. A similar framework that incorporates these forces is human ecology, as described by Welch in 1990. The researcher makes reference to these interacting forces as a result of impressions gained

PDF created with pdfFactory trial version www.pdffactory.com

from the results of her Master's study. One of the findings drawn from implementing the adult PIE in a psychiatric setting was that it did not give enough focus to intra-personal aspects, which are very relevant to psychiatric social work. It is therefore interesting to observe the deductive reasoning that lead to the concepts of social role functioning (as incorporative of intra- and inter personal aspects).

The researcher understands the logical reasoning behind the developers' deduction as: ⟶ intra- and interpersonal forces are in interaction; ⟶ the forces come from social performance expectations; ⟶ these expectations come from the person's experience within his social environment; ⟶ this construct comes from role theory resulting in the adoption of 'role functioning' used to catalogue problems of social functioning.

In order to accept this premise, the researcher has to explore the assumptions it is based on. She does this by examining the definition of social functioning later in this chapter, and by comparing it to another model that incorporates Karls and Wandrei's view of social well-being, namely 'human ecology'. In order to promote the adoption of the PIE system, the researcher will need more than a superficial understanding of what the system is based on. She should know about opposing views and aspects of the system that may not be compatible in making it the unifying construct in social work.

Ungar's (2002) statement that the emphasis within Germain and Gitterman's (1996) life model on contextualization, power, and privilege reflects advances in cultural sensitivity, the politics of location, and the understanding of the mutual dependency among people and their environment, serves as further motivation for the discussion of human ecology.

As can be seen from the history of social work in South Africa, advocacy and political activism have been an integral part of social work practice. The socio-political context is therefore a huge consideration in the South African client's environment, and with the current focus on social development, it incorporates the socio-economic influences.

The researcher found that this approach gives cognisance to all of these levels of interaction between the person and his environment.

PDF created with pdfFactory trial version www.pdffactory.com

In human ecology, the person-in-environment orientation constitutes the totality of relationships among individuals and their environments. The key to understanding the basics of human ecology is the notion of interaction. "The interaction of the system's components taken together has a greater total effect than the sum of their individual effects." (Welch, 1990: 155.)

The following figure illustrates Welch's (1990: 156; 159; 171) description of human ecology as a meta-theory for social work, with a consideration of typical social work problems and interventions on each level. The examples given in blocks next to the spirals allow for recognition of the meaning of the components in everyday practice. Figure 3.1 therefore gives an overview of all the levels relevant to a client's functioning, together with how this would translate into practice. Person-in-environment is still a related concept, but to the researcher human ecology highlights the elements involved in the interaction of the person and his environment.

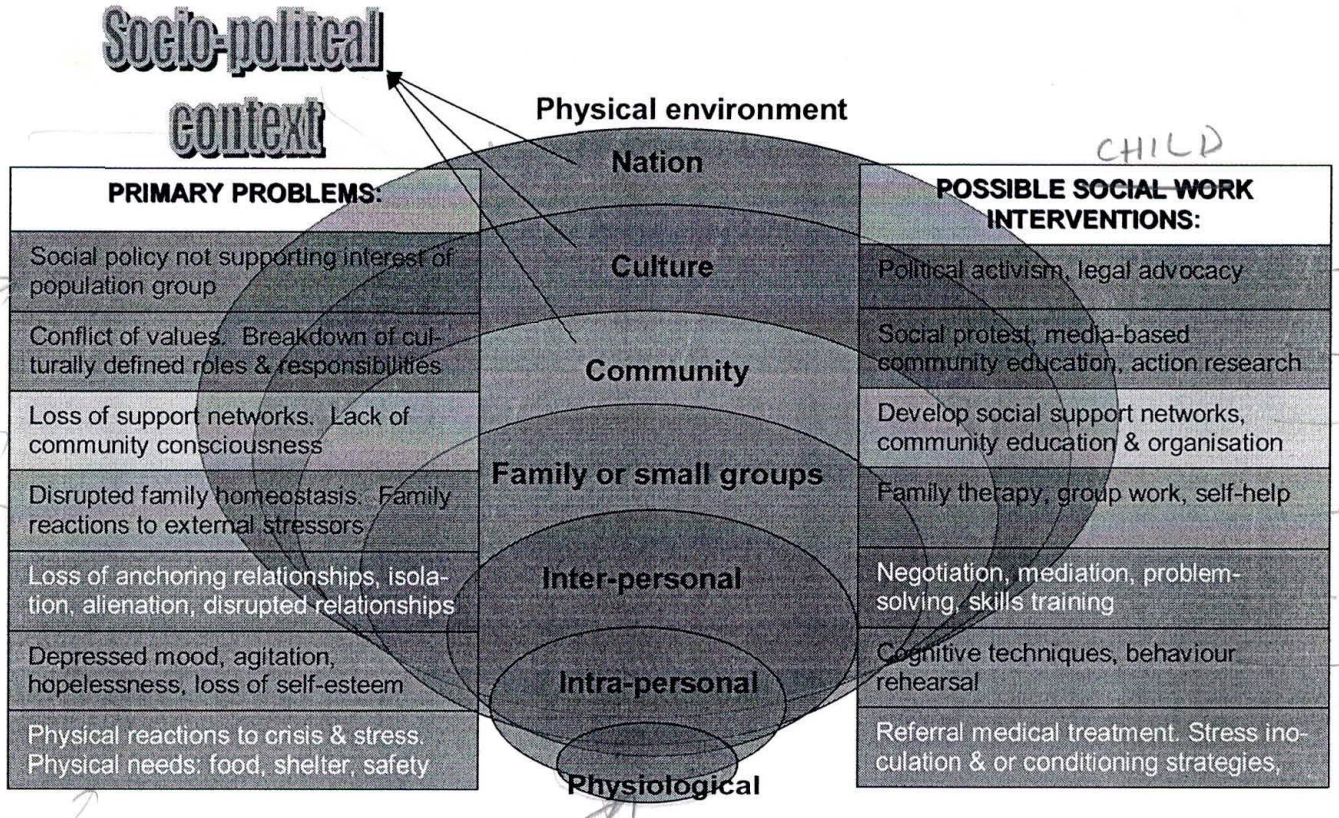


FIGURE 3.1 THE HUMAN ECOSYSTEM

PDF created with pdfFactory trial version www.pdffactory.com

The focus on aspects within the individual reminds one again of the psycho-social approach. The researcher is of the opinion that Karls and Wandrei's attempt at combining the concepts of intra-personal and inter-personal forces with the person-in-environment and social functioning approaches represents adequate consideration of all the transactions occurring within the person's ecology. The researcher points again to the fact that, with a classification system, knowledge beyond that of the system itself is necessary. She will therefore not go into an in-depth discussion of these concepts at this stage, but would like to emphasise that broader knowledge gained from the literature in the next chapter will involve concepts of both intra- and interpersonal forces at work in the social functioning of the child.

3.6.5 The Person-in-environment construct

Ramsay (1994: 171) states that:

> Person-in-environment is the concept commonly used to describe the social work domain of practice, and it comes from the profession's long-standing efforts to develop a common conceptual description of the core components of the discipline.
>
> Person-in-environment practice is an emergent model of direct practice that makes strategic use of time to accomplish three things: (1) Improving a client's sense of mastery in dealing with stressful life situations, meeting environmental challenges, and making full use of environmental resources; (2) Achieving this end through active assessment, engagement, and intervention in the environment, considered multi-dimensionally, with particular emphasis on mobilization of the personal social network; (3) Linking individual concerns in ways that promote social empowerment through collective action.
>
> Kemp, Whittaker and Tracy, 1997: 2-3.

The building blocks of person-in-environment practice are:

- **Partnership**: Clients and professionals meet on common ground and as a unified team.
- **Mutuality**: Creating an atmosphere where clients and professionals communicate openly about their most sensitive concerns in a relationship built on openness, mutual respect, and trust.

PDF created with pdfFactory trial version www.pdffactory.com

- **Reciprocity**: Operating on the 'helper principle' where giving and receiving help go both ways among all of the key players: professional to client, client to professional, and client to client.
- **Social assets**: Assessment begins not by looking at what is going wrong in clients (deficits), but at what is going right (strengths).
- **Resilience**: Always being alert for those protective factors and mechanisms that blunt and divert the effects of known risk factors and permit individuals, families, and groups to overcome extraordinarily difficult life situations.
- **Optimisation**: Establish a goal to create conditions within which each individual, each client family, group, and neighbourhood reaches the upper limit of its developmental potential.
- **Natural helping**: Search for those approaches to change that draw fully on the ability of clients and communities to aid themselves through ritual, spiritual practice, celebration, and reflection.
- **Social integration**: Social workers work with 'private troubles' of individual clients in the context of raising public concerns about the critical integrating function of individuals, families, small groups, and neighbourhoods in maintaining social order and promoting public safety. This function is often best realised after external social/environmental change has occurred. Imparting skills to cope with harmful and dangerous environments is often an important proximate goal but cannot define the real objective of practice: to remove risk and change the environment.
- **Coherence**: The process through which individuals, families, and groups discern a sense of meaning beyond the struggles of day-to-day existence.
- **Hope**: Fostering hope that things can change for the better, that the power to change resides within, and that someone is listening and cares.

Kemp, Whittaker and Tracy, 1997: 4-6.

Current person-in-environment thinking treats macro and micro realities as more-or-less separate arenas of human activity that "interface".

> Constructionist theorizing also conceives of macrostructures as somehow "other" than - although influencing - the immediate arenas in which individuals construct identities, relationships, and meanings in their everyday interactions ... social structure is both medium and outcome of the patterned activity of individuals over time brings micro and macro realities conceptually together.

PDF created with pdfFactory trial version www.pdffactory.com

Laird, 1993 and Giddens, 1979; 1984, in Kondrat, 2002.

The heaviest emphasis in the life model is on environmental pressures and stresses (anything from unemployment to natural disasters), and how the individual, family, or community adapts to and copes with them. The coping and adaptation can be salubrious or, at the other end of the spectrum, unsuccessful, harmful, and, perhaps, debilitating. Germain and Gitterman (1996) advocate for 'life-modelled' community: practise assessing community needs and strengths, recruiting residents to participate in the development of programmes, marshalling informal resources, and strengthening networks of supportive relationships to meet needs and solve problems, as well as working to augment the community's ability to withstand stress, whether internally or externally generated (Saleebey, 2004).

Versions of these ideas are also found in the seminal work of Carol Meyer (1983) and Harriet Bartlett (1970), especially in her notable attempt to find an essential conceptual underpinning to social work practice. More currently, the person-in-environment (PIE) assessment protocol developed by James Karls and Karin Wandrei (1995) – meant to amend the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) – is underpinned by the idea that the profession's distinctive orientation must be reflected in the assessments and methods that social workers employ in understanding and helping. PIE is another step towards a precise and detailed account of the factors and forces in the immediate and distant environments of people and groups (Saleebey, 2004).

The similarities between the Person-in-environment and social development approaches provide further support for the former approach to be seen as a unifying construct for social work since it can also accommodate social development frameworks. At the very least, no contradiction exists between the two approaches.

3.7 The child-in-environment

The point of determining the applicability of the PIE as a common language in social work through this study is to establish support for the use of a similar format for the development of a system that classifies the social functioning problems of children. The

PDF created with pdfFactory trial version www.pdffactory.com

researcher has gained adequate understanding of the concepts underlying the development, and these can now be applied to the child.

3.7.1 Ecology and childhood

With regard to assessing a child's environment as a causal factor in problems experienced by the child, Bronfenbrenner (1977, in Eamon, 2001) explains that the ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded. Bronfenbrenner notes that there is now sufficient evidence to hypothesize that ecological forces at play in the world beyond the family affect a child's development as much or more than the child's interaction with parents. Ecological perspectives on ethnicity, race, and gender in practice situations promise a more critical understanding of the power implicit in transactional processes. Germain and Gitterman outlined the following conceptual areas in their model: vulnerability, oppression, the use or misuse of power, and social and technological pollution; habitat and niche; and life course, the trajectory taken by individuals, with attention paid to social and cultural determinants of these trajectories. This greater emphasis on contextualization, power, and privilege reflects advances in cultural sensitivity, the politics of location, and the understanding of the mutual dependency among all things human and the natural world (Ungar, 2002).

In the researcher's opinion the PIE successfully places the social problems of the client within a context through providing Factor 2, 3 and 4 classifications as part of the comprehensive assessment of the client. This simultaneously ensures more cultural sensitivity according to Ungar (2002). This study aims to ensure the same placement of social problems when it develops a system for children. All the concepts mentioned as part of the ecology of children are all relevant concepts which the researcher intends to explore further in post-doctoral development.

3.7.1.1 A time-context

The process-Person-Context-Time model of Bronfenbrenner (1977, in Eamon, 2001) proposes an ecological systems model of the lifelong progressive accommodations

PDF created with pdfFactory trial version www.pdffactory.com

individuals make to the changing environments in which they develop. His "bio-ecological paradigm" rests on two main assumptions that can be investigated within the process-person-context-time model. First, human development occurs through "processes of progressively more complex reciprocal interactions" between active, evolving "bio-psychological" human beings and the individuals, objects, and symbols in the environment (Eamon, 2001). If these interactions, or proximal processes, are to be effective, they must occur with regularity over extended periods of time. Proximal processes (interactions) occur between a parent and child and within peer groups, school, learning, and recreational activities; they are the mechanisms by which genetic potential for effective psychological functioning is realied. Second, the effectiveness of proximal processes is determined by the bio-psychological characteristics of the individual, the immediate and distant environments in which the proximal processes occur, and the developmental outcome being examined (Eamon, 2001).

3.7.1.2 Transactions with children

Super and Harkness (1994, in Strelau, 1998: 342) offered a definition of what they call a **developmental niche**. This is defined as consisting of the physical and social setting children are found in: the culturally regulated customs for child care, socialisation, and behaviour management; and the psychology of caretakers, including beliefs and values about the nature of development.

Based on the understanding obtained from previous definitions of ecology, the researcher is of the opinion that the definition of developmental niche does not describe the roles the child occupies in his environment, but rather the factors that will influence that role. She proposes that these describe the transaction between the child and his environment. This will become clearer in the discussion of the person-in-environment construct later in this section.

Van Zyl (1995: 34) argues that one milestone of maturity is to find one's role in society, and this is essential if the individual is to achieve self-respect and a stable sense of identity.

The introduction of time-span by Bronfebrenner (1977) is significant in the ecological study of children. This is because age is very significant during the trajectory from

PDF created with pdfFactory trial version www.pdffactory.com

infancy through to early adulthood. The interactions within relationships become progressively more complex and the child's well-being is influenced by how well he adjusts to the change. (Van Zyl (1995) emphasises that finding one's role in society is a milestone for maturity. The significance of time and development will be relayed into the new technology through the inclusion of developmental stages. In doing this the researcher does not claim the *Life Cycle Model* as a theoretical construct, but merely makes reference to the reality of life stages in childhood.

The relevant interactions during childhood are those between the child and parent, the child and peers, the child and school, and the child and extra-curricular activities (e.g. sport and recreation). These will eventually form the social roles (niche) of the new technology (see Chapter 7).

The interaction that takes place when the child occupies a role within his social environment, is influenced by culturally regulated customs for child care, the socialisation of children and how their behaviour is managed, and the personal characteristics of caretakers, including their beliefs and values about the nature of the child's development. The concepts of time and interaction will be considered in the conceptual framework which this chapter sets out to develop.

3.7.2 Childhood social functioning

A more specific definition of social functioning is called for to start developing a method for measuring it in children. The researcher is therefore interested in indicators of the presence or absence of optimal social functioning in her exploration of the literature.

For the purposes of this study, the researcher will maintain a holistic view of what social functioning in the child is – what should the child accomplish as an adult with regard to social functioning? In other words, what are the child's developmental goals for him to be viewed as an adult with adequate social functioning? The term **adult** derives from the Latin word *adultus*, which means 'to grow up'. Age is one attribute of adulthood, while the other is maturity. The latter "denotes ripeness, or full development within the genetic and ecological limits established by the species in its particular locale" (Bocknek, 1986: 48).

PDF created with pdfFactory trial version www.pdffactory.com

Maturity can be viewed on three levels: as psychological health, as self-actualisation, and as being functional. The researcher combined a list of the common factors among these levels given by Bocknek (1986: 49-51):

- Has a more efficient perception of reality, and is less frightened by the unknown.
- Has the ability to enter deep, close relationships without fearing loss of identity or destruction, and has the ability to foster the development of a new generation through the psycho-social functions of parenthood and teaching.
- Is able to accept self, others, natural events, processes, and needs.
- Spontaneity and zestfulness in living, and a sense of humour not hostile in intent.
- Ability to concentrate, persist and work on objective tasks.
- Individual creativity when approaching any situation.
- Ethical certainty, so as to persevere in one's convictions.
- Autonomy from mass opinion and an independence of culture and environment.
- Anticipation of the future in one's perceptions and thoughts – appreciating limitless horizons.
- Abiding by realistic choices and decisions one has made.
- Acting on plans rather than on impulse.

The relevance of considering this list of attributes of maturity is that it gives the researcher an idea of what concepts of childhood development are significant for the child to reach maturity on all three levels. To summarise it further, the concepts of creativity; acceptance of self, others, and situations; concentration; developing convictions; independence; and decision-making, are, in the researcher's opinion, relevant for childhood social functioning with a view to reaching maturity. This becomes more significant towards the end of adolescence. The researcher will work from the assumption that the child needs to strive towards these factors of maturity to establish a foundation for healthy social functioning in adulthood. She focuses on the literature surrounding childhood social functioning next, and applies these attributes as appropriate to the literature.

In a study on stress resilience in children to determine the role of temperament on behaviour disturbances, the researchers took great care to control the child and environmental variables. In this study Kyrios and Prior (1990, in Strelau, 1998: 345-346) viewed these child variables as behavioural adjustment, development history, fine and gross motor coordination, health history, facility attendance, word knowledge, stress, and

PDF created with pdfFactory trial version www.pdffactory.com

temperament. Environmental variables consisted of marital adjustment, parental psychological functioning, child-rearing practices, parental employment, and social status. For much older adolescents psychological adjustment can be measured in the following areas: self-evaluation, family relationships, school functioning, social functioning, sexual functioning, goals and implementation of goals, coping styles, functioning at work, communication, emotional expressiveness, and routines (Strelau, 1998: 348). In seeking to control other aspects that would influence the child, the authors provided certain 'signposts' as to what is relevant when looking at the child's functioning.

Chen, Chen and Kaspar (2001) did a study in which they examined the relevance of group social functioning to individual social, academic, and psychological adjustment, based on a sample of 323 elementary and high school students in China. These authors have used elements from different authors with regard to the social functioning of children. Those found relevant to social functioning were social preference, leadership, school-related competence and problems, academic achievement, psychological adjustment, including loneliness, depression, and perceived social competence. It was also found that social functioning, including sociability, aggression, and shyness-inhibition, of group peers had unique contributions to individual social and school adjustment and to adjustment problems, over and above the child's self social functioning. It also was found that the contributions of peer social functioning to individual school adjustment might depend on the child's social characteristics, and that the relations between child social functioning and socio-emotional adjustment might be moderated by group context.

As an important social context, peer group interactions provide extensive opportunities for children to learn from others. Social connections and networks that children establish and maintain with peers may constitute a major source of social support for children to cope with emotional stress and adjustment difficulties. Moreover, during social interactions, constant peer evaluations and reactions, based on culturally prescribed group norms and values, may serve to regulate and direct children's behaviours and, thus affect developmental processes and pathways. Furthermore, children's pro-social, cooperative, and sociable behaviours have been found to be associated with indexes of social status, school-related competence (which involve four overlapping areas: (a) frustration tolerance, (b) assertive social skills, (c) task orientation, and (d) peer social skills), and psychological well-being. Pro-social children tend to be liked by peers and

PDF created with pdfFactory trial version www.pdffactory.com

viewed as competent by teachers, and tend to be academically proficient and emotionally stable. In contrast, aggressive-disruptive behaviour is associated with social and school problems; aggressive children are often rejected by peers and adults and have difficulties in academic areas. Interestingly, it seems that since shy-inhibited behaviour is considered socially immature and maladaptive, shy and anxious children are also likely to have problems in peer acceptance and school adjustment (Chen, Chen and Kaspar, 2001).

For the researcher, these identified variables offered a good starting point in identifying what determines a child's functioning. In using these variables, one should keep in mind that the focus of social work falls more strongly on social functioning, which will relate to those variables that influence the status or role that the child occupies within his environment.

A first attempt by the researcher at defining social functioning for the purpose of developing a system for the classification of problems in childhood social functioning is: **the quality or condition of the child's interaction with others and his/her environment, with a constant need for re-adjustment, brought about by developmental changes. It is viewed within the context of the child's contribution to the interaction through behavioural, emotional, and temperament traits, balanced with an understanding of his/her family's and community's ability to meet needs and the existence of stressors and/or obstacles to healthy development.** When the researcher reinterprets the understanding of social functioning in terms of role performance (as the developers of the adult PIE did), it will imply all of the aspects mentioned in this initial definition.

3.7.3 The child's social environment

Carel Germain and Alex Gitterman (1996) wrote widely about the ecological approach or, in their words, the life model of social work practice. When they use the word 'environment', they typically mean environmental resources and supports or the opposite – environmental challenges or scarcities. According to these authors in Saleeby (2004), environmental resources include formal service networks such as public and private agencies and institutions. Supports also include informal networks of relatives, friends, neighbours, workmates, and co-religionists. However, some formal and informal support

PDF created with pdfFactory trial version www.pdffactory.com

systems may be unresponsive or cease to be supportive and the social and physical environments involved in coping must be assessed as well. Germain and Gitterman also refer to **habitat** and **niche**, terms from ecology that amplify the idea of environment. Habitat is the place where the individual organism and its group can be found, and niche is the organisms' place in the local ecosystem (Saleebey, 2004).

The ecological environment, or the context in which human development occurs, can be seen as a set of 'nested structures' and are explained as follows by Eamon (2001): developmental outcomes are influenced by interactions within microsystems, or the immediate settings that contain the developing person (home, peer group, and school). The remaining structures, in order of the distance of their influence on the developing individual, include mesosystems, which involve processes among two or more microsystems – both contain the developing person (relations between the child's school or peer group and family). These are followed by exosystems, which refer to the processes between two or more settings; only one containing the developing person (home and parents' workplace, social support system). Then come macrosystems that contain influences of the broader cultural and socioeconomic environments (material resources, opportunity structures, alternatives available throughout the life course, lifestyles and customs, and shared knowledge and cultural beliefs). And chronosystems, which include effects of consistency and change over the life course – incorporating the time dimension (changes such as parental divorce, historical events, or social conditions occurring within the environment, and changes such as life transitions, within the developing person).

Social support has a huge significance on childhood functioning. Family and friends offer various types of support that affect parenting; they may provide financial assistance or labour (e.g. money or help with child care), encouragement or positive evaluations of parenting performance, and information such as strategies for achieving a childrearing goal. When individuals receive social support, they interpret and evaluate it according to their perceptions of what constitutes support, who should provide it, to whom, and under what circumstances. The impact of social support is conditioned by how it is evaluated by the recipient. Those who feel satisfied with their social support are likely to experience a sense of confidence and emotional well-being stemming from their knowledge that friends and family members are "on their side". Of all possible sources of support, it is the

PDF created with pdfFactory trial version www.pdffactory.com

husband whose supportiveness is most highly related to mothers' parenting self-efficacy (Holloway, Suzuki, Yamamoto and Behrens, 2005).

Problems in the environment, identified through the adult PIE, refer to the inability of the environmental system to exercise its function. Table 3.1 gives an idea of what systems the PIE identified, and what their functions are. This is significant for the future development of the environmental systems functioning in the child's life. Most of these systems are relevant for the functioning of the family who is responsible for the child's well-being. More specifically the 'nested structures' and the relevance of social support on childrearing will be considered together with the PIE's existing format, when the system is developed further on a post-doctoral level.

TABLE 3.1 ENVIRONMENTAL SYSTEMS AND FUNCTIONS

ENVIRONMENTAL SYSTEM	FUNCTION OF SYSTEM
Economic / basic needs system	the production, distribution, and consumption functions, that is, the ability of the community to meet the basic needs of its citizens for food, shelter, employment, and transportation
Educational / training system	the ability of the community to nurture intellect, to develop individual skills, and to foster individual potential to its optimal level
Judicial / legal system	the criminal justice system's primary function of social control and enforcement measures by police.
health, safety and social service system	problems exists of the absence of these service delivery systems in the community or natural disasters
voluntary association system	the common ways in which people satisfy needs for social support and interaction outside the family and work place, like participating in informal community and religious groups. Problems will then entail the absence of the groups of the client's choice or the lack of the community's acceptance of the client's community group of choice
affectional support system	this system enables the social worker to record the situation of clients who either have under involved or over involved personal environments. It consists of the network of social relationships of the client with everyone in his personal social system who has an affectional tie with the client. Problems do not include the clients ability to access these system (factor I), but rather the absence of such a system or a excessively involved system

Karls and Wandrei, 1994: 29, 30 and 31.

PDF created with pdfFactory trial version www.pdffactory.com

The researcher needs to stay within the boundaries she has set out for this study (which excludes the development of the environmental factor), while still responsibly including all aspects related to the social functioning of the child (with the initial exclusion of the environmental systems). However, the context in which the child functions cannot be separated from the aspects intrinsic to the child. To keep the balance for the sake of this study, the researcher will acknowledge the family and the school as the child's immediate context (microsystems), although this is not as broad as the rest of the community systems contained in PIE. She will consider aspects of it within her conceptual framework, but these two 'institutions' will also receive attention as systems within the environment in post-doctoral development. The researcher is also of the opinion that the family is of more primary concern to social work than the school, since the latter is an area shared with the Department of Education and the teaching profession. None of these contexts can, however, be excluded in any discussion of the social functioning of a child. The researcher will bear this in mind in her literature survey in the next chapter, and will keep her focus on the transactions taking place within these contexts, instead of on the contexts themselves.

3.7.4 Childhood social functioning in a South African context

A similar sentiment with regard to optimal functioning of the child and family, can be found in policies of South African government, specifically the White Paper for Social Welfare of 1997. Roestenburg (1999) studied the focus areas of the government when he developed indicators for social welfare. He claims that, amongst other areas, social welfare specifically targets individuals and the various contexts within which they perform their roles. The most important context is that of the family since the family can be regarded as the basic unit in society that requires strengthening (White Paper for Social Welfare, 1997:20).

- Roestenburg's (1999) description of the policy focus can be found in his doctoral thesis at the University of Johannesburg, but for the purposes of understanding childhood social functioning within a South African context, the researcher will make a summary of the key concepts derived from his discussion:
- The family seeks to care for, nurture and socialise its members
- Children and youth, persons with chronic illness, physical and mental disabilities, the elderly and those who are not functioning optimally and have special needs, are usually members of a family.

PDF created with pdfFactory trial version www.pdffactory.com

- The aim of family and child welfare services is to preserve and strengthen families, so that they can provide a suitable environment for the physical, emotional and social development of all their members.
- Welfare policy indicates that the life-cycle perspective will be used to determine programme focus areas. This approach refers to the interaction between family members, the wider social environment, and their social support networks across the life span.
- Programmes should therefore make provision for the needs of families during the different stages in the life cycle. These (family) stages are: early childhood and the childhood development phase (including the preparation and child-bearing phase); the school-going and adolescent years; launching stage of young adults, middle stage; and retirement and old age.
- Special attention is to be given to families with circumstances that place an extra burden on their functioning, such as families with children under the age of five years, single parent families, and families with handicapped or chronically ill members. Services envisaged for high-risk families are enrichment programmes, parental and family guidance, and growth related programmes.
- Concern is expressed in the white paper for children in difficult circumstances. Factors that affect child development and growth are found in the following child groups:
    - Pre-school children who do not receive childhood development services.
    - Children requiring out-of-home care or residential services such as foster care and adoption, and disabled children who are the victims of discrimination, and are therefore denied access to educational and other facilities.
    - Children with chronic diseases such as HIV/AIDS; abused and neglected children, street children, children who are employed; children abusing substances; children whose parents are divorcing; and children who are under-nourished.
    - Welfare programmes are also focused on the needs of the youth as a developmental stage in the life cycle, especially the needs of specific target groups such as juvenile delinquents and youths wandering about aimlessly.
- Apart from the family, social welfare also has a role to play in alleviating poverty in rural areas, informal settlements, and parts of urban areas where people are not integrated into mainstream society. According to the policy there is a significant relationship between poverty and family disintegration.

PDF created with pdfFactory trial version www.pdffactory.com

- Other social concerns are also on the social welfare agenda, such as promoting access to services, removing discrimination (promoting equity), community development, rehabilitative services, and protective programmes for groups of people who suffer from social pathologies such as alcoholism, drug abuse, and other social phenomena that require rehabilitative interventions.
- Another focus-area and responsibility of the social welfare system concerns social security, which incorporates the state's responsibility to promote subsistence by providing financial assistance to fulfil basic needs, and social insurance to individuals who are unable to continue in a paid economic role to maintain their level of well-being. Social security is closely associated with poverty alleviation.

3.8 Previous attempts at classifying social problems in children

In the course of her correspondence with James Karls, the researcher received a copy of the *Classifications and Codes for Children and Youth – Social Work*, by Minnesota Systems Research Incorporated, completed in 1975 and revised in 1977. It was developed under the DHEW Maternal and Child Health Training Grant. Prof. Karls does not know whether there was any formal publication of these codes. A limited internet search by the researcher also revealed nothing. The search was limited by the fact that the academic online library of her university did not search as far back as the 70s, and an internet search on Minnesota classification codes did not produce the desired classification system. Since Prof. Karls found it significant, she decided to refer to it as part of guiding her conceptual framework. Annexure 1A holds the codes that were sent to the researcher by Prof. Karls. Although the codes will not be relevant to the development of the new technology, the items will be used as guidelines through its incorporation into the conceptual framework.

3.9 A conceptual framework

At this point it should be made clear that, according to the design and development process, it is necessary to place a development within its theoretical framework. However, as with the original PIE, this study will attempt to keep the new technology a-theoretical, in order to make it applicable to different social work methodologies (principles of the a-theoretical system will be explained in Chapter 5).

PDF created with pdfFactory trial version www.pdffactory.com

The first part of this chapter attempted to illustrate that the social worker and the profession both function within domains, and for this reason a classification can be introduced into the paradigm of a profession while still allowing practitioners to follow their own method of practice. The purpose of this chapter was to identify the role of the new technology for social work – supporting the notion that social workers should be able to describe the ecological, person-in-environment fit, as their purpose for intervention.

Karls (Karls, Lowery, Mattaini, and Wandrei, 1997) argues that:

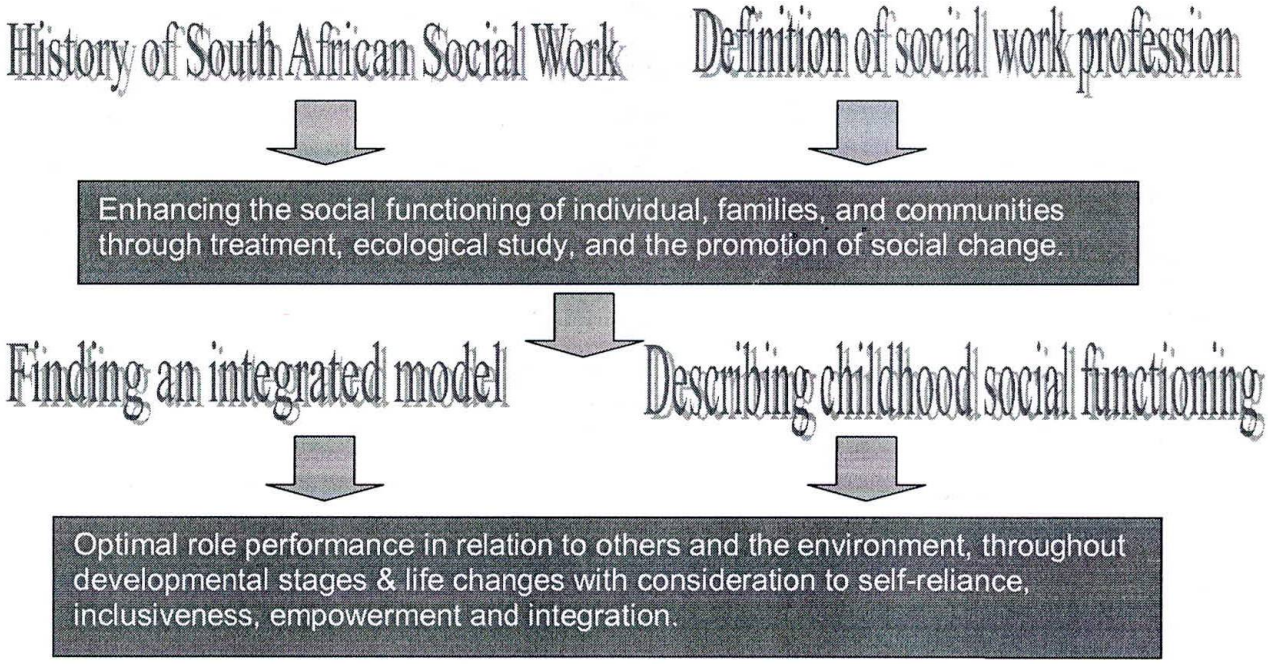
> There is a significant difference between using the concepts in a theory and the theory itself. We think that we sometimes grant theory status to constructs that are not really theories, and social role theory probably belongs in that category. Moreover, the role identification system in Factor 1, has appeared to work very well as a mechanism for identifying client problems and in affirming social work's area of expertise in enhancing client social functioning.

The way in which role theory concepts were applied will become clear in Chapters 5 and 7. For now it is necessary to understand that the researcher is attempting to establish a guiding framework that shapes the theory (literature) to be included, to start guiding the process towards operationalising what will go into the new technology, in order for it to classify the social functioning problems of children. In order to accomplish this, she uses concepts of the person-in-environment / ecological theory and not the theory itself.

3.9.1 Diagrammatic illustration of conceptual process

To provide an overview of this chapter and to assist with narrowing down the scope of the conceptual framework, the following diagram shows where the researcher found the most significant concepts that will guide the remainder of the development in this study. Figure 3.2 illustrates that the researcher started with investigating what social work's focus has been throughout its history and accepted definitions of the profession. This led to understanding its focus as enhancing social functioning through looking at a person-in-environment fit. In attempting to find an integrated model for doing this, and in describing the concepts of social functioning in childhood, it can be concluded that optimal role performance in interaction with others with regard to time and social development provides the context for the conceptual foundation of this study.

PDF created with pdfFactory trial version www.pdffactory.com



© Copyright Rika Swanzen 2005

FIGURE 3.2 THE CONCEPTUAL PROCESS

It is now necessary to summarise the framework for the content found to be descriptive and representative of a development that aims to offer a uniquely suited unifying system to social work, which will classify the social functioning problems during childhood.

3.9.2 Concepts that describe childhood social functioning

To simplify things simple, the researcher will now only consider concepts that are relevant to social functioning in children. All of the concepts can be referenced back to discussions in this chapter and to the Minnesota codes in Annexure 1A.

Based on Ramsay's (1994) depiction of person-in-environment as having the three essential concepts – people, interactions, and environment, the researcher has allocated the identified concepts as appropriate. The person-component involves aspects of the child that will influence the interaction the child has with the environment. The interaction component involves the influences people who interact with the child have on his functioning. The environment (which will only be mentioned now, but which will receive more attention at the post-doctoral stage) involves the systems which serve a function in the child's life. With regard to the contribution of the Minnesota classification system, child aspects were linked to the stages of growth and development. These will be

PDF created with pdfFactory trial version www.pdffactory.com

d in Chapter 5, when the actual development takes place. The chapter will also ght other aspects from these sources, which will form part of the factors to be developed at post-doctoral level (mental and physical well-being), and will not be used as a guideline for the literature study in the next chapter.

Figure 3.3 illustrates all three parts (as highlighted by Ramsay in the discussion of an integrated model for social work, earlier in this chapter) of the person-in-environment with regard to the social functioning of the child. Figure 3.3 indicates the concepts found throughout this chapter, with a side box that serves to cross-reference where the concepts came from.

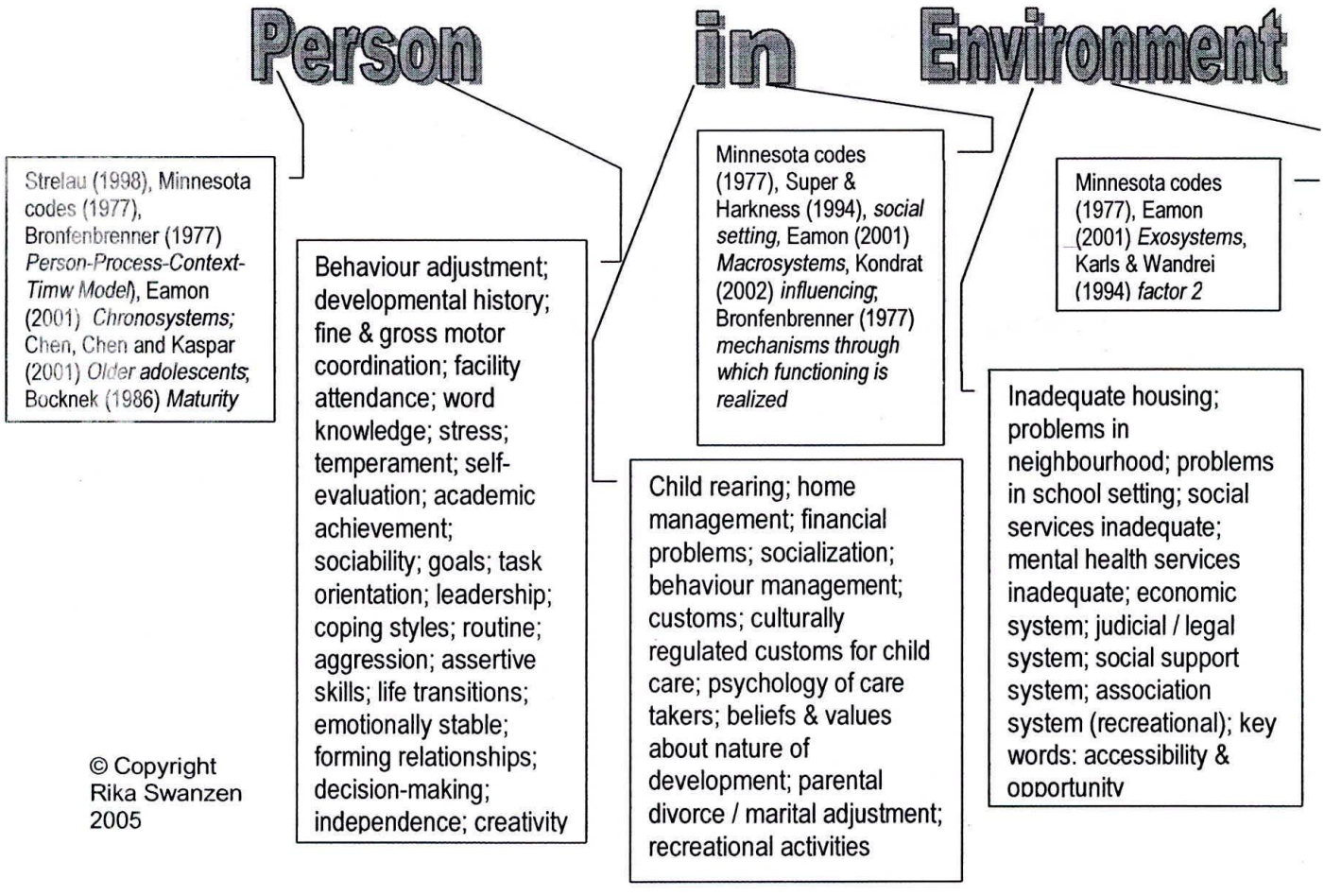


FIGURE 3.3 A PERSON-IN-ENVIRONMENT CONCEPTUAL FRAMEWORK FOR CHILDHOOD SOCIAL FUNCTIONING

PDF created with pdfFactory trial version www.pdffactory.com

3.10 Summary

Coming back to the discussion at the beginning of this chapter regarding the paradigm of social work, South African social work history shows that most psychoanalytic theory has been found unhelpful in the face of the huge demands that have to be dealt with in practice. A lot of these demands, which are related to poverty, have not changed much, and we will be betraying our profession if we do not start claiming that our focus is on the level of person-in-environment. Considering the concepts described in *Developmental Social Welfare*, in the glossary of terms, it may be observed that the approach currently depicted by practice compliments the person-in-environment approach. If a paradigm tells you where to look for the answers (see definition in glossary of terms), then do we really want to claim that, as a profession, we are not looking for answers in the interactive and dynamic fit the individual has with his environment? Having an understanding of person-in-environment as a unifying construct paves the way for the adoption of a classification system that is applicable to different social work practice methods.

Chapter 4 starts with the applications of the conceptual framework identified in this chapter. The concepts are further re-categorised as depicted by Tesch (1991, see step 5 in Chapter 2), and Rubin and Babbie (1993, in step 7 of Chapter 2). This re-categorisation serves to further funnel the concepts involved in the functioning of the child in his environment, or, in other words, his social functioning. It is essential to bear in mind throughout this study that it is the concepts of the theory are utilised, and not the theory itself.

PDF created with pdfFactory trial version www.pdffactory.com

Chapter 4

Childhood Social Functioning

Life is either a daring adventure or nothing. Security does not exist in nature, nor do the children of men as a whole experience it. Avoiding danger is no safer in the long run than exposure.

- Helen Keller (US blind and deaf educator, 1880-1968) -

4.1 Introduction

It is generally accepted that most of the social work practitioners who work with children, either directly or indirectly, will also treat the parent, whose problems in social functioning will inevitably influence the child's upbringing and maturation. The theory explored in this chapter was guided by the framework developed in the previous chapter. The main theoretical frameworks used to establish what childhood social functioning will entail, were Bronfenbrenner (1977, in Eamon, 2001) on the ecology of the child (*niche* – status / role, and *habitat* – physical and social setting), the Minnesota classification codes for children and youth, and the adult PIE (Karls and Wandrei: 1994). Certain terms among these concepts and codes repeated themselves or complimented each other within the construct of person-in-environment. The researcher made use of this construct which focuses on the variables of the child, the influences on the child through interaction, and the ability of the environment to meet the child's needs. The terms identified through the conceptual framework are used as key words in the literature study for this chapter.

The conceptual framework cannot serve as the structure for the new technology. It guided the selection of content, but the content still needs to be developed into a usable system that will classify the social functioning problems of children. Cooper (1989) points out that, in gathering information, a precise definition of the target population is needed. In addition, it is necessary not only to determine where sources of information can be located and whether the literature search is adequate, but also to protect validity throughout the process. This links back to step 6 of the Adapted Design and Development Model guiding this study. The researcher presented a comprehensive plan for this step in Chapter 2. The plan now finds its shape in this chapter.

According to Cooper (1989), the purpose of analysing the information is to reduce the

PDF created with pdfFactory trial version www.pdffactory.com

data to an intelligible form. The synthesis of the literature has as its goal to find intervening variables that explain and reconcile different conclusions. The process of synthesis can also involve the creation of new concepts, or the modification, transformation, or reorganisation of existing concepts. Step 6 explains how the researcher approached the task of staying within the framework, while simultaneously reducing the literature relating to this field into an understandable format that serves as the basis of the new technology.

The most difficult aspect of this chapter for the researcher was the question of how much and what to include. It is impossible to have a comprehensive discussion on each of the topics. She allowed herself to be guided by the opinion of Karls and Wandrei (1994) that the social worker needs broader knowledge outside of the classification system. In other words, the researcher assumes that the users of the classification system to be developed will have knowledge about the social functioning problems they are assessing (gained from training in the system and from knowledge of their own practice models). With reference to appropriate literature, the researcher's task is to develop definitions of the categories and topics/themes she includes in the classification system. She focuses on indications of the presence of the problem, possible causes for it, and the consequences the problem will have on the social functioning of the child. In doing this the researcher provides the social worker with signs to look out for when identifying the problem, she justifies why the social worker will need to intervene in the problem, and she highlights the focus areas for intervention. For example, if poor attachment and poor role models are some of the contributing factors to substance abuse, the classification system alerts the social worker to the need for the child to develop a secure relationship with a significant other, who can serve as a positive role model.

4.2 Restricting the concepts used in this study

Key concepts identified from the framework developed in the previous chapter, gave a strong description of what the social functioning of the child entails. Table 4.1 sets out the two parts of the conceptual framework that will be the focus of this chapter. It will become clear throughout this chapter how the concepts relate, and how the researcher chooses to organise these into a manageable format. (It should be noted that the environmental variables have now been left out of the discussion, since they fall outside the scope of this study.)

PDF created with pdfFactory trial version www.pdffactory.com

TABLE 4.1 FOCUS AREAS FROM THE CONCEPTUAL FRAMEWORK

Child variables		Interaction variables	
• Behaviour adjustment	• Self-evaluation	• Child rearing	• Psychology of care takers
• Developmental history	• Academic achievement	• Home management	• Beliefs & values about nature of development
• Fine & gross motor coordination	• Sociability	• Financial problems	• Parental divorce
• Facility attendance	• Goals	• Socialization	• Marital adjustment
• Word knowledge	• Task orientation	• Behaviour management	
• Stress	• Leadership	• Culturally regulated customs for child care	
• Temperament	• Coping styles		
• Assertive skills	• Routine		
• Life transitions	• Aggression		

The researcher started with a very extensive literature study into childhood functioning, but had to narrow it down to fit into the boundaries of this study. She initially used literature which explored all of the variables mentioned above, and placed these within a psycho-social listing of problem classifications. This explains why emotional and physical problems as well as concepts such as temperament were initially included in the first draft of the new technology. To simplify this chapter, however, the researcher excluded these concepts from the literature survey. This formed part of the continuous re-evaluation of validity during the initial development. The researcher realised that it was more difficult to determine validity if the focus was too broad, because of the many interactional dynamics at play when one addresses the social functioning of the child. With the exception of neurological and physical aspects (moved to Factors 3 and 4, respectively, as with the adult PIE, following Prof. Karls' suggestion), she used the same literature and restructured it into a person-in-environment framework.

The concepts of social functioning in childhood focus on the niche and interaction level, which refer to the social roles a child finds himself in, in the growing years, and the interactions which exude influences on the child's performance in that role. When the social worker wants to identify social functioning problems, this implies the problems experienced in the interaction that takes place in relationships. Chapter 3 showed the reciprocal interaction between the child and his environment as the domain for social work intervention.

PDF created with pdfFactory trial version www.pdffactory.com

4.3 Decision process for inclusion

One of the biggest challenges in the gathering of information was to decide what to include in the literature study and what to exclude. This also influenced what concepts the researcher decided to include. In step 6 of the Adapted Design and Development Model in Chapter 2, Rothman, Damron-Rodriguez and Shenassa (1994) stated that synthesis could entail either the creation of new concepts, or the modification, transformation, or reorganisation of current ones. The researcher will reorganise the concepts identified in the conceptual framework of the previous chapter. Through an initial overview of the literature available on the functioning of children, the researcher gained an idea of how comprehensive the theories on the topic are. She therefore needed to decide on what to include and what to exclude from this study. The final decision was based on two criteria. Firstly, she directed her search by means of the points identified in step 6 (under section 2.2.6.2. in Chapter 2). Secondly, she used the unifying construct of social work, identified in the previous chapter (person-in-environment), to narrow down the concepts that would be relevant to this study. Having established what to look for, the researcher could then make decisions on how to modify or re-organise concepts.

The researcher used the concepts in Table 4.1, and re-categorised it into broader categories. One reason for this was to simplify the framework by judging what is relevant for the purpose of a classification system. The aim of a classification system is to categorise concepts. Categorisation is possible when a number of concepts are able to fit under a new heading. The researcher therefore combined some of the concepts under the same heading, as will become clear in the course of this literature survey. For example, gross and fine motor coordination are seen as part of childhood development for the purposes of this classification system. Referring back to step 5 in Chapter 2, Tesch (1991) pointed to the activity in building theory, which involves constant comparison in order to describe the process of progressive category clarification and definition. When the researcher finds conceptually related categories, she does not claim that these form a theory, she merely strips away the particulars to arrive at an underlying principle which she attempts to demonstrate support for. As she did the literature study, she found support through establishing that certain concepts fit together. Other authors would discuss similar phenomena under different terms, so she would combine these

PDF created with pdfFactory trial version www.pdffactory.com

heading.

The second reason for re-categorising the literature into seven broad categories was the researcher's consideration of terms that are more 'social worker friendly'. From her own experience in the field and from the extensive study on the history of social work (as demonstrated in the previous chapter), she would incorporate concepts under terms that are complementary to social work terminology. For example, she included a concept such as task orientation under the category of performance, seeing that performance in roles is, in the researcher's opinion, a term that more social workers can identify with. She did this primarily to increase the likelihood of face validity, meaning that she wanted social workers to identify with the concepts that form part of the classification system. The selected terms also had to be comparable to those of the person-in-environment concepts, since the researcher claims that this is the unifying construct of social work.

The broad re-categorisation of Table 4.1 led the researcher to identify seven broad categories under which most of the identified topics fall. This is an attempt to synthesise the vast number of concepts into a sensible arrangement that can guide the rest of this chapter. The seven categories are, by their nature, either part of the attributes the child brings into the interaction (first five categories), or attributes the people directly involved with the child bring to the interaction (last two categories):

- **Development**, **routine**, **behaviour**, **performance**, and **stressors** as attributes the child (as the person) brings into the transaction with the environment. These categories can serve as broad categories that will include most of the concepts, and are distinctive enough to justify a separate category. For example, performance can include goals, achievement, etc., but routine involves a different dynamic that requires a discrete category. (It is relevant to note at this stage, that the concepts related to physical and mental health have been excluded from this study, and will be addressed in post-doctoral development).
- The influences brought about through interaction with the immediate environment can be simplified into the categories of **socialisation** and **parenting**. These are strongly regulated and influenced by cultural customs. This is a good reason why the researcher should develop the new technology in a manner that will not exclude or support any single culture. Apart from considering multi-cultural literature, the system can be tested on different cultures to see how the classification allows for acknowledgement of the cultural influence on the child.

PDF created with pdfFactory trial version www.pdffactory.com

(This testing would be done in the course of post-doctoral development.)

To provide support for her decisions throughout the conceptualisation and operationalisation process (steps 6 and 7, Chapter 2) the researcher compared her concepts with two other frameworks (this is a form of triangulation which is a validation strategy, see 'a-z' in step 14). The one framework was the Minnesota Classification Codes for Children and Youth, and a Tool Box for children and teenagers developed by 'Conduct Management' (see reference in bibliography). Further reference to these frameworks will be included in this chapter, and both can be viewed in Annexure 1A. Working from the conceptual framework (Chapter 3) and the guidelines set for the literature study in step 6 (Chapter 2), the researcher was able to confirm, through the frameworks identified above, which concepts to explore in her attempt to develop a classification system for childhood social functioning problems. It is interesting how the literature search in this study identified the same concepts as those in the frameworks in Annexure 1A. The researcher will now discuss these concepts under the broad categories, and illustrate how these relate to the two frameworks mentioned.

In order to illustrate how the researcher summarised what was learned from the literature in each section, as it applies to the aim of the development (the classification of social functioning problems in children), she highlighted these sections in blue. This makes it easier to refer back to those sections in the literature which gave shape to the development of terms and definitions of the classification system in the next chapter.

4.4 Consideration of childhood development

The importance of the child's developmental years is best described by St Francis Xavier (Religious leader, saint and apostle to India, 1506-1552), who said: "Give me the children until they are seven and anyone may have them afterwards." It is logical that a theoretical model about children will inevitably involve theory on development. The researcher will not describe all theories on childhood development, as they are varied and comprehensive, but throughout her literature search she continually sought out the theories that had an underlying developmental model, to explain phenomena in child functioning. As an orientation she included the broad principles explaining development.

There are six guiding principles to understanding development, as presented by Cairns

PDF created with pdfFactory trial version www.pdffactory.com

(1979, in Rothbart and Ahadi, 1994: 55):

- Behaviour, whether social or non-social, is appropriately viewed in terms of an organised system.
- The system of which behaviour is part, is not merely 'organismic', but for some functions, particularly social behaviour, it must be expanded to include the acts of other organisms and the reciprocal relationships that are formed with them.
- There is continuity in development, such that the organisation at one stage provides the basis for organisation at the next stage. It is essentially a dynamic process that promotes reorganisation and adaptation over time.
- The need for multiple levels of analysis is a direct corollary of the assumption that there are interlocked systems associated with the control of behaviour, from neurobiological events to socio-cultural ones.
- Behaviour should be viewed in terms of the organisation of which it is part: what appears to be the 'same' activity at two different stages or in two different species may be similar only in superficial properties.
- The organism is continuously active and adaptive throughout the course of development, relative to what system is involved and the circumstances in which adaptation is assessed.

To translate the above guiding principles into social work language for the purpose of this study, the researcher can say that development occurs within the organised family system; that some functions of the child, such as social behaviour, include the acts of parents and other family members and the reciprocal relationship formed with them; development at one level prepares the child for development at the next stage, and this encourages adaptation across time; the control of behaviour is affected by attributes within the child and to cultural factors in the child's environment; the child's behaviour has meaning only in the context in which it is displayed; and the child partakes in his development relative to the circumstances in which it is played out .

4.4.1 Developmental stages

The Minnesota classifications and codes for children and youth (1977) used the categories identified in Table 4.2 for the "Stages of Growth and Development". She included some of the concepts coded under these categories:

PDF created with pdfFactory trial version www.pdffactory.com

TABLE 4.2 MINNESOTA CLASSIFICATION'S CATEGORIES FOR STAGES

Infancy	Early childhood	Pre-schoolers	School age child	Puberty	Adolescence
0-12mnths	1-3 year	4-5 years	6-9 years	10-13 years	14-18 years
Body exploration	Dependence	Curiosity, lacking	Adults, non-family	Conflict	Abortion
Feeding	Exploration	Dependence	Home	Family	Concern about child
Mother-infant	Fearfulness	Enuresis	Peers	Peers	Conflict
Object exploration	Feeding	Mother	Problem-solving	Physiological changes	Family
People	Mother	Peers	Relationships	Relationships	Homosexuality
Space exploration	Object exploration	Play		Sexual development	Independence
	Resistance	Relationship		Withdrawal	Physiological changes
	Self-feeding	Resistance			Pregnancy
	Self-toileting	Self-care			Psychosocial changes
	Space exploration	Verbal development			Relationships
	Speech				School problems, drop-out
					Sexuality
					Vocational plans
					Withdrawal

'Resistance' is a concept that appears in different stages, and the Minnesota classification codes referred to resistance to adults, feeding, toileting, treatment (by child and by parent/s), self care, and speech. Most of these concepts will be found throughout this chapter, although it will be in a different order, arranged according to the categories decided on, as described in the previous section.

Statistics South Africa© (www.statssa.gov.za/census01) gave the descriptions of the people counted in South Africa during Census 2001 as grouped according to the various stages in the life cycle: infants (aged 0–4), children (5–13), youth (14–34), adults (35–64), and the elderly (aged 65 and above).

PDF created with pdfFactory trial version www.pdffactory.com

The researcher is of the opinion that six categories for development stages as portrayed by Table 4.2 are unnecessary. From the table above it can be seen that the concepts under the first two categories, the middle two and the last two are very similar, which implies that they share the major changes and developmental tasks of that age and can therefore be combined. With the purpose of classification being to narrow down concepts to the bare minimum, the researcher believes she is justified in her choice to reduce the stages to four: baby and toddler stage (infant – 2 years), the pre-school stage (3-6 years), the school stage (7 to 12 years), and the teenage and adolescent stage (13 to 18 years). These form part of the development in the next chapter.

4.4.2 Milestones

The first term that comes to mind when thinking about the child's development, is **milestones**. It is what most professions working with children use to evaluate how well a child is growing on all developmental areas. This is relatively culturally and environmentally sensitive. In the researcher's opinion, most social workers are aware of the fact that the environment provides the stimulation for development, and communities with socio-economic disadvantages provide fewer opportunities for stimulation (such as crèches and good schools). Milestones are averages, giving only an indication (and not an absolute cut-off line) of what can be expected of a child at a certain age. Children, who fall below the average, justly cause concern regardless of cultural beliefs about the nature of development. In the researcher's opinion, the rituals to signify developmental changes are what differentiate cultures, and not the averages for progressive growth. This aspect is closely linked to neglect, since a certain amount of stimulation is needed for a baby to develop into his genetic potential.

In assessing the child's development, it should be noted that a delay of one year is a basic criterion that indicates a need for further investigation through the use of a number of tasks in each of several areas of intellectual functioning. The mere presence of a delay on one task or a set of similar tasks is certainly not sufficient to make a definitive judgement about the case. Any child will show some advance or delay. What matters is overall cognitive organisation and not the result of one specific experiment (Voyat, 1982: 14-15). This can, to a greater or lesser degree, be applied to other areas of development as well. The principle behind this is that overall development should be considered.

PDF created with pdfFactory trial version www.pdffactory.com

Does the child show delay in most areas or only in one? In the next section, movement (such as sitting up, kicking, etc) is regarded as critical, and, in the researcher's opinion, a delay of only a few months should be viewed in a serious light.

The sources on childhood development are as vast as any shared concept amongst multiple disciplines can be. For this reason the researcher included the summary table she uses with success in her support to new parents and in training of volunteers, foster- and adoptive parents in Annexure 2. A similar sentiment was voiced by Wolff (1960: 8) in his intention to:

> [limit] the discussion to concepts and processes of developments which could be derived from simple and concrete observation; and for the position ... theory takes regarding the inherent co-ordination between the organism and its environment, which is in essence the problem of development.

From the milestones in Annexure 2, development can be classified on five general levels: perceptual (visual and hearing); motor or physical development (gross and fine motor movement and skill); cognitive (language, mental operations); emotional or psychological; and social development. Milestones assist in determining the stages at which appropriate developmental tasks should have been achieved by the child. A delay in development will create problems in his social roles with friends. A delay of one year is used as a basic criterion for further investigation.

It is necessary for the social worker to be aware of the influence cognitive functioning can have on social functioning. Her reasons for highlighting this among other developmental areas, are discussed next.

4.4.3 Cognitive development

The researcher felt it necessary to give more specific attention to cognitive development. There were a number of reasons for this:

- Through email correspondence, Prof Karls (regarded as an expert on the development of classification systems) suggested that the researcher explore Piaget's work on childhood development. He was familiar with previous attempts to develop a classification for children, and remembered that these researches had

PDF created with pdfFactory trial version www.pdffactory.com

consulted Piaget's work.

- The concept of word knowledge was also indicated as a child variable in social functioning (Table 4.1). Language development is dependent on cognitive development, and language is crucial in relationships.
- The researcher is of the opinion that social workers in South Africa do not have sufficiently extensive knowledge in this area, and she felt the need to explore this area as a backdrop to the development of the classification system.

The researcher therefore explored Piaget's sensorimotor theory on cognitive development. She summarised the various phases into tables (refer to Annexure 2), with the other assessment aids. This section highlights what the social worker needs to understand with regard to the child's ability to relate to others at different stages.

Because of the relevance of communication as part of cognitive development, the researcher felt the need to first highlight the context in which this development occurs.

4.4.3.1 Context of development

Gauvain (2001) states that the human intellect develops in a rich social and cultural context, with the heart of development being the adaptation of the mind to the circumstances in which growth occurs. In this light cognitive development can be described as the process by which basic biological capabilities are shaped, in ways that fit with the social and cultural context in which these capabilities will be used. The shape and trajectory of intellectual growth is inseparable from the social and cultural character of human experience, since humans are social animals and connections between individuals are a critical aspect of mental life. These connections not only help organise and sustain the human intellect, they also serve as templates for cognitive growth. According to a socio-cultural view, people have access to the world indirectly rather than directly. Material (such as labour-saving devices and forms of technology) and symbolic tools (such as language, numeracy, and other representational systems) mediate human behaviour, and cultures have developed many types of tools to support the daily activities of people. Sign and symbol systems have also been developed to represent, manipulate, and communicate ideas, providing people with the means to organise and accomplish everyday practical actions, and their use is passed on to succeeding generations. An important point is that these tools not only enhance human thinking, they transform it

PDF created with pdfFactory trial version www.pdffactory.com

(Gauvain, 2001).

Cognitive development in everyday life is nested within and emerges from a social world that contains historical, contemporary and prospective influences. Conventions for organizing human activity, material and symbolic tools that support knowledge and its development, and social and institutional practices are inherent aspects of intelligent human action. These influences help define and steer the developmental course, and they provide opportunities for and impose constraints upon intellectual growth. These opportunities and constraints help organize the developing mind in ways suited to the needs and aspirations of the community in which growth occurs. It is in this way that the social and cultural context operates as mechanisms for cognitive change.

Gauvain, 2001.

Consideration should be given to what specific cultures' 'symbolic tools' are, and social workers should avoid imposing their cultures' 'material' on the children they assess. This serves as a guideline in the use of the ChildPIE©. Of more importance is that, since cultural influences impose opportunities or constraints on the developing mind, the social worker should be aware of any inappropriate cultural influences on the developing mind of the child.

4.4.3.2 Child variables in development

The significance of Piaget's theory on development is the relationship between learning and the interaction the child has with his environment. For the focus of this study it is necessary to identify variables within the child which will determine the course of development as transactions with his environment unfolds. (Note that since this is a classical theory, it has been adjusted to fit with contemporary theories on childhood – the researcher therefore used an older source to find a purer description of the theory.)

Piaget's theory of knowledge postulates that:

- motor action is the source from which mental operations emerge (i.e. thought arises from sensorimotor activity);
- man's knowledge about the world arrives from his concrete experiences with it; and
- the unfolding of man's psychological potentialities exposes him to an ever-expanding sector of reality.

PDF created with pdfFactory trial version www.pdffactory.com

Its central assertions are that:

- Intelligence is only one aspect of the general biological adaptation to the environment.
- Intellectual adaptation is the progressive differentiation of inborn reflex mechanisms under the impact of experience.
- The differentiation of inborn reflex structures and their functions gives rise to the mental operations by which man conceives of objects, space, time, and causality, and of the logical relationships which constitute the basis of scientific thought.

Wolff, 1960: 9.

In summary (considering the above bullet points and information from the tables in Annexure 2), the significance of Piaget's theory to social work is to know that movement from birth (and even as a foetus) is important for brain development and for engaging with the environment from which it receives its stimulation and learning opportunities. It is also relevant that, as the child gains more experience, more differentiation takes place and, the more his potentialities unfold, the broader the world becomes that he is exposed to. The mental operations resulting from this exposure become the framework from which objects, space, time, and causality are perceived. From around two years, a child shows increasingly more interest in people, and as intuitive, operational and abstract thinking develops, the child becomes more adept at relating to his environment.

4.5 Routine

Society is an organised system that expects its inhabitants to adhere to some standard rules, usually for their own well-being and that of others. From early on we teach our children unspoken universal rules for their own sake, so they do not violate established mechanisms which keep the society functional. For example, lavatory habits are private and separate for the sake of public health, and non-compliance to this will lead to public shame. Establishing routine is therefore one of the major pre-requisites for healthy social functioning. This section is not only applicable to biological parents, but is particularly relevant to children in foster or group home care.

In giving a framework for assessing the development of pre-schoolers, Lilian Katz (2005) says that, in the course of the child's development, behaviours in eleven categories can be observed. These eleven categories are: sleeping-, eating-, and toilet habits; range of

PDF created with pdfFactory trial version www.pdffactory.com

emotions; friendships; variations in play; responses to authority; curiosity; interest; spontaneous affection; and enjoyment of the good things in life. All of these categories are discussed under different sections of this chapter, but significant to this section are the references to sleeping-, eating-, and toilet habits. The researcher categorised these three as routine deviations for the purposes of her developmental study.

Katz (2005) says that it should be kept in mind that difficulties in any single category are no cause for alarm. Indeed, difficulties in several categories do not imply irreversible problems; rather, they help us notice those periods when the child's life situation, for many possible reasons, is somewhat out of alignment with his or her emerging needs.

Routine contains all of the ordinary business of a child's life, like getting up, going to school, coming home, having dinner, relaxing and going to bed. Routine at a residence is generally designed to teach the child the habits necessary for survival in society. Routine provides a safe, predictable environment for children to work on their problems. The routine ensures that everyone is rested, properly nourished and well cared for. (Crone 1984:55-56.)

Routine is designed to teach the child the habits necessary for survival in society; to provide a safe predictable environment; and to ensure that the child is rested, nourished, and well cared for. A disturbance in any single area of the child's routine is no cause for concern.

The researcher is interested in those routine deviations that may be indicative of social functioning problems in the child. For example, bedwetting has been identified as an indication of emotional problems in the child's life. Or a refusal to eat may be a child's only way to control the chaotic environment around him. The first three of these eleven criteria of sound development – sleeping, eating, and toilet habits – are particularly sensitive indicators of the child's well-being because only the child has control of them. The other criteria are more culture-bound and situationally determined. When the pattern of a child's behaviour in about half of these criteria seems less than optimum over a period of about a month, some remedial action should be taken.

An author often referred to in this section is Hersov (1985). This source is useful in that it deals with the classification of a huge variety of childhood problems, focusing on signs

PDF created with pdfFactory trial version www.pdffactory.com

and symptoms that indicate the presence of a problem. Selecting this source was consistent with the guidelines the researcher set for herself, namely to seek out sources that had already attempted some form of classification.

4.5.1 Sleep problems

A child learns through the interactions with his world, and these are altered through his own mood which is affected by how well rested he is. The researcher has observed in practice that a tired child alerts a social worker to other problems, such as the child being unable to sleep because of conflict between the parents late at night, or concerns that are not appropriate for the child's age keeping the child awake. In using this as a consideration in the classification of childhood social functioning problems, the social worker should eliminate the possible physical causes of the sleep disturbance, and assess whether an emotional aspect is involved which signifies problems in his family or in other relationships. Of perhaps more significance is the fact that disturbed sleep patterns can be indicative of discipline problems. The child needs consistency in order to develop healthy sleeping patterns, and the parent is the one responsible for providing it.

A varied sleep pattern, which may be perceived as a problem by parents, is common among very young babies. This will normally resolve itself if regular routines are maintained and no other significant problems exist in the family. The most common presentation of sleep problems in the very young child is night waking and the difficulties associated with settling the infant back to sleep. Physical and emotional factors will be important here, as will the individual temperament of the child. The child may wake because of physical discomfort, caused by hunger, or a wet or soiled nappy. Similarly, teething, colic, and other physical ailments are likely to produce disturbed nights for both child and parents. Toddlers, and even tiny babies, are sensitive to variations in the emotional atmosphere at home. Emotional strains will affect the parents' handling of the infant, and produce changes in their regular routine, which the child will very probably become aware of (Kerfoot and Butler, 1988).

Older children experience more upsetting sleeping problems, which include nightmares, night terrors, and sleepwalking. Sometimes sleep disturbance is associated with illness (raised temperature). In the absence of other significant problems, sleep disorders can be regarded as a common and transient feature of development during childhood. The

PDF created with pdfFactory trial version www.pdffactory.com

management of sleep problems in children is geared towards establishing a routine, which clearly emphasizes the difference between daytime and night time activities, and where the routine for the latter is followed with firmness and consistency. Where children insist on sleeping in the parent's bed, small rewards can be used to encourage the child to stay in his own bed (Kerfoot and Butler, 1988).

In the researcher's opinion, the significance of disturbed sleep as a routine deviation is that a tired child will not enjoy regular day activities and will be more likely have negative interactions because of his exhaustion. Tiredness should be a definite consideration in assessing the child's interactions, since it will also affect his ability to concentrate. A varied sleep pattern in young children is normal, but regular night waking and difficulty falling back to sleep, together with confusion between night and daytime and sleeping with parents are problematic for parents. These can be caused by physical discomfort, illness, or the emotional atmosphere in the home. Older children experience nightmares, night terrors, and sleepwalking.

4.5.2 Bedwetting or enuresis

The failure to achieve bladder or bowel control in accordance with developmental norms may reflect a maturational delay in some children, but in others it may be indicative of more serious disturbance.

Nocturnal enuresis – night time bedwetting – is the most common presentation of this problem, and often occurs on its own. **Diurnal enuresis** – daytime wetting – is less common, but can accompany nocturnal enuresis, and is less likely to occur on its own. Children normally achieve bladder continence between 3 and 4 years of age, and incontinence of urine after the age of 5 is considered abnormal. Enuresis is usually divided into primary and secondary types. **Primary enuresis** refers to those children who have never achieved bladder control, while **secondary enuresis** includes those children who, having achieved bladder control for a time, then begin to wet again.

Enuresis appears to be more frequent in children of low social class or living in crowded or disadvantage circumstances, and among those children reared in institutions. Children tend to grow out of their enuresis problem in the 6 to 9 year age group. Enuresis is a common problem, which is best seen in terms of a delay in learning bladder control. It

PDF created with pdfFactory trial version www.pdffactory.com

should be emphasized that the wetting is involuntary and not a deliberate action in the part of the child (Kerfoot and Butler, 1988).

According to Shaffer (1985: 465-466), combined day and night wetting is associated with a higher rate of psychiatric disturbance. Bed-wetters who have an associated urinary tract infection are several times more likely to wet during the day. Studies suggest that the anatomical development of the pelvic floor is delayed in some children who wet the bed, and that their bladders are more irritable. One percent of five year-old girls have undiagnosed urinary tract infections, and the prevalence of enuresis in infected girls is five times that of the general population. Infection is also more common in those who wet frequently. Enuretic children pass urine more often and the volume passed is smaller, which is indicative of a reduced functional bladder capacity (Shaffer, 1985: 466-467).

The parent's behaviour also influences the achievement of bladder and bowel control. Hersov (1985: 469-470) says that parents should put off toilet training until a child is ready. A child shows his readiness by indicating a wish to pass urine during the daytime, and/or showing some distress when wet. The child's cognitive and language development calls for a delay until after the age of two. Apart from age, the quality and amount of reinforcement that is given for appropriate urination or for continence, and the quality and amount of punishment given for inappropriate incontinence is significant in potty-training. Encouragement and social rewards hasten the process in children over two years of age. A mild element of disapproval seems likely to be helpful, but undue harshness causes stress and problems at the time of training. Other life events during the toilet-training age also affect its success. These include family break-up through death or divorce, temporary separation from the mother for at least a month, birth of a younger sibling, moving home, admission to hospital, an accident, and a surgical procedure. Children who are dry at five years and start wetting during the next two years are more likely to show emotional-behavioural difficulties. It is unsure whether the link between enuresis and these difficulties is causal, reactive, or coincidental. Some hold that enuresis is the direct manifestation of an underlying emotional disturbance or conflict, and that wetting is an immature form of gratification, a manifestation of anxiety, or an expression of hostility in a child who has difficulty expressing anger in more direct ways. Depressed mood may have a role in producing enuresis, although the distressing and sometimes stigmatising condition can result in the depressed mood (Hersov, 1985: 470-472).

PDF created with pdfFactory trial version www.pdffactory.com

After the age of five, with the elimination of possible physical (pelvic floor, infection), life events (divorce, moving, accident) or contextual factors (such as crowded residence), poor bladder control should alert the social worker to more serious problems. Combined day and night time wetting is associated with a higher incidence of psychiatric problems in children. Children who achieved continence and then start wetting again are more likely to show emotional-behavioural problems. The child needs encouragement and social rewards to be successful at potty-training.

4.5.3 Soiling or encopresis

Children are normally clean and continent of faeces by the age of three. **Encopresis** – faecal soiling – is considered abnormal after the age of four. This commonly involves the passing of faeces into clothing, e.g. underwear, pyjamas, etc., and may be accompanied by smearing (Hersov, 1985).

Soiling by day after the age of five is present in only 1% of children, and is three times more common in boys. By 40 weeks the infant is able to sit and reacts adaptively to toilet training, but by one year 'successes' are less frequent and resistance appears again. At 15 months the child can stand upright, and the irregularities and resistances lessen, for he now enjoys going to the toilet, and some children instinctively assume the squat position. The developmental task is to achieve a working balance between contraction and relaxation and at first each comes separately under voluntary control. By 18 months speech is developing and the articulate child who is able to say a word for toilet can relate this to his bowel movements, and so increase his voluntary control. By the age of three there is an increased ability to withhold, and the child accepts and even asks for help. Bowel function becomes a private affair by the age of four, with insistence on a closed toilet door. Parents may deal with poor toilet training with punitive measures of varying severity, sometimes leading to 'holding back' of stools, chronic constipation, rectal inertia, and 'overflow incontinence'. There is an association between training begun before 8 months of age and completed by 18 months, and emotional disturbance in children. The 'potting couple' refers to the situation between mother and child that has a system of stimulus cues for communication. Under normal conditions the mother responds promptly to the child's physiological cues, and her own communications in return make the child aware of his own cues so he is able to achieve eventual autonomy in bowel

PDF created with pdfFactory trial version www.pdffactory.com

function. Some mothers miss stimulus cues so that their child's learning becomes deficient, and others misinterpret cues and acted inappropriately without regularly reinforcing the appropriate behaviour (Hersov, 1985: 482-484).

Hersov (1985) believes that the causation of encopresis can best be understood by considering the three main ways in which the disorder usually presents. With **primary encopresis**, where the child never gained bowel control, children tend to come from homes with little consistency in routine and social disadvantages. With **secondary encopresis**, where the child soils after achieving bowel control, the regressive behaviour is precipitated by some emotional trauma, such as the birth of a sibling. Constipation with overflow soiling reflects a disturbed relationship between the child and his primary caregiver. It can stem from toilet training that began too early, with the result that the child is constipated through his stubborn refusal to pass faeces. The soiling occurs through the overflow of more liquid faeces around the faecal blockages.

Poor bowel control after the age of four is considered problematic. Primary encopresis is associated with homes with little consistency in routine, whereas secondary encopresis is precipitated by emotional trauma. Overflow soiling reflects a disturbed relationship between the child and caregiver, most probably because of the use of punitive measures by the parent. It is necessary for the caregiver to respond promptly to the physiological cues of the child with communication that alerts the child to his own cues, in order for the child to achieve continence.

4.5.4 Eating problems

The researcher believes that the significance of good eating routines is that the social worker has always had an educating role. She should develop insight into what constitutes healthy living, and should therefore consider as part of assessing the family and parenting skills, how the quantity and quality of food are handled. On the other hand, for many toddlers, eating problems represent a phase in their development which is an integral part of their need to assert themselves, and to rebel against parental authority. Children have many ways of testing parental resolve and behavioural boundaries, and eating may be just one feature of this process. The outcome for such children is usually good. However, where parental attitudes are negative and intransigent, the problem may persist into later childhood. The relational aspect to this routine problem is therefore

PDF created with pdfFactory trial version www.pdffactory.com

twofold. Firstly, it has significance for assessing the extent to which the parent shows responsibility for the child's nutrition, and secondly, it shows the degree to which the child's handling of food and eating times is a behavioural way for the child to assert himself or to test boundaries. As with sleeping habits, this easily becomes a discipline battle for parents.

Eating problems are very common in young children, and can sometimes arise in the absence of other significant difficulties. Eating problems in childhood are usually categorised in the following ways (Kerfoot and Butler, 1988):

- **The quantity of food intake**. Too little - one common eating problem is food refusal. Pressure from the parent for children to eat certain quantities of food can lead to resistance on the part of the child. Some parents have what we might call *'The Clean Plate Syndrome'*, where the child is threatened with all manners of sanctions, or coerced into finishing every item of food put before him. Mealtimes may well become a battleground, with neither side being prepared to capitulate or compromise. In many cases the child will have eaten sufficient for his dietary requirements without finishing all that is placed before him.

  Too much - another problem is those children who not only eat their meals, but everything else. Such children will persistently complain of hunger, even after a large meal, and will supplement their meals with a variety of other sources of food.
- **The type of food**. A lack of a good balanced diet is very common among children who are food refusers. This may mean that only a very narrow range of foods is acceptable to the child. There is usually marked parental anxiety even though the child is generally well nourished and apparently unconcerned about their diet.
- **Children who eat items that are not usually regarded as food**. *Pica* refers to the eating of items that are not usually regarded as food, for example, wood, paper, soil, and fabrics. The condition is thought to be indicative of environmental and emotional distress, and so may be an important indicator for the social worker to be aware of. It is also thought to be associated with distorted developmental patterns, brain damage, and mental retardation.

In the older child **anorexia** and **bulimia** are very serious eating disorders that can result in permanent damage to the body and even death. The following information was copied from a website that provided a helpful concise description of how to identify it in practice (source: www.remudaranch.com/index.asp)

PDF created with pdfFactory trial version www.pdffactory.com

People with anorexia starve themselves to dangerously thin levels, at least 15% below their appropriate weight.

Criteria:

- Low weight.
- Weight phobia: intense fear of gaining weight or becoming fat, even though underweight.
- Body image issues: believing you are fat when you are not; making your weight the only thing you judge yourself on; denying the medical seriousness of your low weight.
- Loss of menstrual period: for women who have reached puberty, missing at least three menstrual cycles in a row.

Warning signs:

- Loss of menstrual period.
- Dieting obsessively when not overweight.
- Claiming to feel "fat" when being overweight is not a reality.
- Preoccupation with food, calories, nutrition, and/or cooking.
- Denial of hunger.
- Excessive exercising, being overly active.
- Frequent weighing.
- Strange food-related behaviours.
- Complaints of feeling bloated or nauseated when eating normal amounts of food.
- Episodes of binge-eating.
- 15% or more below normal body weight.
- Depression.

People with bulimia binge uncontrollably on large amounts of food – sometimes thousands of calories at a time – and then purge the calories out of their bodies through vomiting, starving, excessive exercise, laxatives, or other methods.

Criteria:

- Binge-eating on a regular basis.
- Purging: regular efforts to avoid weight gain, including self-induced vomiting, laxatives, diuretics, enemas, other medications, fasting, or excessive exercise.
- Frequency: the binge eating and purging both occur, on average, at least twice a week for three months.
- Body image issues: making your weight the only thing you judge yourself on.

Warning signs:

- Excessive concern about weight.
- Strict dieting followed by eating binges.

PDF created with pdfFactory trial version www.pdffactory.com

- Frequent overeating, especially when distressed.
- Binging on high calorie, sweet foods.
- Use of laxatives, diuretics, strict dieting, vigorous exercise, and/or vomiting to control weight.
- Leaving for the bathroom after meals.
- Being secretive about binges or vomiting.
- Planning binges or opportunities to binge.
- Feeling out of control.
- Depressive moods.

Physical complications of eating disorders include the following: acid reflux, constipation, loss of menstrual cycle, dry skin, feeling cold, slowness of thought, erosion of the teeth and gums, haemorrhoids, osteopenia/osteoporosis, stunted growth in adolescents, heart rhythm abnormalities, electrolyte abnormalities, abnormal liver functioning, elevated cholesterol, and abnormal blood pressure.

The more serious conditions of anorexia and bulimia can be identified through the signs and symptoms listed above. These are regarded as more extreme disturbances in the eating routine, which have severe physical effects. An eating disorder can be considered an emotional problem, and will fit better in Factor 3, with the other mental health related problems to be developed at post-doctoral level, but the researcher has included the signs here for the identification of early onset (and not only after a psychiatrist or psychologist has diagnosed the disorder), especially in younger children. She bases this on the assumption that young children may imitate an older child or even a mother who is continuously dieting, and the learning of good nutritional habits may still prevent the further development of this problem.

In partial support of the researcher's interest in including signs of an eating disorder for early identification, the following literature shed an interesting light on anorexia and bulimia. Russell (1985: 625) says that, although the incidence is lower than is the case in teenage girls (the most common onset is between 14 and 17 years), anorexia does appear from 9 to 13 years. The author differentiates between post-pubertal anorexia (after the start of first menstrual period) and pre-menarchal anorexia (13 years and younger). An interesting theory raised by Crisp (1980, in Russell, 1985: 626) is that the eating disorder is determined by a need for the young adolescent to regress into a simpler existence without the conflicts of growth, sexuality and personal independence.

PDF created with pdfFactory trial version www.pdffactory.com

Excessive weight-loss 'switches off' the central nervous mechanisms controlling sex hormone activity. This regression is associated with relief and the avoidance of food is thus reinforced. Another interesting theory by Bruch (1974, in Russell, 1986: 626) is that most anorexic patients express a "paralysing sense of ineffectiveness", attributable to the parents' failure to encourage self-expression. The patient usually lacks autonomy and fears that she will never meet her parents' expectations of her.

The significance of these theories on anorexia is that some children (usually girls) may show early signs of a serious eating disorder, and these have a relational aspect to them. Indications of avoiding food or trying to loose excessive weight can indicate perceived high expectations of the child by parents, and a need to resist becoming independent by regressing through food avoidance. For the purposes of this study, early signs of severe pre-diagnosed eating problems in the school age child are considered a risk for social functioning since this may be indicative of a relational problem in the family. The effects of such poor nutrition on the physical well-being of the child are bound to spill over into the child's ability to relate to others and handle stress presented by the environment. In this early identification period one can work from the premise that, if a parent or teacher should mention a disturbance in eating patterns with the child, it would be significant enough to investigate. A diagnosis of an eating disorder by a psychologist or psychiatrist will require medical and rehabilitative intervention, and such a diagnosis will be indicated under Factor 3 (mental health – post doctoral development). The focus area of the social worker involves the effect the disturbance has on the child's ability to perform in his/her social roles, and intervention will be focused on the parent-child relationship and teaching alternative coping mechanisms.

Eating problems as a routine deviation are reflected in the quantity of food being consumed (too much or too little), in the nutritional value of the food (pica or 'picky eaters' or unhealthy diet served by parent), and excessive weight control measures. Phases of difficulties with eating are normal as children develop. Signs indicating a more serious disturbance in older children (presenting from as early as 9 years) include binging or starvation, going to the bathroom after meals, obsession with exercise or body image, and physical symptoms such as loss of menstrual period and dizziness.

4.6 Behavioural adjustment

Dysfunctional behaviour may be understood to mean "observable conduct that violates

PDF created with pdfFactory trial version www.pdffactory.com

the established rules of an existing group and which the group consider so dangerous and embarrassing or irritating that they bring special sanctions to bear against the persons who exhibit it" (Gullotta, 1996: 4).

Disruptive behaviour is a child's way of seeking a place in the world as he understands it. It is based on the mistaken belief that they cannot belong through constructive, cooperative, or acceptable means. Children are not usually aware of the purposes of their behaviour; however, they recognise that some actions bring reinforcement of belonging and acceptance, while others do not. Children learn to repeat behaviour which appears to be successful or works for them. The purposes of children's behaviour can be identified from the feelings evoked by the behaviour, and caregivers should learn to respond in ways that will encourage children to gain recognition through acceptable means (Harrison, 1997).

Problem behaviour is then the observable conduct of the child that violates established rules for which sanctions are brought to bear against him. The behaviour is the child's way of seeking a place in his world, and children learn to repeat behaviour that has proven effective in the past.

What the researcher has observed in social work practice is that a number of social workers find it useful to understand the goals behind problem behaviour in order to assess it in context, and know how to intervene appropriately. She therefore included these goals in Annexure 2 as part of the assessment aids that will support the new classification system.

The Minnesota Classification and codes for children and youth (1977) listed the following concepts under the categories of "Short-term stress or crisis situation – precipitated by child's aggressive behaviour" and "Behaviour that affects relationships". The list of concepts under these headings is:

- Asocial
- Bedwetting
- Conflict
- Hostile
- Hyperactive
- School
- Delinquent
- Injury by child
- Property
- Rape
- Runaway
- Withdrawn

PDF created with pdfFactory trial version www.pdffactory.com

In the course of her internet searches, the researcher came across a website that provides access to a range of effective behaviour management tools and development solutions for professionals working with children. The products have been developed by psychologists, paediatricians, teachers, dieticians, occupational therapists, speech and language pathologists and social workers, through case based research (Conduct Management www.conductmanagement.com). The multi-disciplinary development is significant, since it shows agreement on the importance of certain aspects of the child's functioning.

4.6.1 Choice of terms for categories

The researcher looked at the topics in their products outlined above, and has included two printed pages from their website in Annexure 2: one for childhood (0-12 years), and one for adolescence. These topics are listed in alphabetical order, and the researcher includes the themes that form part of their behaviour toolbox. Although the above website refers to all of these as behaviours, the concepts included in this chapter have been arranged differently. Some of the topics are only addressed at post-doctoral level – these are the emotional / neurological problems (e.g. depression, hyperactivity, language), and physical problems (auditory, visual, disability, pain management). To simplify this study, the researcher left out those topics that were repeats of the child and adolescent topics, keeping in mind that this 'toolbox' had been an inter-disciplinary development. Since different professions use different terminology, the researcher may not have used the same word for each topic (e.g. 'distractibility' is later included under 'attention'). Terms also seem to differ for different age groups, for example, 'compliance' was used more often for younger children and 'cooperation' for older children (see toolbox in Annexure 1A). The researcher chose to use the former term, which she believes to mean both that the child decides to cooperate, and that he realises the need to submit to some kind of authority. Different frameworks in which the topics are differently applied, were considered. The researcher summarised the most recent framework found on assessing a wide variety of childhood aspects in order to give an idea of the terms used. These terms will be recognised throughout this chapter. The researcher needed to establish categories that would bring her closer to an operationalised system. The reason for including this list is to show support for the inclusions of the topics throughout this chapter. It served as a 'checklist' for the researcher, and increased her confidence in

PDF created with pdfFactory trial version www.pdffactory.com

the topics she chose to include.

Child Behaviour Topics

- Aggression
- Anxiety x
- Begin social skills √
- Communication √
- Comprehension
- Dealing with feelings
- Dealing with stress √
- Exploratory play √
- Home work
- Language x
- Pain management
- Repetitive behaviour
- Self-stimulation
- Shyness √
- Sleeping √
- Thumb-sucking
- Wandering
- Anger
- Attachment √
- Biting
- Compliance
- Compulsions
- Dealing with moving
- Disability awareness x
- Fine motor √
- Inferential thinking A
- Nail biting
- Reading x
- Self-esteem √
- Sharing √
- Sibling rivalry
- Soiling √
- Toilet training √
- Wetting √

Adolescent Behaviour Topics

- Bad language
- Body image x
- Conversational skills
- Depression x
- Eating disorders √
- Divorce √
- Hyperactivity/impulsivity x
- Making friends √
- Memory x
- Obsessive
- Peer pressure √
- School attendance
- Sexuality √
- Substance abuse
- Teasing √
- Transition to adulthood P
- Bullying
- Cooperation √
- Death & Grieving √
- Distractibility √
- Expressing feelings √
- Fears & phobias x
- Lying
- Manage conflict √
- Nutrition √
- Organisation
- Problem-solving √
- Self-abuse
- Stealing
- Suicide x
- Terrorism & war
- Worry

The concepts included under behavioural adjustment for the purposes of this study are the ones highlighted in grey. The topics marked with a tick (√) can be found in other sections of this chapter where they have been categorised according to the purposes of this study. The topics marked with an 'x' were part of the initial literature study, but they have been excluded from this study because they are better suited to Factor 3 (mental health), as in the adult PIE. The 'P' indicates topics which received attention in the previous chapter. The 'A' refers to topics found in Annexure 2.

This chapter shows how the terms found in literature were structured into a meaningful whole, and how this structure will eventually form the starting point for the structuring of the classification system.

PDF created with pdfFactory trial version www.pdffactory.com

4.6.2 Elements of behavioural maladjustment

In line with the focus of this study, Lahey and Loeber (1994: 139-140) stated that one cannot understand any maladaptive pattern of behaviour in children and adolescents without understanding how that problem changes during the course of development. We change throughout our lives, but at no time more rapidly than in childhood and adolescence. The authors present a visual heuristic describing the Developmental Levels Model with regard to disruptive behaviour. The researcher combined this model with concepts from related literature (see Figure 4.1).

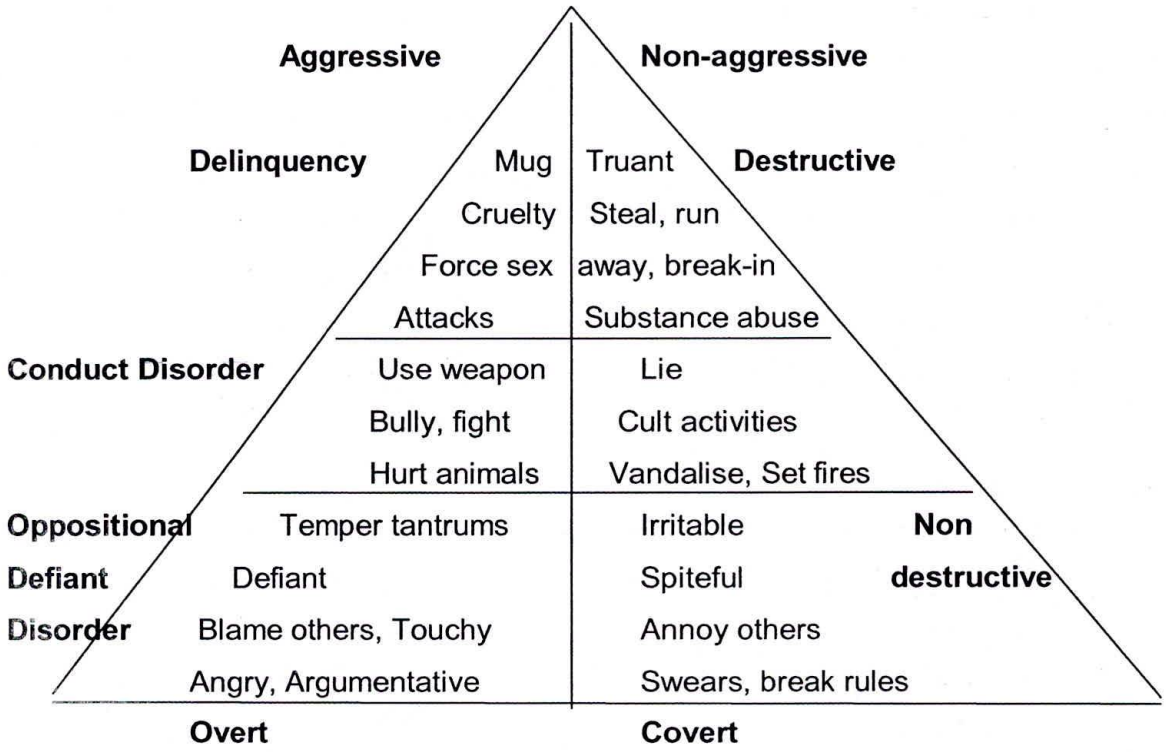


FIGURE 4.1 PYRAMID OF DISRUPTIVE BEHAVIOURS

According to the DSMIV (1994), behaviours characterising conduct disorder (CD) fall into two main groupings: aggressive CD that causes or threatens physical harm to people or animals; and non-aggressive CD that results in property damage or loss, deceitfulness or theft, and serious violation of rules. The disturbance in behaviour causes clinically significant impairment over a wide range of functioning. The behaviours must have been present during the past twelve months, with at least one present in the last six months. A range of symptoms including lying, stealing, truancy, disobedience, destructiveness, aggression and poor relationships, are identified as helpful in the diagnosis of CD (Slabber, 1999: 14).

PDF created with pdfFactory trial version www.pdffactory.com

As children who persistently display a number of behaviours of Oppositional Defiant Disorder (ODD) grow older, some of them add enough Conduct Disorder (CD) behaviours to their repertoire to meet diagnostic DSM criteria. The narrowing pyramid in Figure 4.1 illustrates that not all children with ODD will develop CD (Lahey and Loeber 1994: 141-142).

Classification is made difficult because conduct problems themselves change over the course of development. The progression to the next category of deviant behaviour depends on the seriousness of the behaviour. This developmental levels model only applies to children who first meet the criteria for CD before puberty. The onset of ODD and CD seems to be between 7 and 12 years of age for boys, and the onset of more serious delinquency appears much later. When there is an adolescent onset of CD, the youth almost exclusively exhibits the non-aggressive behaviours of CD. There are suggestions in research that girls differ from boys in that the onset appears to be later, and they are markedly less aggressive than boys on average – different developmental models are therefore needed for girls (Lahey and Loeber 1994: 143, 144, 146, 171, 172, 174).

The DSM-IV recognises two sub-types of CD based on the age of onset of symptoms. For the **childhood-onset type**, at least one characteristic criterion needs to be evident before the age of ten. Children with this form are usually male, often display physical aggression, have disturbed peer relationships and show features of Oppositional Defiant Disorder (ODD). They may be impudent (disrespectful, cheeky, presumptuous, ill-mannered), defiant and negative toward adults. They are more likely to have a chronic course culminating in adult Antisocial Personality Disorder (APD). **Adolescent-onset type** CD is defined by the absence of any CD criteria before the age of ten. They show less aggression and have better adaptation with their peers. There is also less prominent male predominance (Slabber, 1999: 15-16).

Some conduct disorders are labelled situational when they only reveal themselves in the home or school, whereas others are pervasive (all-encompassing). A new category in the International Classification of Diseases (ICD-10), **family based CD**, requires that there is no significant disturbance or abnormality of social relationships outside the family (Slabber, 1999: 15).

PDF created with pdfFactory trial version www.pdffactory.com

CH-100 P06
15029

It should become clear what the social worker's role is in contributing to the correct diagnosis and treatment of these children. Social workers are the most likely to see these children on an early intervention level, and should be so knowledgeable about these disorders that they can identify children manifesting risk factors and symptoms. Serious behavioural disorders have far reaching long-term, generational effects into adult life and social functioning, and affect individuals, systems and society.

For the researcher, what is relevant for social work practice is to distinguish between the levels at which behaviour problems affect the child in his immediate family system and community. It has been suggested that the less serious problems can still be effectively dealt with in the family, but the more serious behaviours (at top of the pyramid in Figure 4.1) will necessitate that the social worker explore possible legal intervention with the child. For assessment purposes the social worker should consider the following two categories: Firstly, *oppositional or defiant behaviour* that ranges from mild oppositional defiant behaviour to involvement in serious group defiance that has a certain effect on functioning but does not necessarily have legal implications. Most of these behaviours will bring discomfort to the child and his parents and teachers rather than to wider systems around the child. These behaviours would in most cases be triggered by problems within the child's immediate systems, and early intervention should assist effectively in eliminating these problems before legal intervention is necessary. Secondly, *conduct disturbances* that include delinquent offences, requiring possible involvement from the legal system, since the child has been involved in behaviour that was an offence to another person or his property. It involves the serious breakdown of the family as a system for nurturing and protection, with more habitual, dysfunctional behaviour patterns in the child that need more intensive and long-term intervention. It can point to possible mental illness and/or other deeper causes.

4.6.3 Oppositional defiant behaviour

For the purposes of this classification system, this category is used for the start of problem behaviour that is still mild and not clearly indicative of an underlying problem. Some 'bad' behaviour is normal for children, but the need for the social worker to intervene at the early stages of childhood problems, necessitates inclusion of this section. Typical defiant behaviour includes swearing (most children go through a stage of using

PDF created with pdfFactory trial version www.pdffactory.com

dirty language - trying out the words and giggling over having dared to do so, and getting a reaction from adults with these words); general disobedience and rule-breaking; refusal to do usual routine tasks, such as homework; eating 'rituals'; and not helping out around the house. In most cases the child is trying to assert his independence or communicate to adults that he is very concerned about something he cannot talk about.

The researcher deviates from the classification given by Lahey and Loeber (1994) in their pyramid of disruptive behaviours (Figure 4.1). Since the purpose of social work does not include diagnosing disorders, the researcher decided to divide the behaviours according to their seriousness with regard to the treatment needed. Most of the delinquent behaviour at the top of the pyramid needs corrective and rehabilitative treatment. Although Lahey and Loeber's classification identifies lie, bully, fight, vandalise, and participation in cult activities (the latter categorised by the researcher on the basis of axis descriptions, i.e. non-aggressive and covert) as conduct disorders, the researcher will include them as oppositional deviant behaviours. For the sake of assessing for the purpose of intervention, the social worker will still attempt to address these problems within the family and community system. It is unlikely that she will remove the child at the first prevalence of these problem behaviours.

Oppositional / defiant behaviour therefore includes lying, aggressiveness (bullying and fighting), cult activities, vandalism (of property and setting fires), and the less serious problems of temper tantrums, blaming, being irritable, spiteful or annoying, swearing, and breaking rules. The latter set of problems will not be discussed in this chapter since these are self-explanatory and less serious (based on the categorisation illustrated in Figure 4.1). The words to be used in the new classification system will, however, indicate the presence of oppositional/defiant behaviour.

4.6.3.1 Temper tantrums

Aggression is the result of a reinforced learned response to frustration, although the earliest response to frustration, the tantrum, occurs before it has been learnt. Mothers, however, respond to the child's needs in order to terminate the outburst. With increasing maturity of the child, mothers become less compliant, but this early experience acts as a model of reward for aggression, although later interactions with peers make major contributions to the socialisation of aggressive conduct. It may be easier to facilitate

PDF created with pdfFactory trial version www.pdffactory.com

aggression in boys because of their higher activity level, and it is also the social behaviour in which gender differences, although open to cultural influences, are most evident (Wolff, 1985: 405).

The tantrum is the earliest response to frustration and is unlearned. The response of caregivers to the child will determine whether reward for aggression has been established. Gender and cultural differences are evident in this form of social behaviour.

4.6.3.2 Lying

Caution needs to be taken as what looks like lying to an adult may merely be the reflection of the way the child sees things. Some children have vivid imaginations and have difficulty separating fact from fantasy. It such cases you might talk these matters over and help the child learn the difference between real and pretend stories. If you are certain the child is plainly lying parents should let the child know that they are aware of the child's lying and that it is viewed as unacceptable (Leigh & Leigh, 1999: 10).

Australian paediatrician, Christopher Green, finds that by the age of two, 2% of children tell fibs, at age three, 26% and age four, 37%. There are five main reasons why children lie (Nel, 2001: 73-75):

- They are not allowed to tell the truth – a child wishes the baby brother would go back to where he came from. The parent's reaction to the 'bitter' truth would tell a child that honesty is not the best policy.
- They lie in self-defence, especially when punishment is the result of owning up.
- They lie to give themselves in fantasy what they cannot have in reality. The parent needs to listen to the truth that lies reveal about the child's hopes and fears. For example, "I have a Barney video".
- Some children may lie when provoked by adults, as when the adult asks a trick question. For example, asking where a toy is when the parent knows it is broken.
- The parents model white lies – where it is okay to lie when the truth will hurt someone's feelings. If the parent also tells the child tall tales, he/ she needs to at some stage help the child to distinguish what is truth and what is not.

Children may lie because of the consequences they fear for their behaviour or because of their imagination. Parental training should develop insight into this reciprocity between

PDF created with pdfFactory trial version www.pdffactory.com

child and parent that may reinforce lying behaviour. When lying becomes problematic it is often because of the content the child is lying about (e.g. that he stole something) and not the lying per se.

4.6.3.3 Aggressiveness

It is hard finding a parent these days who isn't worried about their children's emotional well-being. These are frightening, difficult times in which to raise any child, but for children who have had trauma in their lives, it is especially difficult. Foster children are amongst the highest at risk. There seems to be an increase in aggression and anger amongst children. The steady onslaught of violent images on television, video games, the Internet, movies, music lyrics, and newspapers are hurting children. Tragically foster children have not just seen these images on screen, but have usually witnessed them in person. The result is that too many children are becoming desensitised to violence, and have learned that anger is the only way to solve problems (Borba, 1999: 1).

Aggressive behaviour is common in pre-school children, declines during the early school years, rises at adolescence and declines once more between the ages of 15 and 21 years. High activity levels are associated with aggressive behaviour in young children, and in children described as difficult by parents, and correlate with nursery school assessments of wrestling, hitting, pushing, and beating. Restlessness, destructiveness, fighting, disobedience, bullying, and temper tantrums are more common in boys from large families. Furthermore, maternal rejection in early childhood, maternal tolerance for aggressive behaviour in the child, and physically punitive child-rearing methods all contribute to aggression (Wolff, 1985: 406-407).

A very common prevalence in childhood that reflects aggressive behaviour is bullying. This problem has been described as endemic to schools. Bullying is intentional and unprovoked, and can be considered a form of abuse. It is either physical or psychological, and verbal bullying is the most common form. Both bullies and victims often have both externalising and internalising problems. In children victimised during school years, associations have been reported with later depression, poor self-esteem and difficulties in sexual relationships. In those who have been bullies, associations have been found with later criminality. (Sourander, *et al.*, 2000: 873-874).

PDF created with pdfFactory trial version www.pdffactory.com

Bullying is a form of aggression in which there is an imbalance of power between the bully and the victim, and it occurs largely within the context of the peer group. Bullying, which may be direct (e.g. name-calling) or indirect (e.g. gossip), covers a wide range of behaviours from social exclusion to physical assault, as well as emotional intimidation that may stir up intense and overwhelming feelings in the victim. With the passing of time and continued harassment, the victim's options become progressively limited. For this reason parents and teachers play a crucial role in righting the power imbalance that promotes bullying and in supporting the victimised child (Mishna, 2003).

Research findings suggest that all areas of victimised children's lives may be affected – academic, social, emotional, psychological, and physical health. After performing a meta-analysis of studies published between 1978 and 1997 that were focused on the link between bullying and maladjustment, Hawker and Boulton (2000) concluded that boys and girls of all ages who experience victimisation, suffer a variety of feelings of psychosocial distress; feeling more anxious, socially unsure, depressed, lonely, and worse about themselves than do non-victims. Children who are victimised describe themselves as unpopular, unhappy, and unsafe at school. They tend to lack friends and be rejected by peers, and report feeling afraid in school, reacting negatively toward school, and consequently avoiding school more often. They may lose motivation for schoolwork and their grades may deteriorate. Some researchers have found that children who are frequently bullied are more likely to internalise their distress than to solve the problem. Individuals may suffer from the effects of bullying episodes long after they cease. Students who report being bullied often and who lacked social support appear to be at greater risk for poor mental health. The impact of victimisation is exacerbated by a cycle whereby the emotional, physical, and social effects leave victimised children more vulnerable to further peer maltreatment. The fact that victimisation and self-perceived peer social competence influence each other suggests a vicious cycle in which low self-regard and abusive treatment by others are mutually reinforcing.

Bullies are likewise at increased risk to experience maladjustment, albeit different in nature. Researchers have established that childhood aggression often continues into adolescence and that childhood bullying behaviour may progress into adolescent delinquency or gang activity. Adolescents who were physical and/or relational bullies display significantly more externalising behaviours, which were made manifest by symptoms linked with oppositional defiant disorder and conduct disorder. Boys in Grades

PDF created with pdfFactory trial version www.pdffactory.com

6 through 9 who were bullies were roughly four times more likely to be convicted of a crime by the age of 24 than were boys who were either victims or who were not involved in bullying. Children who bully are more likely to be unhappy at school, to have attention deficit disorder, and to be depressed as youth and as adults. Although some researchers have found that bullies do not have poor self-esteem, others have found that their self-esteem is lower than children not involved in bullying. Children who are both bullies and victims are the most severely rejected by peers and have particularly serious adjustment problems (Mishna, 2003).

Ecological and societal factors that increase the likelihood of bullying and victimisation are the attitudes of parents, teachers, and school administrators, and tolerance of victimisation. Factors that foster victimisation in schools according to Mishna (2003) are:

- A lack of clear rules regarding aggression.
- Little or low principal involvement with students.
- Weak staff cohesion.
- Minimal teacher and student involvement in decision making.
- Inadequate supervision.

Factors such as socioeconomic conditions and attitudes toward violence inevitably contribute to the prevalence of bullying. The extent of victimisation that occurs among children mirrors both the violence in society and the very institutionalisation of bullying itself. Moreover, societal attitudes, for instance, homophobia, might also foster bullying (Mishna, 2003).

Aggressive behaviour involves a verbal or physical action against another person and includes wrestling, hitting, pushing, and beating. The earliest form of reaction to frustration is the tantrum. There is an increase in the prevalence of aggressive behaviour in pre-school children and in early adolescence. The most common form of aggression in childhood is bullying. It may be direct or indirect, and covers a wide range of behaviours from social exclusion to physical assaults, as well as emotional intimidation that may stir up intense and overwhelming feelings in the victim. It is of concern because childhood bullying behaviour may progress into adolescent delinquency or gang activity. The victim of the bullying behaviour is affected with regard to his academic, social, emotional, psychological, and physical health. Societal factors such as no clear disapproval of aggression can foster victimisation.

PDF created with pdfFactory trial version www.pdffactory.com

4.6.3.4 Devotion to a cult

Schwartz and Kaslow (1983: 684) noticed that the 'hippies' or 'flower children' who ostensibly dropped out of society in response to an unpopular war, poverty and materialism, gave way in the 1970s to young adults who turned instead to a variety of religious cults that similarly present individuals with the opportunity to separate from their families, renounce the larger society, and find a sense of belonging and purpose in a visible and demarcated subculture.

A source of contemporary parental distress is the fact that becoming a cult member involves a religious conversion; and acceptance of the new religion then frequently demands a complete rejection of the family as well as of its values, traditions and sanctions, while affording the young adults the opportunity to rebel and escape to what seems like a viable alternative to the family. It may therefore initially represent a declaration of independence. The cult offers a milieu in which to negate technology, education, science and rationality which are so highly respected, even venerated, by their parents, and to replace these with learning acquired through spiritual devotion and mysticism. The lure and strength of the cult's approach lies in a demand for complete fidelity and allegiance to their mission. This provides a sense of meaning and purpose in life to confused, existentially adrift young people away from the influence of their parents who could otherwise dilute the intensity of the involvement. Cult membership thus affects the family and the individual in ways more basic and destructive than earlier modes of withdrawal from the family orbit. Joining a cult is seen as a total and permanent commitment (Schwartz and Kaslow, 1983: 685).

Patterns observed in parental behaviour which impels the child to withdraw so forcefully from the bonds of family ties, and so become vulnerable to the pull of a cult, are in some cases the model of perfection exemplary parents uphold that their children are unable to fulfil. In other situations the closeness much admired by friends is a pseudo-mutual one or an expression of an overly enmeshed family. The extreme dependency by many of those who accept the recruiter's bait and become embroiled in the cult further substantiates the supposition that they grew up in fairly enmeshed families. Today's culture values autonomy more and because these two values conflict, children from enmeshed families experience real problems in trying to survive in an autonomy-valuing

PDF created with pdfFactory trial version www.pdffactory.com

world; they then become susceptible to giving up autonomy in favour of an even more confining group. Contradictory communication from 'good' parents is also internalised – we love you tremendously, but we resent your continuing needs and demands and want time alone so you must go to camp/boarding school/college. Often few rules have been incorporated since external structure is missing. Frequently the father is away from home, working long hours to support his family or for personal aggrandizement, or playing golf in order to 'make contacts' to enhance his career. Thus, the presence and influence of the father as a male authority figure is minimal. The strength of the father-child relationship appears to be a critical factor in the vulnerability/non-vulnerability of youth to cult recruitment (Schwartz and Kaslow, 1983: 687-688).

Evidence of the child's involvement in occult related activities are behaviour changes including rebelliousness, publicly rejecting all laws, threats to kill the family or self, and weird objects like a diary called the 'book of shadows', written from back to front. These are usually accompanied by drug abuse. Sadistic or Satanic ritual abuse has devastating long term effects on the victim and should be taken seriously (Havenga, 2002).

Helen Keller (1903, in Faul, 1995: 199-200) stated that:

> It is a mistake always to contemplate the good and ignore the evil, because by making people neglectful it lets in disaster. There is a dangerous optimism of ignorance and indifference. Optimism that does not count the cost is like a house built on sand. A man must understand evil and be acquainted with sorrow before he can write himself an optimist and expect others to believe he has reason for the faith that is in him.

Schwartz and Kaslow (1983: 686) aimed:

> to provide a tentative hypothesis about the young people who have become ensnared by the growing cult phenomenon that appears to entail brain-washing and extreme personality conversions, euphemistically called 'snapping' because of the apparent instantaneous quality of the change. It is further intended to stimulate dialogue among family therapists and hard research by clinicians so that we will be better able to comprehend the cults, their appeal and impact – perhaps to prevent some young people from joining and certainly to more knowledgeably and effectively treat those who have re-entered the larger society and their families when they seek our 'healing' services.

PDF created with pdfFactory trial version www.pdffactory.com

The biggest concern with a child's decision to become part of a cult is that it encourages defiance against his family and religious values. The insecure, lonely child is swayed by the perception of belonging offered to him, and he falls prey to negative influences that may lead him into more criminal activity (such as hurting animals as part of rituals). He may also fall victim to satanic ritual abuse himself.

4.6.4 Conduct disturbances

Conduct disordered children show little empathy and concern for the feelings, wishes, and well-being of others. Aggressive youngsters often misperceive the intentions of others when the situation becomes ambiguous, and respond in a hostile and threatening way, and therefore often feel their aggression is reasonable and justified. They may be callous and lack remorse or guilt and make little attempt to conceal their antisocial behaviour. Conducts often show low self-esteem, poor frustration tolerance, irritability, temper tantrums, recklessness, sexual promiscuity, illicit drug abuse, and problems at school that may lead to expulsion. They may appear isolated or may befriend a much younger child or form superficial relationships with other antisocial children. Aggressive CDs are often uncooperative, hostile and provocative in interviews. Some exude superficial charm until confronted about their problem behaviours, when they can become suspicious and angry at the source of the information. This can lead to resentment of the examiner and belligerence or sullen withdrawal. The child's aggressive behaviour rarely seems directed toward any definable goal and offers little pleasure, success or even sustained advantages with peers or authority figures. Children who join gangs usually have age-appropriate friendships. Although they still show little concern for other gang members, they rarely blame them or inform on them. Gang members mostly have a history of adequate or even excessive conformity during early childhood, but evidence of marginal school performance and depressive symptoms are often present. The ICD-10 includes socialised and un-socialised types of CD, in terms of which it recognises an individual as socialised if he is integrated in either a deviant or non-deviant peer network (Slabber, 1999: 16-17).

The three most significant risk factors exerting independent effects of CD are family dysfunction, parental mental illness, and low income, with six indicators of psychosocial adversity being low socio-economic class, parental criminality, overcrowding, maternal neurosis, chronic marital discord, and institutional care (Slabber, 1999: 18).

PDF created with pdfFactory trial version www.pdffactory.com

Delinquency falls more clearly into a socio-legal category and the definition of a juvenile delinquent is a young person between the ages of 10 and 17 who has been prosecuted and found guilty of an offence. The kinds of behaviour that commonly result in juvenile delinquency are thieving, breaking into premises, destructive vandalism (criminal damage), truancy, and crimes of personal violence, drug and sex offences. High delinquency areas are socially fragmented, overcrowded and inhabited by poor disenfranchised families with diverse social problems, including persistent adult crime, substance use, high infant mortality, low birth weight and child abuse. The interaction between family functioning and environmental conditions is incompletely understood as are the strategies used by families to cope successfully. Marked effects of parental neglect and poor quality parenting are observed, with other predisposing factors being large sibling groups, paternal alcoholism, and factors intrinsic to the child for showing criminal tendencies (gender and temperament). Disinhibited as opposed to inhibited children are those characterised by a lack of fear and high degrees of approach and social interaction. These children have a low heart rate and low levels of circulating Cortisol. This is in keeping with the theory of under-arousal of the central adrenergic function. Such children may be prone to acquiring CD at times of high family stress (Slabber, 1999: 19, 21, 22).

By staying away from the term 'disorder' and combining behaviours that fall under conduct disorder and delinquency, the researcher will call this section *conduct disturbances*. It allows for the inclusion of behaviour problems that may be indicative of a conduct disorder, but where the child has not yet been diagnosed by a psychiatrist or psychologist, and delinquent behaviour that may lead to legal involvement. (Should the social worker work with a child who has been diagnosed with conduct disorder it will form part of Factor 3 which will include diagnoses from the DSMIV. Should a legal action have already been taken and the child is a juvenile delinquent, it will form part of Factor 2 as a justice system problem, as in the adult PIE (refer to Chapter 3 – environment of the child).) The identification of these problems will signify the need for parental training and guidance, ensuring early intervention. The reference to conduct implies that the behaviours under this category are viewed in a more serious light than mere oppositional or defiant behaviour. The behaviours included under this category are: school attendance problems, running away, substance abuse, and stealing.

PDF created with pdfFactory trial version www.pdffactory.com

4.6.4.1 School attendance problems

This section is significant for the researcher since attending school is directly linked to future opportunities, and non-attendance provides delinquents their opportunity for misbehaviour. When this problem is treated correctly a number of other related problems are solved simultaneously. This problem can be described as unauthorised non-attendance, which can include truancy and school phobia.

Truants are children absent from school without their parents' knowledge and permission. These types of children will set off for school but then slip away, either alone or with others. A depressing set of circumstances may accompany truancy. The constellation of factors include the social class of parents (the lower the class the higher the incidence of truancy), parents who show little interest in the child's progress, parental unemployment, marital conflict in the home, poor parenting and inconsistent disciplining, and delinquent behaviour such as stealing or drug abuse (Kerfoot and Butler, 1988).

Prolonged or recurrent absence from school is a continuing cause for educational concern as attendance is regulated by law. Some children are unlawfully withheld from school by parents, often on the pretext of illness, to keep a family or ill parent company, or do the shopping, or care for a phobic house-bound mother. Until about 50 years ago all forms of persistent absence from school were labelled as truancy. The word 'truant' derives from an old French word which means 'an assemblage of beggars'. The connotation of roguery remained throughout the sixteenth and seventeenth centuries, but the term 'truant' was only later applied to schoolboys who failed to attend school regularly. This came much more to the fore with the introduction of compulsory education in Britain in the second half of the nineteenth century. The 'truant' schoolboy was also dubbed lazy, neglectful of his duties and prone to antisocial acts. Truancy was considered to be a precursor of delinquency, and school boards appointed men to ensure regular attendance. These 'truant officers' were cordially disliked as were the correctional schools, 'truant schools', built to house and train the offending children (Hersov, 1985: 382).

Broadwin's (1932, in Hersov, 1985: 382) original description of truancy is: the child's absence from school for periods varying from several months to a year. The absence is consistent. At all times the parents know where the child is. He is with the mother or

PDF created with pdfFactory trial version www.pdffactory.com

near the home. The reason for the truancy is incomprehensible to the parents and the school. The child may say that he is afraid to go to school, afraid of the teacher, or say he does not know why he will not go to school. When at home he is happy and apparently carefree, but when dragged to school he is miserable, fearful and, at the first opportunity, runs home despite the certainty of corporal punishment. The onset is generally sudden. The previous school work and conduct had been fair. Broadwin's original observation that these children feared something terrible happening to their mother, which made them run home for reassurance and relief of anxiety, was repeated in many later clinical studies and is the basis for the often repeated statement that the apparent fear of school is really a fear of leaving home. Children's fears of school could be a fear of the teacher, of other pupils or of work with expectation of failure. Fear of school with refusal to attend occurs in family settings where maternal anxiety, marital disharmony and parental inconsistency are often significant factors (Hersov, 1985: 382, 383).

School refusal or **school phobia** entails severe difficulty in attending school often amounting to prolonged absence; severe emotional upset is shown by symptoms such as fearfulness, tempers, misery or complaints of feeling ill - for example, headaches or stomach pains, and in more rare instances actual vomiting, and in the absence of significant antisocial behaviour such as stealing, lying, wandering, destructiveness, or sexual misconduct (Kerfoot and Butler, 1988).

Cooper (1966, in Hersov, 1985: 383) found that children with school refusal differed from truants in that the former came from smaller families of a higher socioeconomic status where home discipline was overanxious in quality, whereas the truants came from families lacking in concern about school attendance, which was reflected in the children by carelessness and defiance of school authority. Tennent (1969, in Hersov, 1985: 383) found in his study of 65 boys detained in a remand home for non-attendance at school, that only a small proportion (4%) of the total number on remand had committed no offence other than not going to school.

An acute onset is more often seen in younger children, whereas older children and adolescents usually show a more insidious development of school refusal. Precipitating factors are found at all ages: a minor accident, illness or operation, leaving home for a school holiday or camp, a move to a new house, a change of class or school, the

PDF created with pdfFactory trial version www.pdffactory.com

departure or loss of a school friend, the death or illness of a relative to whom the child was closely attached. All these events appear to represent a threat to the individual child, arousing anxiety that he cannot control. In older children and adolescents, there is often no abrupt or definite change in personality, but a gradual withdrawal from peer group activities formerly enjoyed, such as scouts or guides or youth clubs. The youngster ceases to go out, clings to and tries to control his mother, and may express a general fear or dislike of the world outside home. He may also become stubborn, argumentative and critical in contrast to his earlier compliant behaviour; often this anger is directed against his mother. Very often there is no clear precipitating factor other than a change to senior school which may have occurred as long as a term ago. The earlier personality development of the child has been deviant in regard to social relationships with other children, reflecting anxiety when entering into new situations and a lack of normal development of independence and sexual identification. Very often the school refusal is one indication of the young adolescent's general inability to cope with the increased demands for an independent existence outside the family and entry into normal peer group relationships (Hersov, 1985: 384).

It is clear that going to school makes many demands upon a child which alter with age and school progress. School is the first testing ground in society that lies outside the more protecting atmosphere of home. Going to school involves the first of many continuing separations from home, as well as submission to outside rules and standards in a situation from which there is no escape and over which little control can be exerted. A child is judged at school by performance (rather than by reputation and intention) and by qualities for which he is not responsible such as intellectual endowment, race or social class. He is exposed to competitive physical activity and rougher children. A negative attitude to school is shown by more boys than girls at every age (Hersov, 1985: 385).

School attendance problems are viewed as a conduct disturbance because of the legal implications of non-attendance. Truancy can be linked to the child's fear of being away from home; the parent is usually aware of the child's non-attendance. School refusal indicates a more affective cause on the side of the child, resulting in a sudden (early childhood) or gradual (adolescence) withdrawal from school and peer group activities. Recognition is given to the fact that going to school places social functioning pressures on the child, such as competition, racial and gender stereotyping, performance expectations, and fear of independence; and that situational factors such as death of a

PDF created with pdfFactory trial version www.pdffactory.com

friend or moving can be causal factors.

4.6.4.2 Running away

In the researcher's opinion there are two aspects of this form of misbehaviour relevant to social workers. One is that children run away from their biological families to escape some unbearable situation at home. The other is that children, who are removed from their home because of an abusive situation, may resent the disruption in their life and run away to defy the social worker and welfare system. In both cases the result would be the concern that these children are living on the streets (begging) or 'off the streets' (prostitution, drugs) in order to survive (Raffaelli, *et al.*, 2000: 1432). The concern in both cases is that the child's life is in constant danger and his future seriously jeopardised. The researcher is of the opinion that this behaviour problem fits under conduct disturbance, because a removal from the street back to the child's home or alternative care is regulated by law.

The legal implications of running away, especially when the child is in foster care, are determined the Child Care Act that declares a child under 18 should stay in the care of his legal custodian. If a child absconds from the custody of parents or fails to return on the expiration of absence of leave, he may be apprehended without a warrant by a social worker, policemen or authorised person. When apprehended, he must be brought before the Commissioner of child welfare in terms of Section 38(2) of the Child Care Act. The Commissioner of child welfare may, after having questioned the child, order his return to the custody or the place of safety from which he absconded. He may, however, also order that the child be removed to a place of safety, pending any action by the Minister (SANCCFW, 1987: 139).

Children start abandoning their homes as early as the age of 11, and the number becomes alarming after the age of 15. This has a negative impact on society, since these children get involved in gangs, illegal operations like drug trafficking, and other criminal acts (Matchinda, 1999: 245-246).

In the researcher's opinion, a child who runs away from the adults responsible for his care leaves that protection and can often be found on the street. Some children will run to a friend or family member's home, which often results in them being returned to their family

PDF created with pdfFactory trial version www.pdffactory.com

or placed in alternative care more quickly. Both continuous running away and the resulting street children are of more serious concern. Raffaelli, *et al.* (2000: 1432) quoted the United Nations definition of **street children** as any boy or girl for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and/or source of livelihood, and who is inadequately protected, supervised, or directed by responsible adults.

The presence of boys on the street is thought to reflect a deliberate survival strategy by impoverished families who socialise sons into early independence in an appropriate male context – the street. In contrast, the presence of girls on the street is thought to reflect family dysfunction which has lead to the breakdown in the socialisation process. The presence of children and adolescents working and/or living on the streets is typically attributed to structural factors such as high birth rates, rural-to-urban migration, economic stagnation, unequal distribution of wealth and lack of government welfare programmes. Poverty alone, however, does not explain why some youngsters leave home. Families of homeless street youth are more troubled than those of impoverished youngsters working on the street but living at home. More homeless youth experience rural-to-urban migration, parental death or absence, and physical abuse prior to leaving home. Family disruption is thus an important factor in the street youth phenomenon (Raffaelli, *et al.*, 2000: 1432-3).

Income level plays a role in the lifestyle of a family, and is a measurement of the quality of life of a family. It determines the quality and quantity of education a child receives. Children in poor families often live in overcrowded, unsanitary houses, and the parents may be so busy trying to feed and clothe their children that they give inadequate attention to behaviour moulding. The hierarchy of needs of Maslow reveals that people only strive to meet higher needs when elementary ones have been satisfied. The basic needs of survival are the strongest, and if not met result in deficiency. Starving persons will take great risks to get food, and such a home situation is likely to push neglected children and those from poor homes to seek 'comfort' in the street, especially if these needs appear to receive immediate satisfaction there. Rich and educated parents may blend tradition and modernity to give a sense of direction to their children in the face of social mutations, while poor and uneducated parents, like their children, are involved in illegal activities in order to earn an income in the informal sector of the economy, a phenomenon common among street gangs. Such parents exercise permissive styles which allow children to

PDF created with pdfFactory trial version www.pdffactory.com

choose any kind of companions. The latter are likely to become victims of street gangs whose activities are not different from theirs (Matchinda, 1999: 246-247).

Regarding the reasons for leaving home, the most common reason is to escape conflict or abuse, with more girls than boys giving this reason (Raffaelli, *et al.*, 2000: 1434). In Africa an unaccompanied child working or living in the streets is referred to by the term **mayibobo** (Veale and Dona, 2003: 259). Civil unrest, displacement camps, and cultural practices of spouse inheritance after paternal death leave many children vulnerable to leaving home for the streets. (The responsibility for children from the first marriage traditionally lies with paternal uncles rather than with the new spouse. Adolescent boys are vulnerable to being pushed into early independence as a result). Some of the regions in Rwanda have a 30 year history of civil war, with the result that parental death and the destruction of entire villages have forced the children to live on the street. Boys are more vulnerable than girls to living on the street, while girls could more easily be forced into prostitution and child labour (Veale and Dona, 2003: 255, 256-258, 264).

There is a high proportion of orphaned children in South Africa today, and nearly half the children sleeping on the street have no parent or guardian. These children grapple with complex negotiations around issues of identity, grief, and loss, as well as the child's position in the family. Lack of identification with and trust in the community may be one psychological and social factor contributing to why some adolescents may not be interested in, or return to, their community of origin (Veale and Dona, 2003: 264-265).

Running away is a behaviour that requires legal intervention by the social worker to ensure the safety of the child. Unattended children will become street children who live on the street (begging) or off the street (prostitution and drugs). A street child can be defined as a child for whom the street has become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults. The main reasons for running away are to escape poverty or abuse, permissive parenting, civil unrest and displacement, a lack of identification and trust in the community, or where the child has no guardian (migration, death, or war). Children start abandoning their homes as early as the age of 11 with an increase in the number from the age of 15. The concern with street children is that these children are more likely to become part of street gangs or resort to delinquency to feed themselves, and they are under threat of being abused (child labour, prostitution).

PDF created with pdfFactory trial version www.pdffactory.com

4.6.4.3 Substance abuse

The most common form of substance abuse in young children is glue sniffing, but substances such as paint thinner, dry cleaning fluid, nail-lacquer remover, petrol and anti-freeze may also be used for inhalation. The most common method of inhalation is by direct sniffing from a container. The effects of inhalation are similar to those of alcohol, and occur very quickly, usually within minutes. The stimulant's effect is characterised by excitability, loud and aggressive behaviour, impaired judgment, particularly regarding personal safety, and poor coordination of physical movements. Regular use will produce unpleasant physical symptoms, which may be readily apparent to the onlooker. Symptoms may include the individual appearing pale and lethargic, having a skin irritation and sores around the mouth and nose, loss of consciousness, or suffering inflammation of the eyes and throat, together with nausea. In addition to physical symptoms, heavy users are likely to suffer deterioration in their personal standards of hygiene, and will appear apathetic and lacking in interest. Long-term use of some substances will result in damage to the brain, liver, or kidneys (Kerfoot and Butler, 1988).

Drug abuse in adolescents is more often feared or suspected than actually present, but is nevertheless a recurring problem that can cause psychotic states. Paranoid psychotic states can occur in adolescents taking between 50 and 325mg of amphetamine per day. Ideas of reference and delusions of persecution are prominent. These stimulant drug psychoses usually subside in a matter of weeks or a few months, and prolongation of symptoms suggests either continuing drug usage or schizophrenia. Amphetamine is excreted through urine in two days but may be detectable for ten days, although the use of sodium bicarbonate will delay the excretion of amphetamine, prolong its effect and confuse test results. Mood changes and social deterioration occur with the abuse of morphine derivatives. Lysergic acid and diethylamide (LSD) and related drugs are well known for their psychotogenic and hallucinogenic effects. The effects come and go within hours, but in some people lasting personality changes, including persistent psychosis, have been reported. Symptoms can include despair, to the extent of suicidal and homicidal depression. Brief re-experiences ('flashbacks') can occur long after the original drug has been metabolised, and may represent brief anxiety attacks and possibly emotionally laden perceptions that have in some way been learned (Steinberg, 1985: 572).

PDF created with pdfFactory trial version www.pdffactory.com

Palmer and Liddle (1996: 115-118) state that there is an emerging group of young people at risk for long-term consequences of substance abuse; the human cost assuming the several forms of future health problems, psychosomatic symptoms, ineffective school/work performance and/or subsequent reduced life opportunities, dysphoric emotional functioning, and impaired interpersonal relationships.

Substance abuse is the result of multiple factors that are social, intrapersonal, and developmental in nature. Outcomes in adolescence, be they adaptive or maladaptive, are the result of the interaction between what an individual brings into this period (developmental trajectories) and the nature of the challenges and resources available during this period. It then requires identifying individual characteristics and capacities considered as strengths or weaknesses; social resources available before the transition; specific challenges (demands) and the coping responses needed for adaptation; and how developmental trajectories, challenges, and resources interact in determining the outcome. This suggests a risk/protection framework for conceptualising adolescent developmental functioning and intervening with many kinds of human problems, ranging from physical health issues to education (Palmer and Liddle, 1996: 117).

The most relevant theories for social work to help understand why an adolescent has a substance abuse problem, are: *problem behaviour theory*, which sees it as part of a syndrome of problem behaviours that are elements of a deviant adolescent lifestyle involving non-traditional values such as low religiosity, rebelliousness, and disregard for the law; *social stress theory*, which posits risk for substance abuse to be a function of the stress level in an adolescent's life and the extent to which this stress is offset by positive attachments, coping skills, resources, opportunities, community based programmes and role models (ecological variables); and *family systems theory*, which supports family involvement in the successful treatment of substance abuse and reduction of risk factors to the adolescent through identifying early signs and improvement of family management practices (Palmer and Liddle, 1996: 120-121).

A number of physical and emotional symptoms such as the child being lethargic or excitable, psychosis, mood and personality changes, rebelliousness, 'flashbacks', anxiety attacks, and poor relationships with others, co-occur with substance abuse. The long-term risk of substance abuse centers on serious health problems (such as damage to

PDF created with pdfFactory trial version www.pdffactory.com

kidneys), mental health problems (such as depression, suicide), behaviour problems (delinquency, homicide) and reduced opportunities for the future (school attendance and concentration problems). The causes for substance abuse in a child can be inherent to the child (low religiosity, deviant lifestyle, high stress and poor coping skills), or inherent to his immediate relationships and environment (lack of positive attachments, poor role models, inadequate resources and opportunities). The effect this behaviour problem has on the child's social functioning is obvious.

4.6.4.4 Stealing/theft

Most children try stealing at least once. Some just take much longer to learn that this is unacceptable behaviour. Some children who are in institutions or in large families where clothing and toys are shared by a number of other children take longer to learn that they cannot just use things which belong to others. In the case of some children, getting over the habit of stealing may take a long time. Sooner or later, if the child is not allowed to keep stolen articles, he will learn that it is not worth the trouble (Leigh & Leigh, 1999: 10).

On the other hand, stealing also manifests as the most common antisocial disorder and occurs in about 5% of primary school children. In older children it is often a component of more general delinquent behaviour. Both the pattern of stealing and its antecedents differ for children at different ages. The youngest, who often started stealing from home in very early childhood, tend to be unhappy, solitary thieves, engaging in 'comfort stealing', with a background of early separation and maternal rejection. They differ from the majority of more typical pre-pubescent and young adolescent delinquents who steal in an unplanned or semi-planned way in groups of three or more, outside their homes, and who come from deprived socioeconomic backgrounds with inconsistent parents. Their 'marauding offences' fall into the category of socialised delinquency and are often accompanied by other conduct disorders; these adolescents are highly associated with educational failure. Older adolescents who steal objects to serve as trophies or engage in solitary, dangerous exploits, such as car thefts ('proving offences'), are thought to be unsure about their masculinity, and have a parental pattern of maternal indulgence and paternal punitiveness (Wolff, 1985: 404).

One reason for children to steal may be an expression of anger in response to feeling unloved, but this expression of anger, and subsequent lying, elicit the very responses of

PDF created with pdfFactory trial version www.pdffactory.com

anger and disapproval that had been feared. This reinforces the child's cravings for affection and his anger and the symptoms persist (Wolff, 1985: 404).

According to Teevan and Dryburgh (2000: 78), delinquent definitions, values, and techniques are both learned and supported in intimate peer groups the same way that conformist behaviour is learned.

Children who start stealing from home at a young stage do it for comfort; they are unhappy and lonely with a background of maternal rejection or separation. In early adolescence children who start stealing do it in a more planned manner with a small group who come from deprived socio-economic backgrounds with inconsistent parenting. Older adolescents tend to engage in more serious and dangerous pursuits where the object they steal serves as a 'trophy'. It is normal for children to take other's belongings, but when children do not stop the behaviour regardless of the consequences, it is significant of a social functioning problem. For the researcher, the social problems which become evident through a child's stealing, are the expression of unhappiness within his relationships and the socialising effect it has, where the child chooses to adopt the activities of a more delinquent group.

4.6.4.5 Vandalism

The researcher uses the term **vandalism** very broadly to refer to any purposeful, physical action by the child that involves damage to property, usually because of an inability to suppress dysfunctional urges, or as an expression of anger and hate. Fire-setting is a more serious form of vandalism.

In a study in Canada where 56 high school boys were asked to explain in their own words why they had engaged in or refrained from certain delinquencies, it was found that the most common delinquency is truancy, with 45 of the 56 boys truant at least once in the previous year. It is also the most frequently committed delinquency; several boys reported over 200 truancies. Drug use/getting drunk is the second most common delinquency, with 39 boys engaging in this behaviour at least once in the previous year, and a high median of 24 occurrences. In contrast, fewer boys admitted to a fight (17), or theft/shoplifting (12), and only 10 boys reported vandalism. The median numbers of these behaviours are also low - two or three (Teevan and Dryburgh, 2000: 85).

PDF created with pdfFactory trial version www.pdffactory.com

Fire-setting is a rare but dangerous symptom with differences in 'perpetrator': the 6 to 8 year old 'neurotic' fire-setters with much latent hostility to parent figures; and the more delinquent 11 to 15 year olds. Children younger than 10 are more inclined to light fires on their own at home. Two incidence peaks occur around 8 years and 13 years, although girls tend to be older (with prevalence among girls generally much less than among boys). Fire-raisers, compared to other conduct-disordered children, are more destructive, more antisocial and aggressive, and have greater relationship disorders. These children often come from unstable and violent homes. Mothers may be addicts or psychotic, and children often lack physical care and may have witnessed both violence and adult sexual behaviour. Their own anxiety level is high, with extreme insecurity, often because their fathers, whether present or absent, are of low status, and have grounds for anxiety over their own adolescent development (Wolff, 1985: 405).

Purposeful damage of property is a form of problem behaviour in some children, with the most serious form being fire-setting. Children younger than 10 will most likely light fires on their own at home. Fire-raisers are found to be more destructive, aggressive and anti-social than children with other types of conduct disturbances. They come from homes where they have witnessed violence and lacked physical care. They are anxious and insecure.

4.6.4.6 Serious assault

This category of deviant behaviour by the child is a form of violence as it refers to physical assault (with the intent to do bodily harm) and sexual assault, referring to rape and molestation. (The reference to purposeful intent to do harm implies that the child is at the age of criminal liability).

Halliday-Boykins and Graham (2001: 383) state that, in the wake of shootings targeting youth in their schools and elsewhere in their communities, much public attention has been drawn to the impact that community violence has on children and adolescents. The evidence suggests, however, that, unlike these isolated shootings of unsuspecting youth, children and adolescents who are victimised by violence are more likely than other youth to be violent offenders, to be repeat victims, and to have friends who have been both victims and perpetrators of violence.

PDF created with pdfFactory trial version www.pdffactory.com

Many adult sexual offenders begin offending as adolescents and are not detected for many years – if at all. Approximately 20% of all people charged with a sexual offence in North America are juveniles (Worling and Curwen, 2000: 965).

Three motives operate in every rape – power, anger, and sexuality. Coercive sexual behaviour is associated with poor socialisation. Differences between child molesters and rapists are that the latter have more anger and assertiveness problems; are more commonly intoxicated while committing an offence; their offence is more opportunistic; and they are more likely to be diagnosed as personality disordered. On the other hand, child molesters most commonly suffer from anxiety and depression; are more shy and introverted; the offence is more commonly planned; they report more deviant sexual fantasies; and are typically significantly older than rapists, as well as more prone to impression management. Rapists and child molesters share some common personality characteristics, including social skills and sexual knowledge deficits, and both groups have been found to be passive-aggressive (Gudjonsson and Sigurdsson, 2000: 363-364).

According to Weisz and Black (2001), researchers know much less about dating violence among middle school students. National prevalence data about sexual assault and dating violence among youths are difficult to obtain, since official crime statistics often do not record whether a dating relationship existed between victim and perpetrator. Approximately one-third to one-half of college students report having experienced dating violence. Estimates for younger adolescents generally range from 10 percent to 35 percent. However, as many as 57 percent of students in one high school reported that they had engaged in at least one aggressive act against a dating partner within the past year (Weisz and Black, 2001: 89).

Assault by young adolescents involves physical violence against another (school shootings, gangs), and sexual violence (date rape, molestation of younger child). Anger and poor socialisation are involved.

4.7 Performance

The researcher is of the opinion that an important intrinsic variable is the child's drive to achieve. A child wants to learn from a very young age, and loves to be praised when he accomplishes a task. When the parent encourages the child to become more and more

PDF created with pdfFactory trial version www.pdffactory.com

independent, and when the child enters the school system, he relates to the adults in his life through learning experiences. It was therefore necessary for the researcher to explore what motivates a child to perform as this drive affects the relationships the child engages in.

Scherer and Cushman (1997: 59) used Maslow's (1954) hierarchy to argue that need satisfaction is what motivates people. They identified these needs as:

a. Physical – survival and security.
b. Social/affiliation – belonging and esteem.
c. Intellectual/achievement – knowledge and understanding.
d. Aesthetic – creativeness.
e. Self-actualisation.

Maslow maintained that needs must be met at each successive level, beginning with the lowest or physical needs, before one can move on to the next. Frustrated needs result in hostility and anxiety. This leads to possibilities for understanding the roots of depression, anger, substance abuse, loneliness, social isolation, and other non-coping phenomena (Scherer and Cushman, 1997: 60)

It is clear from the above that the mere need to self-actualise (to become better) is a motivational force. The motivational drive to perform and to self-actualise is dependent on a cognitive-emotional interplay within the child, explained through the roles of achievement, expectation, and satisfaction, and the effects of frustration, goal-directedness and creativity.

4.7.1 The role of achievement

Achievement deals specifically with the question of why people engage in transactions with their environment. Atkinson (1978) views achievement-oriented behaviour as a result of a conflict between approach and avoidance tendencies. Associated with every achievement-related action is the possibility of success (consequent emotion is pride) and the possibility of failure (consequent emotion is shame). The strengths of these anticipated emotions determine whether an individual will approach or avoid achievement-oriented activities. The tendency to approach or the actual state of achievement motivation is conceived as a product of the need for achievement (capacity

PDF created with pdfFactory trial version www.pdffactory.com

to experience pride), the probability of being successful, and the positive effect of pride resulting from success (Faul, 1995: 160 and 163). The tendency to avoid achievement tasks is seen as the product of the motive to avoid failure (capacity for reacting with embarrassment is necessary), the probability of failure, and the negative effect of shame resulting from failure (Faul, 1995: 164).

The correlation between achievement and social interaction is demonstrated in the fact that people who achieve their goals in life experience feelings of success, leading to benevolent actions towards other people. People who succeed are more likely to contribute to a charity and help other people. These people have high self-esteem, are balanced in their involvement in achievement-oriented activities, and they are therefore able to spend time in relationships (Faul, 1995: 171-172).

The effect of early development on achievement related needs is influenced by aspects of child-rearing. Encouragement of achievement and independence are intertwined with general restrictiveness, beliefs about the child's competence, physical affection and reward giving, a general affective climate and warmth in the home, and parental expectations (Faul, 1995:172).

Eventually the child must be able to direct the pleasure or disappointment after success or failure at the self. The development of these self-attributes leads to individuals who pay particular attention to internal feelings of effectiveness and competence, and come to value these feelings more than others (Faul, 1995: 173).

The relationship between achievement evaluation and effort expenditure is influenced by cognitive growth. Among younger children achievement evaluation is determined primarily by outcome – success is rewarded while failure is punished. Among the 10 to 12 year olds, effort is more influential than an outcome in the allocation of reward and punishment (response to discipline). The preference of intermediate risk also increases with cognitive maturation. Younger children tend to prefer easy tasks with sure success, but shift towards intermediate difficulty when older. The shift towards intermediate difficulty might indicate the growing importance of personal feedback and self-knowledge as motivators of choice, and be mediated by the ability to make self-attributions (Faul, 1995: 173).

PDF created with pdfFactory trial version www.pdffactory.com

Faul's (1995: 174) definition of achievement can be adjusted to the child: achievement relates to the tendency of the child to approach goals that can enhance feelings of competence and pride, and avoid feelings of failure. It relates to the development of awareness within the child of his own needs and potential, and of the striving to reach goals. The achievement oriented child tends to strive for mastery of tasks to improve himself and his performance, and he has good development of self-attributions. The encouragement of achievement of independence by the parents is an important contributor of achievement in children. This is influenced by how restrictive the parents are, by the practice of reward giving, affection, and the parents' beliefs in and expectations of the child's competence. Feelings of success improve the quality of social interactions.

4.7.2 The role of expectation

The importance of hope (where the world and human nature consist of possibilities) and optimism (an attitude associated with expectations about the social or material future as socially desirable, to one's advantage or for one's pleasure) as a stimulus for active problem-solving is supported by social functioning theory. Faul (1995) uses the word 'expectation' to refer to an act of integration between the emotion, cognition, and conation (dimensions of personality); 'expectation' is treated as a concept related to hope and optimism (Faul, 1995: 193).

The stimulus for social behaviour in any system cannot only be committed to the certainty of the passage of time, without any energetic relationship to another principle or purpose. Promise always forms part of the ingredients in a society, and even the most thorough going secularist is infected by the certainty that, however good or bad the experience is, it can be better. This concept, which has to date mainly been associated with philosophy and religion, is now seen as a vital ingredient of a healthy life. Hope can be seen as the command to keep faith, to remain loyal and committed to action, secure in one's moral righteousness, even when rational considerations might call for scepticism (Faul, 1995: 194, 197).

Seligman's (1991, in Faul, 1995: 197-198) theory on learned optimism states that, to learn beforehand that to respond can make a difference, can help prevent learned helplessness. Learned optimism is more than positive thinking or self-talk, it is the

PDF created with pdfFactory trial version www.pdffactory.com

explanatory style in which a person habitually explains to himself why things happen. If the style is optimistic it stops helplessness. Finding temporary and specific causes for misfortune is the art of hope. Optimism is extremely important because it can protect you against depression, it can raise your level of achievement, it can enhance your physical well-being, and is a far more pleasant mental state to be in. There are three crucial dimensions that distinguish the optimist from the pessimist: believing that bad events are temporary, that one can go about one's life even when experiencing considerable difficulty in one or more aspects, and not losing self-esteem (externalising bad events). These dimensions can control what people do, govern how long they are helpless, and determine across how many situations they will have the same response (Faul, 1995: 197-199).

Optimism must, however, not rest on the absence of negative thoughts and pain in one's life, but on sincere belief in the greater importance of good and a willing effort to cooperate with the good. The person who is sincerely hopeful views the future with realism based on faith, regards as important and socially acceptable the events hoped for, and, within the realm of the possible, is ready to do whatever is necessary to make the future a reality. Hope also increases the amount of pressure that can be withstood before the disintegration of goal-directed efforts begins. When one hopes one can effectively move towards what one wants; one becomes willing to forego other satisfactions and withstand pressures from other needs and wants to realise the greater goal or want. The attraction towards goal-directed effort is provided by hope. High hope people tend to enjoy good relationships since positivism is contagious. Optimists are more outwardly directed, and as a result others open up to them and in doing so start to feel better. This makes the optimist feel good in turn because pleasure comes from making others feel good (Faul, 1995: 200, 202).

The effect of early development on expectation has to do with habits or thoughts that are learned reflexes and that become ingrained through constant repetition. The newborn infant starts out in helplessness and from there he embarks on a journey of gaining personal control. Personal control means the ability to change things by one's voluntary actions. People learn that there are a considerable number of actions over which they can take control. These actions involve the way people lead their lives, how they deal with other people, how they earn a living, and all aspects of existence. Learning that their actions matter is central to the creation of habitual optimistic thoughts in children (Faul,

PDF created with pdfFactory trial version www.pdffactory.com

1995: 202-203).

Faul's (1995: 203) definition of expectation can be adjusted to the child. Expectation can be defined as the child's development of a positive orientation towards his future. This positive orientation is cultivated through the child's learning to habitually explain to himself why things happen in a manner that protects his (healthy) self-esteem, and through learning self-control, thereby believing that his actions can make a difference. Expectation is the belief that things are possible, even if they will mean great effort and faith in oneself and the situation. It is also the belief that evil can be overcome by good, and that man is inherently good and must be protected from evil. Expectation increases optimal social functioning through the role of optimism, which can protect the child from depression, and the role of hope (promise, faith), which increases the amount of pressure that can be withstood before the child's goal-directedness will disintegrate. It acts as a stimulus for active problem-solving.

4.7.3 The role of satisfaction

With regard to social functioning, it is important to get an indication of the manner in which the individual experiences satisfaction with his transactions in his environment. Happiness is seen as a perfect lasting state of intense satisfaction, and bliss. The challenge in defining happiness/satisfaction lies in whether it is a condition (quality of life) or an experience (individual's enjoyment of living). The question arises as to how people living in seemingly identical conditions can differ so much in their enjoyment of life (Faul, 1995: 177-179, 181).

If happiness is viewed only as an affective experience, momentary pleasures like the use of drugs will also be seen as inducing a state of happiness. It has more to do with one's overall appreciation of one's life – the assessment of the way in which one's desires and goals are satisfied in life. The cognitive part of happiness implies that the person must more or less know what he wants and he must be able to assess the degree to which his desires are met. The affective part of happiness is derived from the emotional associations that go with the cognitive appraisal of one's life (Faul, 1995: 183-184).

Aspects that are typically associated with a satisfactory, happy life are self-actualisation, goal-attainment, virtuous activity, optimal functioning, sufficient money, a good family,

PDF created with pdfFactory trial version www.pdffactory.com

philosophical activities, and moral activities, with the main objective being that they represent value judgements on what is more valuable to engage oneself in (Faul, 1995: 184-185).

Unfulfilled aspirations are closely related to changes in a person's life that must be attained, whereas fulfilled aspirations are closely related to maintaining the status quo – this being easier and less likely to lead to disappointments than dealing with change. People who pursue short-term goals that are enjoyable and not too difficult, and pursue these in collaboration with others, also tend to experience more feelings of satisfaction. These people value interaction with others, they are not egocentric, and, because they are able to reach their goals and aspirations in life, they experience high self-esteem (Faul, 1995: 186).

Satisfied people like to be sociable. Extroversion predisposes people, especially young people, to have favourable life events, especially in the domain of friendship and work. These in turn lead to a high level of positive well-being, and this increases extroversion. People who think they get along well with others appear to be happier than those who do not, and they are more satisfied with their lives. A positive appreciation of life contributes considerably to the development of social skills. Cheerful people are more liked and have more friends. Depressed and unhappy people tend to become more isolated and lonely. The ability to cope with worries or problems is related to happiness, and extroverts experience their social interaction as a source of happiness and satisfaction. They tend to have good relationships with partners, family and friends. They seem to spend more time on visits and entertainment with the people they interact with (Faul, 1995: 187).

Adult happiness appears to be influenced by the degree of stability in family life during early development. Unhappy people met with a marked amount of instability during their youth such as illness, death, conflict, and divorce being more frequent in their family histories. There are also indicators that contact with parents was relatively less affectionate. There are strong arguments for the view that children need affection and stability to grow up to be happy. Linked to the development of happiness is the way in which people have learned to protect themselves from threatening information by the unconscious distortion of their perceptions. When children learn from their parents that there are healthy ways to experience negative feelings, without letting the negative things destroy their morale, they tend to develop healthy reversal and intellectualisation patterns

PDF created with pdfFactory trial version www.pdffactory.com

which become internalised in their appreciation of their lives. Turning negative experiences into positive appraisals represents a way of keeping up moral without losing too much contact with the external reality – the pain is denied, but not the problem. Children who are frequently exposed to long lasting painful events can develop strong defensive tendencies to cope with the truth that is too painful to bear. This can protect the child from inner confusion and from losing control all together. This will lead to survival but not to happiness or satisfaction with life (Faul, 1995: 188).

Faul's (1995: 189) definition of satisfaction can be adjusted to the child. It is the unique expression of a child as to the feelings of well-being he attaches to his life. To be happy the child needs to learn what he wants from life and move towards fulfilling aspirations. Engaging in moral activities, a stable family life, experiencing favourable life events from friendships and schools, and learning healthy ways to experience negative feelings all increase the cognitive and affective experiences of happiness in the child. Children who experience satisfaction value interaction with others and are less egocentric, increasing the ability for optimal social functioning.

4.7.4 Understanding frustration

In assessing social functioning, it is important to get an indication of the manner in which the individual is frustrated in the achievement of goals and desires, as this can immobilise him. Long-lasting frustration can lead to apathy and total disintegration of goal-directed activities – an important indicator of social functioning. Frustration can be understood as the condition of being thwarted in the satisfaction of a motive or the realisation that the goal to which one is committed is unattainable. It occurs when the person meets a more or less insurmountable obstacle on his route to the satisfaction of any vital need, or when he is unable to transform his potential into satisfactory life experiences (Faul, 1995: 205-207).

Frustration can be produced by many stimulus situations: (a) *Delay*, which is when a person has learned that reinforcement follows given behaviour, and then has to wait for it. Delay as a consequence of the developmental phase the individual is in can create intense frustration. One of the marks of maturity is the capacity to tolerate delay of reinforcement. The individual finds, with age, some meaningful ways to integrate, or to reconcile the opposites of satisfaction and frustration during adolescence (Faul, 1995:

PDF created with pdfFactory trial version www.pdffactory.com

209-210). (b) *Thwarting*, where both environmental and internal obstacles can lead to frustrations. Frustrations depend heavily on factors such as age, personal characteristics, life situation, and the society. Personal limitations, such as illness or disability, can be a source of frustration. Perceived physical characteristics that are evaluated through personal or social values, such as unattractiveness, operate as a more effective barrier to socialisation than the actual characteristic does. A person who lacks self-control and displays overt aggression can find his behaviour to be a serious limiting factor. The behaviour of others is designed to satisfy their own motives and may constitute a barrier to the individual's motive fulfilment. For this reason social interaction inevitably has a component of thwarting and resultant frustration (Faul, 1995: 210-212). (c) *Conflict*, where frustration is the result of the simultaneous occurrence of two or more incompatible needs or motives – the requirements of one preclude satisfaction of the other. Decision-making is notoriously difficult when the choice among alternatives implies important consequences for the individual (Faul, 1995: 212-213).

The consequences of frustration mainly centre on the following three distinct hypotheses (Faul, 1995: 214-217): (a) frustration is an important determinant of human aggression. The threat of punishment could lead to a displacement of aggression towards substitute targets. The probability of aggression is increased if the response has instrumental value, if the frustration is experienced as unexpected, and if external aggressive cues are present. If frustration is perceived as unintended, justified, mitigated by extenuating circumstances, or accidental, people do not get as angry as when it is perceived as the unjustified intent to hurt. This perception leads to the attribution of blame and retaliation. (b) Frustration also leads to regression. Regression means the opposite of development so that behaviour becomes more childish and less mature – a reversion to an earlier, well established mode of behaviour – and persistence in this mode, despite relative inefficiency of the behaviour in solving the problem. (c) Frustration leads to fixation. Fixation is a concept used in learning to designate a high degree of stability. Abnormal fixation occurs as a response to frequent levels of frustration. Frustration can therefore lead to rigidity. The behaviour is a terminal response and not a means to an end (no goal orientation). Responses formed or expressed during frustration are more rigid than any that can be established through training or learning. They continue to dominate behaviour despite their inadequacy. Learning a new response requires letting go of old responses and the exercising of trial and error, and therefore fixation interferes with learning. This hypothesis also serves to explain stubborn attitudes such as prejudices

PDF created with pdfFactory trial version www.pdffactory.com

against certain groups of people.

Frustration tolerance is the extent to which the individual is prepared to return to tasks at which he has been unsuccessful rather than successful. Maladaptive adult behaviour patterns can stem from thwarting during childhood and infancy. Too much thwarting during the developmental years does not allow the individual to develop an adequate reaction to frustration. If frustration and conflict are introduced gradually, they can be more adequately handled by developing appropriate reactions. Children can be trained to tolerate increasingly difficult tasks by gradual exposure to problems of increasing difficulty. Variations in tolerance to a situation as the result of exposure to it are dependent on many conditions, such as the severity of the situation, the length of exposure to the situation, age at exposure to the situation, and avoidance possibilities (Faul, 1995: 221).

Faul's (1995: 222) definition of frustration can be adjusted to the child. It refers to the reaction of the child to the problems in himself and his environment that prevent him from achieving his goals and desires in life. It can be produced either by delay, thwarting, and/or conflict, and can lead to aggression, regression, and/or fixation. Individual responses to frustration differ to the extent that the individual is task involved or ego involved when he approaches tasks, and whether he has internal locus of control or external locus of control. Children need gradual exposure to frustration to develop adequate frustration tolerance and this is influenced by the severity of the situation, the length of exposure, the age at exposure and avoidance possibilities. Long-lasting frustration can lead to apathy and total disintegration of goal-directed activities, which are important indicators of social functioning. (Refer to frustration on infant level – Piaget – in Annexure 2.)

4.7.5 Goal-directedness

Goals or intentions influence achievement behaviour. There are two different ways in which tasks are approached, goals are formed, and personal success is viewed. The first approach is termed *task involvement* – the individual is focused on task mastery and understanding; personal goals revolve around improving skill and gaining insight, and personal success is independent of the progress of others. The second approach is *ego involvement* – the person addresses tasks in order to demonstrate ability to self and

PDF created with pdfFactory trial version www.pdffactory.com

others; success is evaluated relative to a normative reference group. When confronted with negative feedback, they tend to display maladaptive behaviour such as helplessness and interpret it as a sign of low ability. They prefer less challenging tasks and use less effective task performance strategies (Faul, 1995: 169-170).

Although factors like instincts, previous experience, heredity, and environment play a role in the formation of personality and in determining behaviour, the primary motivating force in human life is the movement toward various life goals, whether conscious or unconscious. The behaviour of the child gets viewed from a perspective of finding out its goal. The child may shift goals in various settings and with different people. In determining the goal behind the child's behaviour, the social worker looks at several factors, such as the child's behaviour, other people's reactions to these behaviours, and the child's reaction to correction (Kottman, 1995: 13-14, 107-108)

All misbehaviour stems from discouragement. The child lacks the courage to behave in an active, constructive manner. A child does not misbehave unless he feels a real or threatened loss of status. The goals of discouraged children fall into four primary categories of striving: attention, power, revenge, and proving inadequacy (Kottman, 1995: 107).

The goals of the child are determined through his behaviour. All misbehaviour in children stems from discouragement and a sense of real or threatened loss of status. The child strives for attention, power, revenge or proving inadequacy when he behaves in a discouraged manner. Since the child may shift goals in different settings and with different people, the social worker needs to determine what the child's behaviour is, what other people's reactions to these behaviours are, and how the child reacts to correction.

4.7.6 Creativity

The social worker should focus on the special and wonderful qualities of each individual family member. Social work involves an exploration of the child's strengths, so his assets, family life-style, their goals, and his behaviour are all considered. When a holistic view of life is taken, the child's uniqueness across the five tasks of life: school (work), friends, love, finding meaning in life, and coming to terms with oneself should be examined. Each individual expresses his creative ability by making choices and this

PDF created with pdfFactory trial version www.pdffactory.com

necessitates self-determination. The ability to make choices allows individuals to exercise their creativity and uniqueness throughout their life spans. The responsibility of the social worker is to discover how each child expresses his special and wonderful self, and to convey a sense of celebration of his uniqueness to the child, parents, and others who interact with him (Kottman, 1995: 17-18).

More specifically, creativity relates to the need for new experiences with regard to the role of play/stimulation, language, and the teacher. To be creative entails creating uniqueness. Each individual expresses his creative ability by making choices, and this necessitates self-determination. For young children fantasy play and art provide an outlet for emotional expression. Self-concept develops systematically, and the social context of the child plays a huge role. Through social contact the child has an opportunity for self-disclosure and feedback. Especially during the adolescent years, the child is confronted with a plethora of social events. The child develops towards independence and the making of responsible choices. This is hugely influenced by the concept the child has of himself. The child needs space to express his own uniqueness, and in over-controlling or abusive families this is a crucial need that cannot be overlooked, since it impacts directly on the child's ability to function as an adult. The first context in which a child learns to express himself are through practising humour on his family, putting rules on play, by helping out with house chores, and by creating things (e.g. pictures).

The development of creativity within the child implies his ability to assert his uniqueness and the capacity for decision-making. It relates to the child's need for new experiences through play, language, and teaching. Through social contact, the child uses self-control and feedback to support the expression of creativity. The child's development of independence and responsibility is influenced by his self-concept. The first signs of the child's creative expression are through practising humour on his family, putting rules on play, doing house chores, and the creation of things such as pictures.

4.8 Stress

Stress relates to the manner in which the individual experiences the demands in the environment as too great. When demands are experienced as too great, it is difficult for the individual to function optimally. It is therefore important to get an indication of the stress levels of the individual in order to assess his level of social functioning. Chronic

PDF created with pdfFactory trial version www.pdffactory.com

stress is seen in modern day psychology and medicine as a major problem facing people. We are victimised by stress, an insidious form of illness which comes as a result of our prosperity and of the pace at which we live in this technologically sophisticated world. Most definitions of stress "seem to apply stress equally to a form of stimulus (stressor), a force requiring change or adaptation (strain), a mental state (distress), and a form of bodily reaction or response" (Faul, 1995: 224-225).

The inclusion of stress in understanding the social functioning of children is based on the appearance of the concept in many literature sources when childhood functioning is discussed. It is the task of the researcher to understand stress in childhood. As a guideline she referred to Faul's (1995) doctoral study on the elements of psycho-social functioning for a description of what should be understood about stress. She also used the concepts listed under "short-term stress or crisis situation" in the Minnesota classification codes to decide what life events to include in this section. Some of the concepts (see Annexure 1A) relate to the environment and the illness which will form part of Factors 2 and 4 in future developments. The researcher extracted the following from this list to include these in Factor 1: "transitional crisis", "adolescent pregnancy" and "due to anticipated event of change in status". The meaningful terms from these concepts are:

- Abandonment of child
- Adoption of child
- Geographic change
- Remarriage (step family)
- Foster home care
- Institutional placement of child
- Public assistance needed
- Public assistance lost

As a combining category, the above terms relating to the child being removed from his parents' home will be termed **statutory intervention**, and will be discussed with regard to its meaning and the stress this can create for the child.

When training parents and foster parents to be prepared for stressful events in the child's life, the researcher gives consideration to how the child will interpret what is happening to him and how this can be positively influenced. For this reason she includes a short discussion on early recall since the reality of practice is that social workers often only see the child after an event has been processed by him – either in his own way, or in terms of how it was explained to him by other adults and peers. The child's ability to process stressful events depends largely on his cognitive level of functioning (discussed at the

PDF created with pdfFactory trial version www.pdffactory.com

beginning of this chapter). Another potential stressful life event is a loss to the child (this includes moving and death of significant others). For this reason the researcher also regarded grief as part of this section.

4.8.1 Understanding stress

Stimulus-orientated views define stress as experiencing specific kinds of stimuli that places demands on the individual. Stress is seen as forces within the individual and environment, and can be indexed in terms of the number of life events experienced within a given period. (To help the social worker assess how stressful events in the child's life are, the researcher included the "Life Events Record" in Annexure 2). Individuals vary in their view of events as positive or negative depending on the circumstances surrounding the event and the way in which the event is perceived (Faul, 1995: 226,229).

Response-orientated views focus on the individual's biological or psychological response to stressful events. When demand exceeds the resources we think we have, the body and mind are aroused and all systems are geared up to fight the challenge or to flee from the situation to avoid harm. Anything that happens for the first time, or that a person cannot immediately make sense of, is likely to trigger stress. A full-blown stress reaction will be forthcoming when the danger is real and serious or when uncertainty and doubt continue on a prolonged basis (Faul, 1995: 229-231).

Lazarus and Folkman (1985, in Faul 1995: 235) define stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being". Themes emerging from this approach are: the manner in which the individual appraises the situation, specific factors that can influence the severity of stress, and the part the individual can play in instigating the stressors he experiences.

- *Appraisals*: Cognitive appraisal is the process through which a person evaluates any encounter with a potential stressor in terms of its significance for well-being. Primary appraisal has to do with the person's view of a given situation in terms of its threat value. Secondary appraisals concern the individual's appraisal of the resources available for dealing with threatening or challenging situations (Faul, 1995: 236-237).
- *Factors influencing the severity of stress*: The severity of stress is gauged by the

PDF created with pdfFactory trial version www.pdffactory.com

degree of disruption in functioning involved. The severity of stress depends on the relationship between the size of the demand and the individual's resources for dealing with it. Aspects that can influence the severity of stress are its importance and duration, the imminence of the stressor, the perception of threat and inability to handle the demand, stress tolerance (resources for withstanding the stress), and external resources and support (Faul 1995: 237-238).

- *The part the individual plays in instigating his own stress*: People do create much of their own stress, not only by how they construe events and cope with them, but also because of the part they play in instigating the stressors they experience. The following disrupting thought patterns must be avoided if someone wants to adapt more successfully to his environment: extreme thinking, over-generalisation, exaggeration, and arbitrary conclusions where opinions are formed based on evidence that is not related to the situation (Jordaan and Jordaan, 1984, in Faul, 1995: 239).

Stress forms part of the developmental phases of the individual. For younger children the family represents an especially important context for understanding stress and psychological difficulties. There is clear evidence that children's psychological dysfunctions are related to their parent's stressful experiences and to their parent's psychological symptoms. (This is a further argument for including the abilities of the parents and the influence of the family's reality into childhood social functioning). In adolescence there is a great deal of conflict between the need for emotional and intellectual freedom, and the desire to remain a child and be protected. Sexual urges, tentative and unstable relationships, revolt against authority, or sheer boredom can cause considerable stress. This may be felt as a minor anxiety or may manifest in the form of gang fights, alcoholism or drug dependence (Faul, 1995: 241-242).

Faul's (1995: 242) definition can be adjusted to children, in that stress is seen as the state the child reaches when he can no longer respond positively to the demands of the environment. This stage is usually reached when all his internal and external resources have been exhausted, and is caused by a combination of stressful life events that demand certain adaptive strategies from the child. In the young child the family plays a huge role in the experience of stress, and in the adolescent his desire for both freedom and safety causes stress. The child's perception and appraisal of stressful events (child's view of threat vs. view of available resources), his abilities to deal with the events, and his subsequent reactions to these events, play a part in his adjustment to stress. Thought

PDF created with pdfFactory trial version www.pdffactory.com

patterns that prevent successful adaptation to the environment are extreme thinking, over-generalisation, exaggeration, and arbitrary conclusions where opinions are formed based on evidence that is not related to the situation.

4.8.2 Emotional effects of stress

There is a strong link between stress and emotions. Certain emotional effects of stress will influence the child's interaction with others and his environment. After identifying the presence of stress, the social worker should also determine what the emotional effects of stress are on the child.

Psychological stress is understood as "a state characterised by strong negative emotions, such as fear, anxiety, anger, hostility, or other emotional states evoking distress, accompanied by physiological and biochemical changes that exceed the baseline level of arousal" (Strelau, 1998: 362).

4.8.2.1 Fear

Fear is an inevitable and necessary emotion in everyday life, but particular fears may outlive their usefulness. Their persistence begins to interrupt the child's capacity to adapt easily and successfully to the unusual life stresses. Changes with age and individual differences in the expression of fear and anxiety need to be taken into account. Fear during infancy is mainly related to actual events in the immediate environment. As the child grows older, fantasy and imagination come to play a greater role with the child's increasing ability to reflect on past events and to anticipate the future. Fears may become linked to possible future dangers or there may be apprehension about the harm that could stem from inner thoughts or impulses to action. With increasing age, there is a decrease in fears of tangible and immediate situations, specific objects, noises, falling, strange objects and persons. Fears of imaginary creatures, of the dark or of being alone or abandoned increase, but decrease after 14 years. In middle childhood there is some tendency for fears relating to personal safety and fears of animals to decline. Fears concerning school increase from the age of 9 to 12 years. Towards adolescence there is an increase in fears relating to social relationships, gossip and ridicule, worries about money, and vague fears about the individual's own identity and whether he is adopted (Hersov, 1985: 369).

PDF created with pdfFactory trial version www.pdffactory.com

Fear is only useful as a survival mechanism when it is persistent and starts to interfere with the child's ability to adjust to life stresses. Differences in the type of and the expression of fear exist among different age groups. During infancy fear is related to events in the immediate environment. As the child grows older he begins to fear things he can imagine, and until the age of 14 years the child fears the dark and being alone. In middle childhood fears relating to personal safety and animals decline, with fears concerning school increasing around the age of 9 to 12. Towards adolescence fears relate to social relationships, ridicule, and belonging.

4.8.2.2 Helplessness

Helplessness is the final stage one reaches when goal-directed activities disintegrate. Learned helplessness, as formulated by Seligman (1975, in Faul, 1995: 245-246), "concentrates on those depressions that begin with a reaction to loss of control over gratification and relief of suffering, and in which the individual is slow to initiate responses, believes himself to be powerless and hopeless, and has a negative outlook on the future". Referring to social dysfunction, unhappiness involves loss of achievement and goal-directedness, loss of control over feelings of satisfaction and the loss of expectation in life, as well as the experience of severe frustrations and stressors. Depression is a human condition in which all the positive aspects of existence are absent: joy, happiness, satisfaction, excitement, the love of oneself and the love of life. In its more extreme forms, depression is completely incapacitating, leaving the individual unable to cope with even the simplest demands of daily life (Faul, 1995:247-248).

There are certain definite points on the continuum of depression. On the one end there is a mild, self-limiting depressive mood that occurs in response to some obvious and significant life stress. The next point on the continuum is the reaction depression that causes significant subjective distress, and mild to moderate impairment of the individual's capacity to engage in productive activities and to relate satisfactorily to people. When such a state endures for weeks or months and does not show promise of spontaneous resolution, the person begins to have doubts as to whether he will ever recover and he begins to lose hope for the future. The next point is exemplified by the individual who has a depressive reaction that seriously impairs his sense of hope for the future. This degree of depression is characterised by suicidal inclinations, serious subjective suffering, and

PDF created with pdfFactory trial version www.pdffactory.com

obvious impairment of the capacity to enjoy any activity or to participate effectively in work or personal relationships. The final point is the state of serious depression, and is represented by the person whose capacity to function is so impaired that hospitalisation is mandatory. The seriously depressed individual, whether inert and apathetic or agitated and restless, has suffered a serious regression and impairment of controlling, organising, directing, and defensive functions of the ego. He knows only the present and has no sustaining capacity to recall the past when things were better for him. He also has no capacity to envision the future as different from the intolerable present (Faul, 1995: 249-250).

The person's body can handle a certain amount of stress before chemical imbalances occur. If a person has been exposed to too many stressors that have led to numerous spells of depression, biological changes can take place in his body that can intensify the feelings of exhaustion and helplessness. The factor that most disposes a person to become depressed, is the experience of helplessness in childhood due to failure in the satisfaction of vital needs. The adult who has been deprived in this manner will need continual confirmation that he is loved and liked. If these needs are not satisfied, depression is likely to follow. Even temporary but strongly felt experiences of helplessness in the first years of life can be revived later when something happens to remind the adult of the earlier traumatic event. Traumatic experiences early in life also predispose the individual to overreact to analogous conditions in later life. Emotional neglect, sexual abuse, divorce and the death of a loved one may furthermore influence the way children begin to perceive their world, and cause them to form pessimistic habits or thoughts instead of optimistic ones. Living in a chaotic, confusing or constantly changing environment can cause children to doubt that good things will last. They can come to believe that nothing they do matters. Overcritical and perfectionist parents and teachers also foster pessimism in children. Because hopelessness has its roots in childhood, it is a difficult habit to change. The main developmental notion is the fact that the child must be able to make some sense of his world and learn the importance of meaningful activities that can, later in life, help him to decide for himself what his meaning in life will be (Faul, 1995: 263-264).

Helplessness involves a reaction to loss of control over gratification and relief of suffering, with the absence of positive aspects such as joy, happiness, satisfaction, excitement, the love of oneself and the love of life. A feeling of depression can range from a mild

PDF created with pdfFactory trial version www.pdffactory.com

response to life stresses, to enduring withdrawal with lack of hope for recovery. A child is disposed to become depressed when he has the experience of helplessness due to failure in the satisfaction of vital needs, by being deprived of feeling loved and liked. Emotional neglect, sexual abuse, divorce and the death of a loved one may furthermore influence the way children begin to perceive their world, and cause them to form pessimistic habits or thoughts instead of optimistic ones. Living in inconsistent environments can make children doubt that good things will last, and overcritical and perfectionist parents and teachers can also cause children to question whether what they do matters.

4.8.3 Statutory intervention

Stress is caused by a lack of equilibrium – a discrepancy between demands and the individual's capacity to cope with them. The magnitude of stress is a function of the degree of discrepancy, assuming the individual is motivated to cope with the demands with which he is confronted. Unpredictable and uncontrollable life events, hassles, significant life changes, situations of extreme high or extreme low stimulative value, and internalised values and standards of behaviour, place demands on the individual. Demands exist in two forms: objective and subjective; the latter is a result of individual-specific appraisal. Appraisal of threat, harm, and challenge, whether conscious or unconscious, is the cause of stress (Strelau, 1998: 362-363).

Although statutory intervention is undertaken to safeguard the child, it can still be viewed as causing disequilibrium in the child's life. He has to get used to strangers that are substituting the roles of his parents. This substitution happens in one of four ways: through a place of safety placement (which can be viewed as a shorter term fostering agreement), foster care, institutional placement, and through adoption.

Most children who need substitute care, need a stable family environment in which to live. **Foster homes** meet this need and are the placement of choice. Foster homes give children a chance to experience family living with substitute parents in a stable environment that meets their physical and emotional needs. Social workers have a dual role: they are responsible for helping foster parents and children adjust to the placement through support services, and they engage in permanency planning for the child's future, including intervention with the biological family (Johnson and Schwartz, 1994: 194, 196).

PDF created with pdfFactory trial version www.pdffactory.com

Institutions continue to care for and treat children with special needs who cannot benefit from placements in family foster homes. Children needing institutional care range in age from preschoolers to adolescents, with problems varying from dependency problems, to psychological disturbance, to socially maladjusted youths. Most institutions utilise the community resources and also attempt to provide services to the families. Funding for services comes from state and local grants, as well as public beneficiaries. Children with physical, emotional, and intellectual disabilities; blind or deaf children; children with psychological disorders; delinquent children; and chemically dependent children are all served through these institutions, residential treatment facilities, and group homes, by means of treatment and recreational activities. Although most children placed in such facilities are there because of special needs, they may also require permanency planning services. Special needs children are those with physical, emotional, mental, and medical disabilities or conditions that pose special challenges to parents and/or caregivers. Social workers perform direct service delivery roles such as individual, family, and group therapy; as well as indirect services such as staff coordination and supervision, programme planning, advocacy, and staff training (Johnson and Schwartz, 1994: 196-197, 198).

The **adoption** of children by people not related by blood ties is a legal process. Families are created or expanded when the ties between biological parents and children are severed by the courts and legally re-established with adoptive parents. Adopted children become the legal children of the adoptive parents and are entitled to all the rights and benefits that a biological child would have. Adoption serves a number of purposes: it enables children who are legally free to have a permanent home; it provides a way for couples who are unable to produce children biologically to become parents; it is a way in which children whose parents cannot care for them are given an adequate home to grow up in; and, unlike other substitute care, it gives children much needed stability. There are two primary types of adoption: agency adoption is arranged by a child welfare or social service agency sanctioned and authorised by law or license to do so; and independent adoptions, where arrangements are made by a third party acting independently and as a facilitator between the biological and adoptive parents. The biological parents release the child up voluntarily. This type of 'grey' adoption also includes adoption by a stepparent or any other relative. Social work's role is finding the proper adoptive home, completing the home investigation, and offering support to increase the success of the placement

PDF created with pdfFactory trial version www.pdffactory.com

(Johnson and Schwartz, 1994: 197-198).

Statutory intervention in a child's life results in transitional stress or a crisis situation. It causes disequilibrium that places a demand on the child's capacity to cope with the stress. Statutory intervention takes place through the processes the social worker puts into place to safeguard the child, i.e. place of safety-, foster-, and institutional placement, as well as adoption. Each option is considered for different reasons, i.e. rehabilitative, meeting developmental needs, or permanency planning. The significance of these interventions in the child's life includes the experience of loss of something familiar (discussed later in this section), the child's own adjustment to new circumstances, which may involve behaviour problems and motivation (discussed in earlier sections), and how well it is handled by the adult who is in the parent role (discussed in next section).

4.8.4 Early recollections

The effect of life changes has as much significance as the child's recall and interpretation of the events. It is therefore necessary to explore what the child can recall and in what manner this shapes the child's concept of himself and the world around him (this is referred to later by Kottman as lifestyle hypothesis).

'Early recollections' refers to selected memories from the person's first 6 to 8 years of life that provide a brief picture of how an individual views himself, other people, and life in general, what he or she strives for in life and what he anticipates as likely to occur in life. Since people selectively remember events from their past, the situations and relationships they choose to recall usually have some type of significance for them. This can provide valuable cues about the child's life-style, mistaken beliefs, social interactions, and goals of behaviour (Kottman, 1995: 140). Strategies to use in eliciting the child's early recollections are found in Annexure 2.

The effect stress and loss have on the child is determined by the child's recollection of these events. The child's selective memories of his first 6 to 8 years create a picture of how he sees himself and others and what he thinks is likely to occur. It gives insight on possible mistaken beliefs the child might have, as well as his social interactions and the goals for his behaviour.

PDF created with pdfFactory trial version www.pdffactory.com

4.8.5 Grieving

Social workers are directly involved at that acute point where they have to witness the pain of a confused and hurt child being taken away from his parents. Whether it is from separation or death, serious attention must be given to the child's experience of loss. In the likelihood the social worker may work with a child who is himself dying of a terminal illness, who has to face the loss of his life, an understanding of grieving is necessary.

Any adult would want to protect a child from pain and may therefore be prone to keep things away from him. This however deprives the child of the right to express and resolve his own regret and concerns, or to check out his own observations. John Bowlby (in Jewett, 1994: 2-3) believes that a child can resolve losses appropriately when:

- The child has enjoyed a reasonably secure relationship with the person who is leaving or gone.
- The child receives prompt, accurate information about what has happened and is allowed to ask all sorts of questions, which adults answer as honestly as possible, acknowledging when they don't know.
- The child is allowed to participate in the family grieving, both publicly and privately.
- The child has easy access to a trusted parent or adult who can be relied upon for comfort and a continuing relationship.

Because all children appear to harbour some degree of fundamental and primitive terror that something catastrophic might happen to their caregivers, and that without their caregivers' protection and care they themselves might die, it is best that the news about loss comes from the adults to whom a child feels closest. Access to someone with whom the child shares an ongoing history of trustworthiness, concern, and involvement is an important buffer during crisis or change, and reassures the child that he is not alone, that there are other people available to provide protection and vital caretaking. If the loss entails the departure of a parent, whether because of a new job assignment, parental separation, serious illness, or incarceration, it is best for both parents to tell the news together, so the child has a chance to understand that everyone is involved in what is happening, and regardless of the change they are still a family. If the loss resulted from parental conflict, separation or divorce, it is particularly important for each parent to take special care to avoid influencing the child's reactions and to do whatever is necessary to reduce the likelihood that the child feels caught in the middle or that he should choose

PDF created with pdfFactory trial version www.pdffactory.com

sides. It is also best to let the child know what is happening as soon as the loss or change seems definite (Jewett, 1994: 3-4).

When experiencing loss the child should express and resolve his own regret and concerns. He can manage this appropriately when he has enjoyed a meaningful relationship with the person who is gone, when he receives accurate information about what happened and is allowed to ask questions, when he is allowed to participate in the grieving, and when he has access to a trusted adult who can be relied upon for comfort. Care should be taken to allay fears the child may have that there will be no one to care for him, and he should not be allowed to feel responsible for things he has no control over.

4.8.6 Teenage pregnancies

Adolescence is a time of psychological exploration. It is a period when adolescents reflect on their strengths, weaknesses, competencies, and fears. Their strengths may include self-confidence, ambition, self-esteem, and having firm convictions and strong beliefs, which can lead to reckless, boisterous, risk-taking behaviors, as well as fearlessness and excessive self-centeredness. Adolescence is also considered a time of identity development, identity crisis and egocentrism. Adolescents may believe that they are special and not subject to the rules that govern others, in short, invulnerable (Medora and von der Hellen, 1997: 811).

In the United States more than one million adolescents between the ages of 15 and 19 become pregnant each year. Among sexually experienced youth, about 9% of 14-year-olds, 18% of 15- to 17-year-olds, and 22% of 18- to 19-year-olds become pregnant each year. More teenage females become mothers than teenage males become fathers (Medora and von der Hellen, 1997: 812). Adolescents account for almost one-third of all births to unwed mothers. More than one-third of all sexually active teenagers are not using any contraceptive methods, leaving between 1.5 and 2 million young women at high risk of unintended pregnancy. The pregnancy risk in the first 6 months of sexual activity for those teenagers is approximately 50%. Several factors are attributed to the increased number of unplanned teen pregnancies: teens are more sexually active today than in earlier generations; teens lack parental supervision due to the increase in two-wage earning families; families are under increased stress due to economic hardship;

PDF created with pdfFactory trial version www.pdffactory.com

there are increased risks associated with sexual abuse; as well as a range of ecological factors such as the individual's background, culture, and values (Monahan, 2002: 431-432).

In South Africa, among the nearly 5 million children aged between 14 and 18 years, 1% of teenagers have given birth to their first child by 14 years, 2.8% by 15, 6.5% by 16, increasing to 13.1% by age 17, 21.9% by 18, and 30.5% by the age of 19 (South African Statistics©, 2005: 76).

Adolescent pregnancy is a significant public health issue due to the increased risks of morbidity and mortality for the adolescent. Approximately one-half of teen mothers go on welfare within 1 year and 77% within 5 years. Currently the United States has the highest rate of teen pregnancy of the developed countries. A correlation with family poverty exists: for each year after 18 that childbirth is delayed, the probability that the family's income is at the poverty level is reduced by 2.5% (Monahan, 2002: 431).

Babies born to teenagers aged 17 and younger have lower mean birth weights and higher mortality than those born to older women. Similarly, low-birth-weight infants are three times more likely than those of normal weight to suffer neurological disabilities. Teenage moms have limitations in parenting skills, which can render them incapable of handling the demands of motherhood. Half of all teen mothers are not enrolled in school and more than one-third will never graduate or get a general education degree, with the mother and child's long-term economic prospects often adversely affected. Another consequence of early adolescent sexuality is the high risk of sexually transmitted diseases, and their association with subsequent health and fertility problems. Although the number of AIDS cases diagnosed among teenagers is small (1% of the reported cases), it can be assumed that the long mean latency period (11 years) has kept the disease hidden. Adolescent AIDS cases, however, have increased 77% in the past 2 years, while rates of other sexually transmitted diseases are higher among sexually active teenagers than they are among adults. Providing health education to adolescents and preadolescents about these risks is becoming increasingly important for parents and schools. Social workers will increasingly work with these adolescents and need to become more knowledgeable about risk factors and programme alternatives (Monahan, 2002: 432-433).

A historical overview of social work's philosophy about and orientation to the unmarried

PDF created with pdfFactory trial version www.pdffactory.com

mother yields several sequential trends. Until the early 1920s, the primary concern of the social agency was the unmarried mother's infant, and help to the mother herself was rarely considered. Since the early 1980s, the unmarried mother's complete role network – her relationship to various subsystems, e.g., ethnic group, kinship ties, and so on – has become part of the caseworker's psychosocial diagnosis, and enriched the treatment plan for her and her child. The consideration of economic, social, psychological, and health variables impinging on the unmarried mother points to a more pressing need for the provision of community resources (Strean, 1983: 851).

Unwed mothers have been found resistant to social work intervention in the past, seeking services but not understanding them. They usually do not continue treatment after the baby is born, and it has not been uncommon for them to repeat the same experience that brought them to the agency in the first place (Strean, 1983: 854).

Because of the nature of adolescence, teenagers are more prone to engage in risk-taking behaviour. The risk of pregnancy amongst sexually active teenagers is progressively present from the age of 14 years. One third of births to unwed mothers are to teenage mothers. The adverse effects of an unplanned pregnancy on a teenager involve the higher probability of being dependent on public assistance, an increased risk of health problems with regard to STDs (an alarming increase in adolescent AIDS cases since the start of this century) and fertility problems, complications for the baby at delivery, possible developmental problems and poor parenting. All of the young unmarried mother's relationships as well as cultural influences are to be considered when the effect of the pregnancy is investigated. Economic, social, psychological, and health variables all call for the provision of community resources.

4.8.7 Abortion

On 1 February 1997, abortion became legal through the Termination of Pregnancy Bill. In terms of the Bill, a woman has the right to choose to have an abortion during the first 12 weeks of her pregnancy. From the 13th to the 20th weeks of pregnancy, she may choose to have an abortion if a doctor is of the opinion that:

- the continued pregnancy is a risk to the woman's physical or mental health; or
- there is a substantial risk that the foetus would suffer a severe physical or mental abnormality; or

PDF created with pdfFactory trial version www.pdffactory.com

- the pregnancy resulted from rape or incest; or
- the pregnancy would severely affect the woman's social and economic circumstances.

After the 20th week of pregnancy, abortion can still take place if the pregnancy would endanger the woman's life or severely deform the foetus. Abortion can only occur with the consent of the pregnant woman, unless she is incapable of consent (Parliamentary Bulletin no 8, 1996).

According to Sicelo Fayo (2001 and 2003) in his column *Street Talk* in the Herald online, figures by the National Health Department show that between February 1997 and July 2001, a total of 172 494 babies were legally aborted by South African women. Birth rates have however stayed consistent, averaging 69 800 per annum from 1991 to 2003. The highest number of births occurred among mothers between 20 and 24 years old, followed by those in the 25 to 29-year-old age group, then mothers between 30 and 34 years, and while the lowest number occurred among teenagers between 15 and 19 years.

Approximately 46% of teenage pregnancies in the United States result in live births, 41% are aborted, and the remainder end in miscarriage or stillbirth (Medora and von der Hellen, 1997: 812). Most women seek an abortion because of a lack of money, being unmarried, feeling unprepared, being at school, having too many children, or because the child is not their partner's. The majority of women are still ambivalent about their fear of 'killing the baby', the procedure and after-effects, the discomfort of keeping a secret or being judged, suppression of mothering feelings, fear of the pregnancy becoming too real as it progresses, thereby forcing her into a hasty decision, and feelings of isolation. In many cases the woman's feelings of rejection by others are projections of her own anxiety and ambivalence (Ullmann, 1983: 710-713).

Motivations against abortion relate to the instinct for self-preservation and the urge to motherhood. Ambivalence exists in that the pregnancy is rejected even though becoming pregnant represented a wish fulfilment. Some women feel that abortion destroys something in them. Deutsch (1945, in Ullmann, 1983: 705-706) further reported that, during menopausal depression, some women who have had abortions express self-accusation – but more recent thinking indicates that this may represent a vehicle for depression rather than its cause. She also described a change in the relationship between the man and the woman after the abortion. Since Deutsch's work was published

PDF created with pdfFactory trial version www.pdffactory.com

in 1945, however, it may well reflect the mores of that period.

It is generally agreed that a woman's reaction to abortion is determined by her general psychological state. A psychological symptom that does appear is guilt, sometimes as a reaction to the clinical procedure, sometimes as a result of the punitive attitude of those caring for the patient. The guilt may be mild or severe. In most cases abortion does not seem to affect subsequent sexual behaviour of women. Other psychological symptoms that are often reported with abortion are many instances of insomnia, somatic complaints, anxiety, and suicidal ideation, as well as an intense preoccupation with the problem of ending the unwanted pregnancy. Women that have gone through abortion describe a mourning process that almost invariably takes place, and can affect women in different ways, depending on pre-existing psychological status. It is maintained that more should be known about psychosocial implications now that more and more governments are liberalising their abortion laws (Ullmann, 1983: 706-707).

A teenager can legally request an abortion in the first trimester (12 weeks) of her pregnancy, and after 20 weeks if serious complications exist. The teenager may choose an abortion because of insufficient means to provide for herself and the baby, the need to continue with education, not being married or the shame it would cause her. Reasons for choosing against abortion will stem from feeling that it is wrong and because of the urge to motherhood. Psychological effects from the abortion involve guilt, insomnia, somatic complaints, anxiety, suicidal ideation, and grief. The manner in which the teenager will be affected depends on her prior psychological state.

In the preceding sections the attributes of the child that influence his social functioning were discussed. In the following sections the influence that the parents and others have on the child are discussed. This immediate influence is different from environmental influences, which focus on the support or lack of support available to the child, in the sense that the child is dependent on adults for his survival. The researcher reasons that the child's own attributes are influenced early on by the effect adults have on the child, and can therefore not be separated in the development of Factor 1, which in the adult PIE is the role performance of the individual.

PDF created with pdfFactory trial version www.pdffactory.com

4.9 Socialisation

Parent-child interaction serves many different functions, among which affectional exchange and caretaking are prominent. The interaction is of a primary formative nature in which the adult is actively involved in extending the child's behavioural repertoire by helping him to master some new problem in order to progress to a higher level of competence in coping with environmental demands. Schaffer (1992: 100) refers to these as *joint involvement episodes*, meaning any encounter between two individuals in which the participants pay joint attention to, and jointly act upon some external topic. As children grow older, topics are increasingly likely to assume verbal form. A number of attentional devices – gazing, pointing, manipulation, and referential speech in particular – are available whereby the child can indicate to the parent what the topic of exchange can be (or visa versa). During joint involvement episodes, children's behaviour is richer and more complex, and can therefore elicit a child's optimal and developmentally most advanced performance (Schaffer, 1992: 101-103).

In the next sections the researcher will describe the important family function of socialisation by examining the elements of socialisation, how the child becomes socially aware, and how factors such as gender, age, and interaction with others influence socialisation.

4.9.1 Elements in socialisation

The following four factors are indicated as crucial elements in the child's ability to be socialised:

- *Internalisation*: Affective, self-regulatory, and temperament factors play a role in early internalisation development. Temperament concepts such as anxiety and fear have been strongly implicated in moral development. Anxiety has occasionally been implicated as the mediator for internalisation. Fearful children are less likely to cheat and have more resistance to temptation. On the other hand, in parent-child dyads where the parent is consistently available, supportive, sensitive, responsive, and empathetic toward the child, children are cooperative, compliant and eager to internalise parental demands and values. Secure attachment has been associated with the child's readiness to comply with the mother. Internalisation should be viewed

PDF created with pdfFactory trial version www.pdffactory.com

as emerging gradually and having its roots in early compliance to caregivers. Toddlers' compliance can be labelled, committed, internalised, or self-regulated when the child complies with the mother's request with an enthusiastic and cooperative spirit, indicating internal endorsement of and commitment to maternal agenda. Prediction of internalisation may be improved by viewing maternal discipline and mother-child attachment as effective factors, even for children with different temperaments. Children who are relatively fearless and not prone to anxiety may not be equally distressed when confronted with a wrongdoing or failure to comply, and subtle psychological parental discipline may not be sufficient. A simple increase in parental applied power may result in anxiety but it may be detrimental to internalisation, and weak affectionate ties with the caregiver, further results in possible psychopathy (Kochanska, 1995: 597-599, 611-612).

- *Compliance* encompasses the child's abilities to resist a tempting but forbidden impulse, to modulate frustration, and to delay gratification and a proactive ability to carry out an organised action consistent with parental standards. There is a distinction between passive and active inhibition – the latter being effortful impulse control. Inhibitory control appears in the second year of life. Early irritability and unsoothability have been associated with subsequent impulsivity. A particular mismatch between parental style and the child's impulsivity may have important consequences for conscience development. Highly impulsive children whose parents create unpredictable, chaotic environments may develop serious deficiencies in their ability to observe standards of conduct. Conversely, children with high inhibitory tendencies who are brought up in highly structured environments might develop an 'over-controlled' pattern, marked by strict and rigid adherence to standards of conduct at the cost of their spontaneity (Kochanska, 1993: 335, 337 and 340).

- *Attitudes*: Families provide young children with the knowledge and information about disability and minority groups that they need to form attitudes with. As children develop, they increasingly notice differences among children, and then turn to their parents for an explanation of what those differences mean. The child will experience an affective component of attitude which is the emotional reaction elicited by the referent. The child will also have a behavioural intent, which is a predisposition to act in a certain manner, including a desire to seek or avoid contact with the referent of an attitude. The typical behaviour of a child towards another is learned from watching

PDF created with pdfFactory trial version www.pdffactory.com

and modelling their parents and other significant adults. The social environment can enhance or ease the attitude-behavioural relationship as individuals are influenced by their beliefs about what important 'social others' expect from them. Social norms may cause a parent to behave in a manner that is inconsistent with his or her attitudes, but is in accordance with perceived social norms and expectations. A general belief exists that direct experience with a class of people reduces the negative attitudes and stereotypes held toward that group of people, termed the *contact hypothesis*. Religious teachings can further support both positive and negative attitudes from the different viewpoints, of being something special to being demonic or the result of sin. Better-educated families seem to have more positive attitudes toward inclusion (Stoneman, 2001: 102, 103-107).

- *Controlling access*: Parents are gatekeepers of young children's everyday experiences. Young children have little control over their own lives. Decisions about the people with whom they spend time, places they visit, toys and materials with which they play, and other important aspects of their daily lives are largely controlled by adults. By managing the experiences that young children encounter, parents can powerfully shape young children's attitudes and beliefs. Some families also carefully control the media their children have access to. Media, including television, exert strong socialisation influences on young children. The effects of television on children are often unplanned. Attitudes and beliefs extracted and learned by children may not be what the producers intend to teach, but they are powerful nonetheless. The opinion of parents will determine the media content that they deem appropriate for their children (Stoneman, 2001: 115, 118).

Parent-child interaction serves the functions of affectional exchange and caretaking and has a formative nature, where the parent helps the child become more competent. Socialisation occurs through joint interaction episodes, where the parent and child pay joint attention to, and jointly act upon, some external topic. Four factors are crucial elements in the ability of the child to be socialised: internalisation, compliance, attitude, and controlling access. In children who appropriately fear discipline and who have a secure attachment with the parent, there will be a willingness to regulate themselves and they will therefore internalise what is expected of them. Compliance implies the ability to resist impulses, modulate frustration, delay gratification, as well as a proactive ability to carry out an organised action consistent with parental standards. For the child to observe

PDF created with pdfFactory trial version www.pdffactory.com

standards, parental consistency is needed. Children model their parents' attitudes, which are influenced by exposure to or contact with the referent of the attitude and the expectations of important social others. It involves a feeling being elicited and a predisposed action towards the person the attitude is focused at. By managing the experiences children encounter, parents can powerfully shape children's attitudes and beliefs.

4.9.2 Social awareness

Another need which the family provides is to offer opportunities for the child to make observations and interpretations of the life around them. Children are very likely to make decisions based on their subjective interpretation of facts rather than on actual facts. People filter reality through already formed perceptions and conviction in their life-styles. Children are excellent at observing, but they usually then make inaccurate interpretations of events and interactions. These mistaken beliefs become a private logic that often remains out of their consciousness, but which forms the foundation for their reasoning, assumptions, decisions, attitudes, and behaviours (Kottman, 1995: 14-16).

Human beings have a need to belong. In order to establish and maintain a sense of belonging, children observe the world to determine a way for themselves to gain significance and fit into different groups. The first group children belong to is their family. Children watch to see how their families react to different behaviours and attitudes (*modelling*). They note which behaviours gain attention and which gain a sense of belonging and which not. If the child cannot establish himself as belonging to the family in a positive way, he will find a negative way to fit into the family. Eventually this way of establishing belonging becomes the child's lifestyle; the way the child views himself, the world, and others, plus the repertoire of behaviours based on these views. As the child matures, he acts out his lifestyle in the various contexts of school, neighbourhood, work, dating, and marriage (Kottman, 1995: 10).

More specifically this relates to the need for love and the need for security. The need for love is met by the child experiencing a stable, continuous, and dependable relationship with his parents (or permanent parent-substitutes) who themselves enjoy a loving relationship towards each other.

PDF created with pdfFactory trial version www.pdffactory.com

Since people are social beings, they are born with the innate capacity to develop *social interest*, which is a sense of connectedness to other human beings. Social interest can be thought of as an index for successful adaptation. The more developed the social interest, the more diminished the individual's feelings of inferiority, alienation, and isolation. This innate capacity must be fostered and developed, first by the family and then by other social forces. In order to reach optimal social interest, children must form an attachment to their primary caretaker, who then helps them expand this connection, first to siblings and then to friends, classmates, and teachers. If given proper encouragement and stimulation, children eventually generalise their feelings of social interest to all other people they interact with. Most children who need therapy have a poorly developed social interest (Kottman, 1995: 12). For the researcher the specific needs to be met through social interest are the need for praise and recognition, and development of healthy sense of competition.

Together with the parental influence on the child's attitudes and beliefs and the child's ability to comply and internalise, another influence is at work – that is, the child's development of social awareness. Children, like adults, make decisions based on their subjective interpretations of events and interactions, and, in the case of children, these interpretations are usually inaccurate. Children's private logic about the world around them is applied to and determined by their need to belong (how to gain significance and fit into different groups), their need for love and security (stable and dependable relationship with parents), and the development of social interest (connectedness to other human beings).

4.9.3 Childhood gender roles

Different sexes refers to the binary categories of male and female, while *gender* refers to the 'fuzzy' categories of masculine and feminine, and *gender roles* concentrates on the contrasting activities and interests of the two sexes. Role differentiation during childhood extends beyond these differences in content, involving different roles, organisational patterns and developmental pathways, which operate within two very different social contexts. Boys and girls interact mainly with their own sex, and their patterns of social relations are very different, boys interacting in larger groups where status and reputation are important, and girls showing more intimate interactions and friendships. Girls use social speech mainly to maintain friendly interactions, and to create and maintain close

PDF created with pdfFactory trial version www.pdffactory.com

relationships based on equality and fairness. Boys use speech to assert their status, to attract and maintain an audience, and to assert themselves when others are speaking. Role conformity is emphasised more for boys, and the few cross-sex interactions initiated by boys are such that they serve to emphasise the boundary between their social world and that of girls. The masculine role shows different aspects related to development changes: avoidance of femininity, the physically-based role of boyhood, and the achievement-based role of adults. The principal developmental change for girls is an increase in the rigidity of the feminine role at puberty, marked by a decrease in tomboyish behaviour, a lessening in value of sporting activities and academic achievement, with an increase in focus on dating, attractiveness, and future marriage plans – the gender intensification phase (Archer, 1992: 31-32, 36, 51).

Gender has been identified as an important organiser of many aspects of human development. In most cultures different roles and behaviours have historically been considered appropriate for males and females (Raffaelli, *et al.*: 1432). For the researcher this implies that gender does determine the development of the child and that cultural values are played out in gender roles. More than that, the fulfilment of different sexual roles are necessary for procreation, and it therefore makes sense that a society would prescribe gender roles.

The child's social awareness is influenced by his gender. Boys tend to use social interaction more for asserting themselves, whereas girls use interaction for maintaining close ties. Role expectations differ for boys and girls, and these usually have a cultural context and can be viewed as an important organiser of human development.

4.9.4 Age and pro-social behaviour

Children learn pro-social behaviour from their families. Parents teach their children values such as helpfulness, sensitivity, altruism, generosity, and kindness; stimulate role-taking behaviour and empathy; and teach children about consequences that the behaviour has for the feelings and well-being of others. Parents socialise in young children a concern for others through ongoing daily social exchange. Families that socialised their children in such a way as to emphasise acceptance and pro-social behaviour, have children who generalised pro-social teaching to other children. Parents who have more realistic expectations for age-appropriate pro-social behaviours have

PDF created with pdfFactory trial version www.pdffactory.com

typically developing children who interact more with classmates with disabilities (Stoneman, 2001: 119-120).

The human being is immersed, right from birth, in a social environment that affects him as much as his physical environment. There is hardly ever a purely intellectual act that is unaffected by emotion, and similarly never a purely affective act totally devoid of comprehension. Consideration of the child's egocentrism, the growth in ability to play cooperatively, and the moral development of the child, all reflect an awareness of the importance of social factors (Borke, 1978: 29). The operational definition of *empathy* in terms of social interaction is the ability to understand the world from another person's perspective by imaginatively transporting oneself into the thinking, feeling, and acting of another. Young children are primarily egocentric; they reduce all social and physical influences to their point of view and therefore distort them without realising it, simply because they can't distinguish their point of view from that of others. It is only after the child reaches 7 or 8 years of age that sociocentric thought first appears. The sharing of ideas and feelings with other children results in a re-examination of the child's concepts in relation to those of others. This leads to greater awareness of the self, as distinct and separate, and to the growing realisation that each person perceives reality from a different perspective. The self arises in the process of social experiences, and self-awareness results from the perception that the other has thoughts and feelings which differ from one's own. Taking the role of the parent in early pretend play, demonstrates an awareness of the difference between the self and the other (Borke, 1978: 30-31).

By three years of age children, regardless of cultural or socioeconomic backgrounds, can accurately identify happy and unhappy responses in other people. The ability to recognise sad and fearful situations, appears to be influenced to some extent by social class and cultural factors. The child's ability to take the perspective of the other is confined to immediate, simple situations that fall within the realm of the child's own life experiences. The accuracy of perception of other's feelings, thoughts and motives increases between the ages of 6 and 12 years. This is the beginning of reciprocity, which strengthens the individual's ability to relate to the group. With the transition to formal operational thinking during adolescence, the individual for the first time is intellectually capable of the reciprocity, relativism, and objectivity which represent the most advanced stage of social development (Borke, 1978: 35-36, 39-40).

PDF created with pdfFactory trial version www.pdffactory.com

By three years a child can accurately distinguish between happy and unhappy responses in others. Early pretend play indicates that the child is aware of a difference between him and others. The child starts off being egocentric, and only around the age of seven or eight, does the first sociocentric thought appear. This is indicated by the child's realisation that others have thoughts and feelings of their own. The accuracy of the perception the child has of others' feelings, thoughts and motives increases towards the age of 12 with the development of reciprocity, which strengthens the child's ability to relate to others. During adolescence the child's social development is most advanced, with the intellectual capability for relativism and objectivity having developed.

4.9.5 Social skills

Social skills require an interpersonal context for their acquisition and development. The ability to deal successfully with people can only emerge during social interaction, and is bound to depend on the cooperation and support of the child's parents. Cognitive functions, dependent on socialisation, are problem-solving, play and attention (Schaffer, 1992: 103). The latter has already received attention under the heading 'performance'. Problem-solving and play are discussed below.

Problem-solving: In a study where three- and five-year-old children worked with their mothers on a sorting task, measures of performance ability on the same task, but working independently, were obtained before and immediately after the interactive session. These measures were compared with a group of children who did not experience interaction. It was found that mother-interaction children made significantly greater gains than the control group. Those mothers who provided more verbalisations concerned with goal direction, monitoring, strategy, and planning in the course of the joint session with the child had children making the greatest improvement in independent problem-solving. Thus the more the adult exposed the child to the processes necessary for successful problem-solving, the greater were the chances that the child would, in due course, be able to cope with the task alone. Self-directed problem-solving is as effective as adult guidance (Schaffer, 1992: 103-104).

Frankel and Bates (1990: 810-811) postulate that attachment security is not the only predictor of problem-solving adaptations. They therefore explored mother-infant interactions and maternal perceptions of temperament at 6, 13, and 24 months.

PDF created with pdfFactory trial version www.pdffactory.com

Interactions during problem-solving tasks may reflect crucial competencies during the second year of life. Their study focused in part on the quality of naturalistically observed mother-child interaction, namely *positive involvement*, defined by maternal characteristics of responsiveness, affective positivity, educational stimulation, and reciprocal communication by the child. The findings of this study confirmed that high levels of maternal affection and positive interaction were generally associated with greater harmony and child responsiveness to suggestions, and low levels tended to forecast more antagonistic, frustrated, and disengaged behaviours (Frankel and Bates, 1990: 817).

Social dysfunction is commonly associated with deficiencies in social skills essential to achieving self-esteem, forming satisfying interpersonal relationships, and performing various social roles effectively. Deficiencies in social skills contribute to difficulties involving loneliness and depression, marital dysfunction, parent-child problems, family breakdown, employment problems and various mental health problems (Hepworth and Larsen, 1990: 425-426).

The cognitive functions that need to develop during the socialisation of a child are problem-solving and play. Directive interaction from the parent is directly related to the child's ability to learn to cope with a task on his own as young as three years of age, and will even lead to competencies in the child's second year. Goal direction, monitoring, strategy, planning, responsiveness, affective positivity, educational stimulation, and reciprocal communication are found to be positive factors that contribute to developing problem-solving skills during interactions between the parent and child. Social skills are necessary for healthy social functioning in the child, since these are essential for achieving self-esteem, forming satisfying relationships, and effectively performing social roles.

4.9.6 Play

Social learning takes place within a certain interactive milieu. For a child this is the activity of play. The researcher will explore the dynamics in play, and then discuss the other parties involved in this activity with whom the child forms relationships.

Play is the natural way in which a child explores and discovers the world around him to

PDF created with pdfFactory trial version www.pdffactory.com

eventually also master it. It is of crucial importance for the development of his abilities on all levels: thoughts and memories, language, movement, hand-feet coordination, social skills, and emotional maturity. Through play a child can express himself and how he sees and experiences the world; he learns to share, to consider others, and that he cannot always be at the centre of attention; it develops his independence and ability to make his own choices; it develops his creativity; and contributes to his physical development and control while burning up excess energy. Play further improves a child's concentration and teaches him to organise his thoughts and plan his activities. He gathers information through play, and it provides opportunities for problem-solving (Pieterse, 2001: 17-18).

Play is a less structured, more open-ended, activity than problem-solving, with less precisely specified goals. Children's play frequently occurs in social interaction contexts, and there are indications that a parent can elicit higher maturity levels in play in the context of joint involvement episodes, than when the child is alone, with the further possible implication that developmental progress is fostered by the opportunity to engage in interactions of this type. In a study of toddlers aged between 20 and 28 months at home, interactions were classified through the occurrences of symbolic play according to the mother's availability. Both the level of play and the length of play episodes increased when the mother participated in the child's activities, compared to when the children were on their own. The effect varied according to the nature of maternal involvement, being greatest when mothers actively entered into the child's activities or encouraged them via explicit suggestions. Another study of 15 to 30 month-olds also showed children reaching higher levels of sophistication when playing jointly with the mother, partly because she provided the necessary motivation by simply making play more fun. One-year-old infants with the greatest competence in exploratory play tended to have mothers who frequently focused the child's attention on objects and events in the environment. Adult stimulation does have an enhancing effect on infant functioning. Children's play activities studied at 20 months and 28 months were categorised into four groupings, namely, exploratory, combinatorial, symbolic, and ambiguous. The maternal affect differed: at 20 months exploratory and combination play were affected by the mother's presence; whereas at 28 months only symbolic play showed an increase. As all mothers provided guidance to an equal extent in all categories, the children appeared to act selectively in their use of the mother according to age (Schaffer, 1992: 105-109).

Furth and Kane (1992: 151) state that pretend play has its precursors in infant-parent

PDF created with pdfFactory trial version www.pdffactory.com

interaction, which sometimes involves make-believe. Adults are the child's primary playmates during the first two years; they take the lead in initiating and elaborating on playful episodes, but by the end of the second year children can be observed performing brief, unconnected symbolic actions when playing alone. Play in infant-parent interaction is frequently marked by joyful laughter, whereas solitary pretend play and social pretend play with peers are related more to the serious business of comprehending reality. As children develop, their pretend play becomes more and more sophisticated. Symbolic actions are gradually dissociated from their own bodily actions, freed from environmental cues and integrated in multiple action sequences. At the same time their play with peers becomes more sociable (Furth and Kane, 1992: 152). In Annexure 2 the researcher gives a framework for observing the kind of play in children.

Social learning takes place within the interactive milieu of play. Play is of importance for the development of the child's abilities on all levels. The child learns pro-social behaviour through play, and he gains information about his world. When the child plays with someone, especially with the parent, it can elicit higher maturity levels. Play provides the ideal medium for adult stimulation of the child's development. Around 20 months of age the child will use his mother's involvement more with exploratory play, whereas around 28 months the child uses the mother's involvement more for symbolic play. Pretend play also has its precursor in the make-believe games adults play with children. Solitary pretend play and social pretend play with peers are used by the child to comprehend reality.

4.9.7 Peer group

Kauffman (1999) not only mentions the link between socialisation and the development of behaviour and emotional problems, but he also highlights from research on social development the role that the peer group plays in socialisation. Especially after the early grades, socialisation is primarily a function of the child's peer group. The picture emerging from research in this area is far more complex, nuanced, and grounded in social context than was previously assumed. This picture complicates the design of interventions considerably, requiring us to think more carefully about both the nature of the relationships among children, and how to change the nature of these relationships without violating the child's individual rights and cultural traditions.

PDF created with pdfFactory trial version www.pdffactory.com

Parents and other adults are implicated in children's social development and in the prevention of conduct disorder, and new findings do not suggest that adult influences should be discounted. Rather, the research suggests that to understand peer influences on the development of emotional and behavioural disorders, we must take into account the variety of reasons for which peers are rejected or imitated, including children's perceptions of social relationships and the purposes they have for behaving as they do (Kauffman, 1999).

Children become part of their culture by interacting with other children and adults. It is through this interactive process that children construct knowledge about themselves and others within their culture or social world. As children construct knowledge about how to interact with other people, they face a greater challenge than when they interact with material objects. It is much more difficult to predict how a person will react in a particular situation than it is to predict whether a ball will bounce when dropped. During normal, everyday interactions, children must adjust their actions as they meet resistance from others. Children simultaneously participate in two distinct cultures: the culture of the adults and their peer culture. Peer culture is viewed as a culture in its own right, not just an opportunity to practise skills for participation in the adult society. Children co-construct their peer culture as they interact with each other, establishing patterns that may not be present during interactions with adults. Children negotiate with each other, not for the purpose of constructing knowledge for its own sake, but rather to develop a shared meaning with others that will serve as a framework for continued interaction. This peer culture is marked by mutuality and helps the children establish a shared identity (Burk, 1996).

A link exists between social development and the development of behavioural and emotional problems. The child's peer group also plays a role in the socialisation of the child, especially after the early grades. Of significance are the reasons for peer rejection or imitation, as well as children's perceptions of social relationships and the purposes for behaving as they do. It becomes more challenging to the child as he begins to relate more to other people than to material objects. He is then required to adjust his actions as he meets resistance from the two cultures he participates in: the adult culture, and the peer culture in which patterns of interactions are co-constructed by the child and his peers. The peer culture also helps children to establish a shared identity.

PDF created with pdfFactory trial version www.pdffactory.com

4.9.8 School relations

Children develop a common bond as students with a role in the classroom that is distinct from the teacher's role. The student roles are not simply in opposition to the teacher; they are patterns that make sense to the children involved. Although some commonalties may exist between groups of children, these patterns are generally unique to their particular peer culture. Peer cultures are like the adult culture in that they are not static entities to be retained. They evolve as required, as a result of daily interactions and according to the abilities and needs of the children involved. Just as friendships evolve within the larger social world, children develop views of their classmates, whether they are friends or not. Popularity status is influenced by the number of friends a person has, but not by the intensity of those friendships. It may also be influenced by such things as ability, physical attractiveness and reputation. Popularity status may also affect the equal footing within the relationship that allows for greater cooperation. Children may be friends with others whose popularity status is similar or different from their own (Burk, 1996).

Teachers need to facilitate the development of a psychologically safe environment that promotes positive social interaction. As children interact openly with their peers, they learn more about each other as individuals, and they begin building a history of interactions. Some interactions will be very positive and develop into lasting friendships. Others will not, but an atmosphere of acceptance and respect in the classroom will help them to see each other as equal members of their social world (Burk, 1996).

As students, children form a common bond that is distinct from their relationship with the teacher. The children develop views of their classmates, whether they are friends with them or not. Popularity status within a class setting is determined by the number of friends the child has, and is influenced by factors such as ability, attractiveness, and reputation. The teacher plays an important role in facilitating a psychologically safe environment that promotes positive interaction, in order for the students to see each other as equal members of their social world.

4.9.9 Friendships

Friendship is a dynamic, reciprocal relationship between two individuals. As children become friends, they negotiate boundaries (implicitly or explicitly) within which both

PDF created with pdfFactory trial version www.pdffactory.com

partners function. Preschoolers repeatedly establish solidarity in their friendships through seeking confirmation of being friends. These negotiated boundaries evolve as the relationship grows, and in accordance with the children's ages, with a series of transformations and elaborations of the child's understanding of reciprocities. Cooperation is a key factor that contributes to the development and maintenance of children's friendships, as well as being a result of friendships (Burk, 1996).

By 4 and 5 years of age, approximately three out of four children are involved in a close relationship with another child, and about three out of ten have more than one. Friendship networks remain relatively small during the preschool years, whereas school age children in contrast average five best friends; a number that declines only slightly among adolescents. Becoming friends and maintaining these relationships are regarded by children themselves as among the most significant achievements of childhood and adolescence. Friendships furnish children with socialisation opportunities not easily obtained elsewhere, including experience in conflict management and sharing. Among preschool and younger school-aged children, friendship expectations centre on common pursuits and concrete reciprocities, while later on they centre on mutual understanding, loyalty, and trust; these children expect to spend time together, share interests and engage in self-disclosure (Hartup, 1992: 175-177).

Benjamin, Schneider, Greenman, and Hum (2001) found that friendships are extremely important components of children's social, emotional, and cognitive development. Most pre-school and elementary school children's friendships last at least six months to a year. Psychological support variables such as companionship, help, and security play important roles in maintaining friendship. These authors also postulate that it is possible that conflict enables friends to establish a common ground in their relationship because it helps clarify the behavioural boundaries that are essential for continued friendship. Conflict can assist in the development of children's ability to take others' perspectives on an issue, and it affirms the significance of another person's behaviour. Anthropological studies have demonstrated that friendships exist within a larger cultural context, and that the interactions within a culture appear to shape the developmental progress of friendships. Friendship dynamics might reflect a culture's social, economic, and spiritual characteristics (Benjamin, Schneider, Greenman, and Hum, 2001).

Friendship is a dynamic, reciprocal relationship between two individuals. As children

PDF created with pdfFactory trial version www.pdffactory.com

become friends, they negotiate boundaries. Cooperation is a key factor that contributes to the development and maintenance of children's friendships, as well as being a result of friendships. By four to five years of age most children have one friend. School age children are more inclined to have a bigger friendship circle, which declines only slightly among adolescents. Maintaining friendships is viewed as one of the most significant achievements of childhood. Friendships offer children the opportunities for developing skills in conflict management and sharing. Interactions within the larger culture do shape the development of friendships in children.

4.9.10 Self-concept

Throughout this chapter, aspects related to the development of self-concept have been discussed. The researcher uses this section to formalise how self-concept is defined, and why it is relevant for the child's socialisation.

Self-esteem is solidified in adolescence. Self-esteem has been conceptualised as a component of the overall self-concept. Self-concept refers to the complex set of beliefs about one's self, and self-esteem refers to the value or sense of worth one perceives about one's self (Medora and von der Hellen, 1997).

The adolescent years constitute a unique developmental phase when rapid biological changes occur in an organism that is relatively mature cognitively and socially, and is capable of reflecting upon these changes. Cognitive and social abilities undergo a change as well, becoming more differentiated and multidimensional. The young adolescent is confronted with a plethora of social events, larger in number and in variety than before. These include moves to more demanding school environments, increases in unsupervised time (and hence more opportunities for engagement in 'adult' behaviour such as smoking and alcohol use), and changes in peer and family relationships, and in some cases, initiation of sexual behaviour (Brooks-Gunn and Paikoff, 1992: 63-64).

Although closely related, self-concept differs from self-esteem in that the latter is a component of the overall self-concept the child has about himself, specifically related to the value or worth the child places on himself. Establishing a self-concept is more significant during the adolescent years when the teenager is confronted with major changes and more demands from his environment.

PDF created with pdfFactory trial version www.pdffactory.com

4.10 Parenting

Under the heading *Child Rearing*, the Minnesota classification codes list the following:

- Understanding appropriate behaviour for age
- Cultural differences
- Relationships
- Conflict
- Emotional needs
- Physical needs
- Support
- Family

In the next sections, where the researcher attempts to show the role the parent plays in the social functioning of a child, most of the above topics will be addressed. This will be done in a format appropriate to this study, so that the literature is classified according to social interaction problem types. For example, the parents' responsibility is to meet the emotional and physical needs of the child. In one of the following sections this will be addressed as part of child abuse – implying that the child's needs are passively or actively not met by the parent. The relationship between the parent and child starts early on where an attachment forms if the parent consistently meets the needs of the infant. The infant has limited interpersonal skill, and the responsibility for starting this relationship therefore lies with the parent. Throughout the upbringing of the child it is expected of a parent to understand what is appropriate for a child's age. This relates, in the researcher's experience, to the enhancement of the child's development through appropriate stimulation, the execution of discipline that fits the 'crime', and the levels of expectation placed on the child. For this reason the researcher includes discipline as part of the process of socialising the child and affecting the relationship between the parent and child.

The inclusion of bonding into the classification system is confirmed by the tendency the researcher has observed for social workers in private practice of to consider it in their therapeutic work with children. A number of social workers in private practice and in welfare organisations use a model that offers assessment of the bonding between parent and child, and intervention strategies to address problems in the relationship. A further confirmation was that Bowlby was the other author (apart from Piaget) recommended by Prof Karls at the beginning of this study. The inclusion of discipline as a factor in childhood social functioning is also confirmed through the researcher's observation of

PDF created with pdfFactory trial version www.pdffactory.com

practice, where many of the problems parents bring to social workers, relate to discipline.

For the purposes of this study the researcher is going to simplify the dynamics of parenting with regard to the social functioning of the child into managing the behaviour of the child that coincides with meeting the needs of the child, relationships within the family that will increase the likelihood of effective child-rearing practices, and the family dynamics affected by broader systems of influence.

4.10.1 Behaviour management

At the beginning of this chapter, within the discussion of childhood development, one of the guiding principles of development included the control of the child's behaviour. In organising all the concepts identified in this and the preceding chapter, the researcher argues that the child is assessed with regard to his own behavioural adjustment, but because of the child's dependence on the parent, this is also affected by the parents' ability to manage, shape and guide the behaviour. The management of behaviour takes place through the parent's role in providing for the needs of the child. As has become clear in discussions on difficult behaviour on the child's part, some motivation behind this was to communicate unmet needs. A crucial need in the child centers around experiencing love and acceptance from the significant people in his life, within the safe parameters laid down through discipline. When a child's needs are not met, it relates to a form of child abuse. Matters surrounding discipline and the meeting of needs, raise aspects of the parenting style and the family atmosphere. These are concepts derived from an Adlerian (see definition in glossary of terms) approach to treating the child within his family system, and are viewed by the researcher as applicable to the assessment of factors that influence the manner in which a child's behaviour is managed. When the child lives in a family system where his needs are constantly neglected, the effects of this injustice towards the child should also be considered when the management of the child's behaviour is assessed. The neglect of the child's needs is considered in the next section, where the relations within the family are discussed. Although there is a link between the parent's management of the child and abuse (too severe physical punishment), it is of more concern that abuse by the parent indicates a poor parent-child relationship.

PDF created with pdfFactory trial version www.pdffactory.com

4.10.1.1 Discipline

> Community and parental attitudes about child-rearing practices help determine what is seen as child abuse, as well as reflect cultural values and priorities...Physical punishment of children is frequently the norm and parents claim the right to punish their children on cultural and religious grounds.
>
> Collier, *et al.*, 1999: 230.

The significance of the correct practice of discipline is crucial in establishing what constitutes parental management of behaviour and learning, and what constitutes abuse. For social workers to ignore the role of discipline in society is not only to fail to protect children from abuse, but it also has a broader influence on the fabric of society:

> Child rearing is an obvious point of focus because it is the immediate means of contact between children and society, and because it may be, itself, shaped by society.
>
> Youniss, 1992: 133.

Discipline involves the establishment of behavioural norms in order for the child to fit into other social systems; the recognition of boundaries so the child knows what is expected of him and what is not acceptable; the broadening of knowledge of how the child sees himself in relation to other people; character forming; and social interaction, whereby the child learns to develop his own life philosophy with the consideration of other people's rights and needs (Venter, 2000: 23).

Discipline is not the slavish following of authority, meeting perfectionist goals, demanding mature adult behaviour of the child, or proof of obedience. Within a children's- or foster home, punishment is regulated through the Child Care Act, and unacceptable methods include: punishment of the group for individual transgressions; threats to remove the child from the home or programme; ridicule and shaming; any form of corporal punishment; withholding basic rights; withholding access to parents and family; denying visits, phone calls, and letters; isolation from service deliverers; withholding something that's important to the child; inappropriate or excessive exercise or work; improper influencing; measures that bring forth discrimination; and an illicit rewarding system (Venter, 2000: 22-23).

The most common areas in which the setting of limits is usually needed, according to

PDF created with pdfFactory trial version www.pdffactory.com

Claassen and Claassen (1999: 111, 125-129) are sleeping time, eating habits, fighting, and giving permission.

It should be kept in mind that the most important part of discipline is the balancing of responsibility and freedom. A child must learn to accept the responsibility that comes with freedom. Discipline should at all times be executed in accordance with the child's developmental stage (Claassen and Claassen, 1999).

Child-rearing practices reflect cultural values and priorities. It is the immediate means of contact between children and society. Discipline involves the establishment of behavioural norms to recognise boundaries, by broadening the child's knowledge of how he sees himself in relation to others, thereby acknowledging their rights and needs. Discipline should build character in the child and is not the enforcement of dominance or proof of obedience. Inappropriate means of discipline include threats to leave the child, withholding basic rights, withholding access to significant people, improper influencing, and an illicit or discriminative rewarding system. The common areas where the setting of limits is needed are sleeping time, eating habits, fighting and granting permission to the child's requests. Discipline should be in accordance with the child's age, and the child should be allowed increasing responsibility for his own actions as he gets older.

4.10.1.2 Parental styles

Parental behaviour can either protect the child or put the child at risk of developing problem behaviours. Authoritarian, disengaged and permissive parenting styles are more likely than authoritative parenting to be associated with the development of behaviour problems and low social and cognitive competence in children. Authoritative parenting is associated with high social competence and low rates of behaviour problems, especially with lower externalising problems, and particularly among boys. Authoritative parenting, involving warmth and firm but responsive control, is particularly important in divorced and remarried custodial parents, in protecting children from the adverse effects of marital transitions. Thus, in coping with stressful life events, a supportive, structured, predictable parent-child relationship plays a critical protective role. An exception to this positive relationship between authoritative parenting and child outcomes is found among stepfathers and stepchildren. Authoritative and authoritarian styles involve high levels of control and relate to high rates of behaviour problems in stepchildren (Hetherington,

PDF created with pdfFactory trial version www.pdffactory.com

1989: 8).

Parenting styles have an influence on the child's risk of developing problems. Authoritarian, disengaged, and permissive parenting styles are associated with the development of problem behaviour and low social and cognitive competence. Authoritative parenting (warm and firm responsive control) is associated with high social competence and low rates of behaviour problems. A supportive, structured, predictable parent-child relationship plays a critical protective role during stressful life events.

4.10.1.3 Family atmosphere

The family atmosphere is the characteristic pattern established by parents and presented to their children as a standard of social living. Family climate is not a direct causal agent in the development of personality; instead the individual interprets the meaning and significance of the family atmosphere in the light of his own biased perception. Understanding the family atmosphere is important since it continually influences how children view themselves, others, and the world. They form an image of themselves and how they can gain significance, based on their perceptions of how other people react to them. Children act as if the family atmosphere represents the way life is supposed to be (Kottman, 1995: 123-124).

The typical family atmospheres (which can be assessed through the techniques given in Annexure 2) have been identified by Kottman (1995: 124-130) as follows:

- **Democratic:** Parents in these families are consistent, reasonable, loving, and respectful. The children are active participants in decision-making and they have age-appropriate power and responsibilities. Children who grow up in these families are self-confident, self-reliant, spontaneous, and articulate about their feelings and thoughts.
- **Rejective:** Parents have negative self-perceptions, and they have difficulty showing love to one another and to their children. The children feel as though they are not accepted or loved. They may block off their own feelings in order to protect themselves, and they often have trouble expressing themselves or showing love. Frequently one of the children becomes the scapegoat, and is identified as the 'patient' who requires therapy. The identified patient is also likely to provoke others into rejecting them.

PDF created with pdfFactory trial version www.pdffactory.com

- **Authoritarian:** Parents demand absolute obedience and expect children to have perfect behaviour and to adopt parental values without question. Children can either become extremely conforming and compliant, or extremely rebellious. Conforming children can be polite, timid, and anxious. They may develop nervous habits, tics, ulcers, and other physical evidence of stress and tension. Lacking imagination, spontaneity, and initiative, they have difficulty solving problems and seek out authority figures to make decisions for them. Rebellious children may be inconsiderate of others, argumentative, and sensitive to blame and praise. They frequently resort to evasive actions like lying, stealing, drugs, alcohol, and sexual acting out.
- **Inconsistent:** Discipline is erratic and unpredictable. Parents have a *laissez faire* attitude or change their minds about what is acceptable, so children are never sure what the rules are. There is no sense of structure and routine to provide safety and security. These children never know what others expect of them or what to expect of others. They assume the world is an arbitrary place with no order or reason. This makes functioning in situations that demand structure and routine, like school and work, difficult. These children lack self-control and motivation, and may be self-centred and crave excitement. Some of these children try to gain control through aggressive or manipulative behaviour, and may seem to suffer from attention problems.
- **Hopeless:** Parents in these families have become so discouraged by their internal personality dynamics and external circumstances that they have given up on life and humanity. They believe nothing good will ever happen to them – they are discouraged and pessimistic, and they convey this to their children. The children feel that they can never accomplish anything or be successful. Their goal usually becomes proving their inadequacy, stemming from feelings of discouragement and helplessness.
- **Suppressive:** Parents do not allow the expression of ideas and feelings. Children learn to pretend to be different from what they really are in order to be acceptable. They learn to mistrust their own feelings, and have problems expressing true feelings and personal thoughts. Some of these children resort to daydreams and unrealistic fantasies, in which they feel valued and heard by others. These parents may even bring a child to therapy to get the professional's support to change the children as they would like. If that does not happen they will terminate therapy.
- **Overprotective:** Indulgent parents prevent their children from learning by refusing

PDF created with pdfFactory trial version www.pdffactory.com

to allow them to cope with difficult problems. These parents protect their children from unpleasantness, sadness, and the reality of life. Pampered children are prevented from developing courage, self-confidence, and self-reliance. They have a strong need for approval and exhibit a great deal of dependence. These children can develop an attitude that they are not responsible for their own actions, since they have always been shielded against the consequences of their behaviour. Their interactions with others may be motivated by the question of 'what's in it for me?'. Most of these parents see nothing wrong with their child's behaviour.

- **Pitying:** This type of atmosphere might be the case for a child with disabilities. The parents feel sorry for the child and teach him to indulge in self-pity and expect special privileges. This results in the child not believing in his own capabilities, and seeing his disability as a handicap rather than a challenge. They often feel life is unfair, tragic, and full of woe and suffering. They frequently decide they are victims and expect sympathy from others or, in some cases, expect others to abuse them in some way.
- **High-standards:** Parents demand that the children live up to their high expectations and goals of perfection. When children do not perform, parents are critical and denigrating. Most of the time these standards are impossible to reach so the children are left to feel inadequate, inferior, and discouraged. Even when doing well they believe they can do better. They might become perfectionists who cannot function without external guidelines for conduct and standards for success. These children frequently exhibit symptoms of stress and tension. This strive towards perfection might be viewed as positive and might thus not be referred for help.
- **Materialistic:** Possessiveness, acquisition, and money are important to these parents. They believe the most acceptable way of gaining significance and security is to own worldly goods. The family's values assign more importance to possessions than human relationships. Children in these families tend to judge everything by how much it costs, and may not understand the importance of friendly interactions and simple pleasures. Children might also reject the parents' values and become idealistic and anti-materialistic. These parents will then see their children as not appreciating the value of money. Otherwise the parents will be quite satisfied with acquisitive, selfish children.
- **Competitive:** Parents exclusively stress success. Children are compared with each other, and are encouraged to out do each other, and therefore never learn a

PDF created with pdfFactory trial version www.pdffactory.com

sense of cooperation. Competent children find aspiration in the comparison with other siblings, and develop a sense of superiority over others. Many competent children develop elevated levels of anxiety, apprehension, stress, and perfectionism, due to the kind of all-or-nothing thinking that suggests they are failures if they cannot prove themselves to be perfect or the best at anything they do. Children who cannot be the best in a positive way may decide to become the worst. The siblings that do not measure up to the more talented ones may become so discouraged that their goal becomes one of proving their inadequacy.

- **Disparaging:** Parents constantly bombard one another with criticism and usually doubt their own worth. They may then use criticism to prove they are better than their children. As a result of the continuous denigrating remarks, children feel worthless and miserable. They become cynical, critical pessimists who do not believe in or trust themselves or others, and find very little joy in life.
- **Inharmonious:** Parents spend most of their time bickering and fighting, and use their children as weapons in their ongoing discord. They discipline in an inconsistent manner, depending on their mood and the status of the marital conflict. There is very little structure or reliable parental support and nurturing. Children grow up believing that gaining power is the most important goal in interacting with others. Having witnessed abuse, they usually believe this is the pattern in which relationships work. This can hamper their ability to develop and maintain relationships. Their lack of social interest and the high levels of tension they experience at home may lead them to enjoy breaking rules and thereby putting themselves and others in dangerous situations. A consistently warm therapist can offer these children an alternative view of relationships.

Family atmospheres are rarely pure and frequently overlap. Apart from this, each child also reacts uniquely to various elements within the atmosphere (Kottman, 1995).

Family atmosphere is the characteristic pattern established by parents and presented to their children as a standard of living. It influences how children see themselves, others and the world around them, and how they can gain significance based on how they perceive others reacting towards them (this therefore influences how the child's behaviour is managed). The typical family atmospheres are democratic (children participate in decision-making), rejective (parents have negative self-perceptions and difficulty showing love), authoritarian (parents demand absolute obedience and perfect behaviour),

PDF created with pdfFactory trial version www.pdffactory.com

inconsistent (discipline erratic and unpredictable, no structure and routine), hopeless (parents discouraged and pessimistic), suppressive (parents do not allow the expression of ideas and feelings), over-protective (parents protect children from any hardships, thereby preventing them from learning independence), pitying (parents feel sorry for child and teach him to indulge in self-pity), high standards (parents are critical when children don't perform), materialistic (parents believe security and significance are gained through possessions), competitive (children are compared with each other and encouraged to out do each other), disparaging (parents bombard each other with criticism), and inharmonious (parents spend most of their time bickering and fighting, and use their children as weapons in the ongoing discord).

4.10.2 Relations within the family

The factors which can influence the manner in which family members relate to each other are discussed in this section.

4.10.2.1 Bonding

Bowlby (1969, in Wilson, 2001: 37) was one of the first researchers to suggest the importance of early relationships on the social and emotional development of children. His theory conceptualised attachment as a biological drive toward species survival. He theorised that selective attachment provided protection from predators. In doing so he revolutionised thinking about the child's tie to a caregiver, and the disruption of this tie through separation and deprivation.

Attachment is an intense and enduring bond rooted in the function of protection from danger. It is a subjective experience by the infant, based on a consistent alleviation of infant needs. The infant's biological needs and behavioural requests must be consistently addressed by the caregiver in order to foster the sense of trust and security imperative for attachment to occur. If these needs are appropriately met, the caregiver becomes a conditioned source of comfort. The infant uses these early experiences to develop an internal working model, later influencing interpersonal perceptions, attitudes and expectations. When trust begins to form, the infant will maintain normative social development, given that the environment consistently satisfies the biological needs. The caregiver's sensitivity to the infant's signals is of critical importance to the development of

PDF created with pdfFactory trial version www.pdffactory.com

a secure versus and insecure attachment pattern (Wilson, 2001: 38-39).

Bowlby (in Wilson, 2002) divided the attachment cycle into four phases which occur during the first two years of life. The infant exhibits cues during the first years of life that encourage proximity to the caregiver. These include crying, rooting, sucking, and grasping to prolong physical contact. The infant seeks to minimise the distance between himself and the caregiver. Between 8 and 12 weeks, the infant starts to discriminate between caregivers and starts showing a preference for one. The infant expands the seeking behaviours to include coordinated reaching, scooting, and following a departing as well as greeting a returning caregiver, in more active efforts to maintain proximity. The second birthday marks the beginning of 'goal-corrected' behaviour – beginning to anticipate the caregiver's actions, given that these actions have a reasonable degree of consistency. The infant can adjust actions to a caregiver's anticipated behaviour. At the end of the infant's two years of bonding, the fundamental feature is the infant's understanding of the caregiver's independence. He begins to acquire insight into the caregiver's motives and feelings. This characterises the evolution of a partnership between the infant and caregiver, and an extension of the original bond into a more sophisticated form of attachment (Wilson, 2002: 37-38).

Proximity and contact with the mother play several roles. Access to the mother underpins a sense of security that allows the infant to engage in and tolerate stimulation from the environment. When the infant is frightened or overwhelmed, the mother serves as a haven for safety; not to reduce arousal to zero but to bring it within range consistent with further exploration and play. Confidence in the caregiver's availability and responsiveness also plays an important role in the ability to explore without becoming anxious or distressed. It puts cognition before emotion in a wide range of secure base contexts in that it regulates negative affect through cognitive/defensive processes (Waters, *et. al.*, 2002: 239).

People of all ages do best when they have a trusted attachment figure to whom they can turn in times of trouble. Seeking care is important for intimacy because in this life a person is going to get hurt, and when the innermost core is filled with fear, sadness, anger and grief, humans are biologically predisposed to want care. So for intimacy the care-seeking system must be functioning well (Cassidy, 2001: 122).

PDF created with pdfFactory trial version www.pdffactory.com

Cassidy (2001: 122-136 identifies the following different types of attachment which the child can form:

- *Secure attachment*: the child develops a mental representation of the parent as loving, responsive and sensitive. If a child is loved and valued, the child will come to view himself as lovable and valuable. They therefore learn about themselves from seeing how others view them. Securely attached children had positive experiences when they turned to others for care, and these experiences foster their capacity for intimacy by making them comfortable and confident in seeking care, and see themselves as worthy of care.
- *Avoidant attachment*: mothers who are uncomfortable with bodily contact and reject the infant's bids for comfort, direct the baby's attachment system to be activated as little as possible to avoid pain. The baby learns to turn defensively towards play activity. The avoidant infant only communicates directly with the mother when he is feeling well. When distressed he does not signal the mother directly, and does not seek bodily contact. When these babies are distressed they will turn to self-soothing behaviours. In projection tests older children with an avoidant attachment cannot suggest how the child might cope with separation, and they tend to present themselves as perfect in every way. The latter is viewed as a form of defensive idealisation from a child that fears rejection if any imperfection is found, and they are therefore also less likely to seek support in times of stress.
- *Ambivalent attachment:* mothers of insecure/ambivalent infants were inconsistent – sometimes loving and responsive, but only when they could manage, not in response to the infant's signals. Because the infant cannot count on the mother to monitor its needs, clinging and monitoring her availability closely becomes a good strategy, so that if need for the mother does arise, the infant will have quick access to her. The infant takes on more than its share of the burden for maintaining the connection. They show extreme distress on separation, and difficulty in calming on reunion. Angry, resistant behaviour towards the parent or fearfulness of benign stimuli, can be seen as a strategy to gain the mother's attention. Such a history explains why these children have trouble maintaining a boundary between another person's distress and their own. They experience themselves as able to gain attention only by exaggerated signals of need, and they have a seemingly insatiability for closeness.
- *Disorganised attachment:* these children have had experiences of maternal behaviour that is so frightening or unpredictable that they could not develop an

PDF created with pdfFactory trial version www.pdffactory.com

> organised, strategic response to it, and so the attachment system is behaviourally disorganised, including freezing and disorientation. Frightening behaviour by a parent activates simultaneous inevitable competing tendencies: to flee *to* the parent as a haven for safety, and to flee *from* the parent as a source of alarm. The mother is viewed as hostile, violent, incoherent, and frightening.

The Diagnostic and Statistical Manual of Mental Disorders recognises Reactive Attachment Disorder (RAD) – a behavioural disorder marked by developmentally inappropriate social relatedness. In most contexts this disorder appears before the age of five as one of the most severe forms of infant psychopathology in terms of attachment disturbances. This disorder is characterised by an inability to form normal relationships with others and impairment in social development, marked by sociophatic behaviours during early childhood (siblings and animals are often the recipients of uncontrolled rage). The risk for RAD is increased by factors that contribute to abuse and neglect, as in infants who are disabled or unwanted and/or parent characteristics that interfere with the normative attachment cycle. In terms of the caregiver, risk factors include parental depression, isolation, and lack of social support, as well as extreme deprivation and abuse during own upbringing. Other risk factors include difficult or lethargic infants who may frustrate a caregiver from behaving appropriately, chronically ill infants, lack of contact between caregiver and infant due to hospitalisation during the first weeks of life, and extended separations from or multiple changes in the primary caregiver. There exist two subtypes of RAD: the *inhibited type* – reflected in persistent failure to initiate and respond to social interactions in a developmentally appropriate manner, resistance to comfort, and a mixed pattern of approach and avoidance behaviour; and the *disinhibited type* – exhibits social promiscuity, is charming, telling strangers that he/she loves them, and asking them to come home with him/her. These children share a lack of empathy, limited eye contact, cruelty to animals, poor impulse control, lack of causal thinking and conscience, abnormal speech patterns, and inappropriate affection with strangers. These manifestations occur early in childhood and require immediate clinical intervention. Indicators of attachment disturbances in infants include: a weak crying response and/or tactile defensiveness, marked stiffness, or limp posturing, poor sucking response or little eye contact, as well as no reciprocal smile response and indifference to others (Wilson, 2001: 42-44).

Adolescents labelled as *dismissing* (derogatory and cut off from attachment experiences)

PDF created with pdfFactory trial version www.pdffactory.com

are associated with conduct and substance abuse disorders. Those labelled *preoccupied* (passive, angry, and entangled by past experiences) are more likely to suffer from affective disorders, and manifest overt disclosure of symptomatic distress. The insecure/resistant pattern of attachment is the only classification predictive of future anxiety disorders (Wilson, 2001: 41-42).

Attachment is an intense and enduring bond rooted in the function of protection from danger by the caregiver/parent. The constant meeting of needs fosters the sense of trust and security needed for bonding and normal social development to take place. Attachment occurs mostly during the first two years of the child's life. The infant participates in the process through exhibiting cues to encourage proximity and by discriminately seeking out a preferred caregiver. Towards the end of the bonding process the child starts to anticipate the caregiver's responses to his needs, and starts to gain understanding of the caregiver's separateness from himself. The child must be able to seek out care when distressed and should be sure about the parent's availability in order to explore his environment without becoming anxious. The parent participates through being available and responding to the child's cues. When the parent does this consistently the child will develop a secure attachment, but when she displays rejecting, inconsistent, or frightening responses, the child will respectively develop avoidant, ambivalent, and disorganised attachment. The avoidant child will not signal his mother when in distress, fearing rejection when imperfection is showed. The ambivalent child will be clingy to his caregiver since he feels responsible for keeping her available, and so uses exaggerated signals of need. The disorganised child will display opposing behaviours of wanting to flee to the parent for safety and fleeing from the parent as source of alarm. Developmentally inappropriate social relatedness before the age of five is cause for concern. The inappropriate behaviour can either be inhibited – resisting comfort and a mixed pattern of approach and avoidance, or disinhibited – being socially promiscuous. It indicates an inability to form normal relationships with others, and the display of possible uncontrolled rage towards animals or siblings. In extreme cases these children show little empathy, causal thinking, and conscience, as well as cruelty and poor impulse control. In adolescents poor attachment experiences can increase their chance of developing conduct-, substance abuse-, affective-, and anxiety disorders.

The researcher included literature on how to assess the attachment of the child in Annexure 2.

PDF created with pdfFactory trial version www.pdffactory.com

4.10.2.2 Family constellation / birth order

Family constellation refers to the personality traits of each member of the family, the emotional connections among various members, the dominance or submission of different members, the size of the family, age differences among the children, the gender of the children, sibling subsets, and the birth order. Each birth order position has certain traits that are typical of individuals who find themselves in that place in the family constellation. There are many factors that influence psychological birth order. These include the above constellation traits, plus factors like having a handicapped child, differential treatment based on gender, cultural background, family myths, educational experiences, physical development, and the time elapsed between the births of children. In families where there is no significant time span between the children, the psychological components that affect the family constellation become even more important (Kottman, 1995).

In examining the child's life-style, the therapist must determine how these conditions influenced the child's perception of his psychological position. Each position has certain assets and liabilities. Information about this will enhance ways of encouraging the child by building on assets and planning remediation for the liabilities (Kottman, 1995: 135-139):

- **Only children** spend their entire childhood surrounded by people who are older and more proficient than they are. They may therefore decide to develop skills that gain approval from adults, or to cultivate character traits such as shyness or helplessness that gain sympathy. These children usually enjoy their position as the centre of attention, but may also feel anxious because they are always under scrutiny. They do not automatically have playmates and may have difficulty relating to their peers, preferring the company of adults. The parents of these children may sometimes pamper them, leading them to believe they do not need to earn things through their own efforts, and that they can get something just because they want it. If their requests aren't granted they may feel unfairly treated and refuse to cooperate. Only children frequently have strengths such as independence, intelligence, and creativity. They can be highly self-entertaining and self-reliant.
- **First children** have precarious positions in the family. Being first may entitle them

PDF created with pdfFactory trial version www.pdffactory.com

to special privileges and strong relationships with their parents. Because this place may be threatened by the birth of subsequent children, they may feel dethroned. Their strengths are a sense of responsibility and reliability, as well as being organised, achievement orientated, protective of others, nurturing, and helpful. They frequently have strong leadership skills, and would therefore choose to gain their significance in the family by co-opting personality traits that are highly valued by the family unit. They may have strong social skills when interacting with adults since they have spent a lot of time with older people. The liabilities usually involve taking their assets to the extreme, and tending to be overly responsible, excessively organised, overprotective, and bossy. They may be so interested in achievement that they neglect building relationships with others. Their social skills with their peers may be weak because they are less comfortable being an equal with individuals their own age. If older children feel overly threatened by younger children they may become extremely discouraged, believing they must be the best and most powerful, or they are worthless.

- **Second children** spend their entire lives striving to catch up to the oldest, feeling a great deal of pressure and inferiority. Frequently, especially if they are close in age, second children's personalities are exact opposites of the first children, and, because they never have their parents' undivided attention, these children may develop the idea that they do not deserve attention. Typical second children have strong social skills because they learn early that they must get along with others. They usually put out a lot of effort because they have always felt a need to try harder. Quite frequently these children excel in athletics. Unfortunately they tend to be easily discouraged, fearing they can never measure up to the oldest child. They may adopt negative personality traits as a contrast to what is valued by the family, in order to create a place of significance for themselves. They may also be hyperactive or anxious, as though they are in a race that they cannot win.
- **Middle children**. When the third child is born the second gets squeezed into the middle where he does not have the rights of the eldest or the privileges of the youngest, and therefore may feel neglected and unloved. Because they are in the middle of things, they become adept at mediating and peacemaking. These children see the different sides of every situation, which gives them a sense of objectivity. However, understanding varied points of view can also be a liability because they might have difficulty making decisions and may become overly worried about fairness. The ability to look at experiences and relationships from

PDF created with pdfFactory trial version www.pdffactory.com

many vantage points does however enhance middle children's ability to be innovative and creative. Since they struggle to find their place they might find it in being the rebel child – the one who is different. This may be comfortable for a time, but may become discouraging. If the latter continues, the child might drift towards the useless side of life and become the problem child in his family.

- **Youngest children** usually have few responsibilities and many privileges. They get attention for being babies without really having to do anything to earn attention. Being the smallest and the weakest of the siblings, they may feel as though the other members don't take them seriously. In order to compensate for this there are three main routes they tend to take in life: (a) they can become speeders, working hard to catch up and surpass their older siblings; (b) they can get discouraged, give in to their feelings of inferiority, and decide not to even try and compete; or (c) they can choose to excel in areas that are completely unique to them. No matter what route they choose, they are usually charming and entertaining. They have strong senses of humour and the ability to manipulate people into giving them what they want. They may expect privileges they do not earn and expect others to make decisions and take responsibility for them. They prefer not to lead but may also have difficulty following if they do not see it being to their advantage. Their ability to get what they want may leave people feeling resentful at being manipulated.

The constellation of the family is a combination of the personalities of the members, emotional interconnectedness, dominance and submission of members, the size of the family, age and gender differences among children, and the birth order. The psychological birth order is influenced by having a handicapped child, by cultural background, educational experiences, and the time elapsed between the births of children. Knowing the assets and liabilities of each position allows for strengthening of the assets and remedying the liabilities. The different psychological positions in the family (with their liabilities in brackets) are: only children (difficulty relating with other children, spoilt, uncooperative); first children (overly responsible, bossy, driven); second children (believe they do not deserve attention, discouraged, oppose family values); middle children (difficulty making decisions, gain significance through problem behaviour); and youngest children (speeders, inferiority, manipulators).

PDF created with pdfFactory trial version www.pdffactory.com

4.10.2.3 Child abuse

Child abuse is a social problem with negative effects such as school problems, behaviour problems, depression, anxiety, and post-traumatic stress disorder. Research also suggests that early family experiences exert an important influence on the development of future parenting skills (Banyard, 1997: 1095). Child victims of extra-familial sexual abuse show adjustment problems in both emotional and behavioural domains (Manion, *et al.*, 1998: 1286). There is an association between childhood emotional abuse and negative psychological outcomes such as aggression, emotional unresponsiveness, depression, suicidality, personality disturbances, and low self-esteem (Collier, *et al.*, 1999: 239). The consistent and problematic effects of child maltreatment on the child's ability to negotiate stage-salient developmental tasks include severe disturbances in several domains of adaptive functioning, such as the development of a secure attachment to the primary caregiver, affect and physiological self-regulation, the development of autonomy and a sense of self, and the establishment of peer relationships (Muller, *et al.*, 2000: 450). Furthermore, sexual victimisation has implications for the probability that teenage girls will resort to weight regulation practices, both multiple and extreme forms of weight regulation (Thompson, *et al.*, 2001: 300).

The Minnesota Classifications and Codes for Children and Youth (1977) includes the category "Abuse of Child", which lists physical abuse, sexual abuse, and neglect, both emotional and physical. In the researcher's opinion, the category is too narrow. Literature and child care legislation have given more specialised attention to the nature of child abuse over the past 20 years. For this reason, she has broadened this category to allow a more specific description of the abuse through the classification system.

Veltkamp and Miller (1994: 7) define an abused or neglected child as "one whose physical or mental health is harmed or impaired, or threatened to be harmed or impaired, by an action or lack of action by the parent or other people responsible for the child's well-being". Abuse can also be seen as the extent to which a parent or caregiver executes negative, unacceptable measures of control on the child. (Wolfe 1991:8). Any of the following forms of abuse will inevitably influence the child's development and adversely influence his overall well-being:

- **Physical abuse** involves the parent or caregiver being responsible for or allowing injury to come to the child (Veltkamp and Miller 1994: 7). It involves any physical

PDF created with pdfFactory trial version www.pdffactory.com

injury or anything else that jeopardizes the well-being or life of a child, and includes violent methods of discipline such as beatings that cause lacerations, abrasions, bone or skull fractures, or intentional burning (Johnson and Schwartz, 1994: 187).

- **Emotional abuse** involves the continual scapegoating and rejection of a specific child by his caretakers. Severe verbal abuse and berating are present, and can even involve psychological terrorism where a child is, for instance, locked up in dark cellars or threatened with physical harm. Emotional neglect is where meaningful adults are unable to provide necessary nurturing, stimulation, encouragement, and protection of the child at various stages of development (O'Hagan 1993:19).
- **Sexual abuse** is any sexual, exploitive activity with children, whether it involves physical contact or not, by a person who uses his superiority in terms of age, physical strength or position in relationship to the child, to meet his or her own emotional and sexual needs (Draucker 1992:3). Sexual abuse of children includes parent-child incest initiated by one or both parents; a child being forced into sexual activity by stepparents, relatives, or family friends; the rape of a child by a stranger; and sexual exploitation such as prostitution or pornography (Johnson and Schwartz, 1994: 187).
- **Incest** is a sexual relationship between persons who are such close family that they are forbidden by law to marry (Swanepoel and Wessels 1992:143). Dietz and Craft (1986: 780) explored a prevalent attitude presented in the literature, that the mother of the incest victim is the true abuser in the family, engineering the entire incestuous relationship or perpetuating it through her unconscious consent. Mothers in these families generally viewed as passive, dependent and submissive, chronically depressed, overburdened, and unable to protect their daughters or exert a restraining influence on their husbands. The typical incestuous family is patriarchal; the father is the authoritarian head of the household. He may underscore his authority with physical violence, drink heavily, and be unduly restrictive of his daughter's social life. An "affectionate" type of father (seven out of twenty cases) is also reported in the literature. This type of father does not use force or threats in sexual relationships with his daughter, but is careful to obtain her consent, either through "tenderness" and concern, or bribes of money and gifts (Dietz and Craft, 1986: 781, 782).
- **Neglect** involves the chronic lack of attention to a child's basic needs for food, clothes, shelter, medical care, and supervision. Sensitivity towards poverty is a

PDF created with pdfFactory trial version www.pdffactory.com

requirement in the assessment of neglect (Veltkamp and Miller 1994:17). Parental neglect is damaging because of its subtle nature, involving deprivation of the physical necessities of life, emotional security and affection, education, medical care, as well as inadequate supervision and abandonment (Johnson and Schwartz, 1994: 187). Child neglect appears to be a matter of degree, involves multiple factors, is relative to the observer, involves an act of omission, and varies from community to community depending on community standards. It involves failure to provide food, clothing, shelter, medical care, and supervision, as well as failure to protect children from harm, and in general, it can be a difference in perception between professionals and community members. One must consider a variety of cultural practices when defining neglect in order to clarify whether the neglect is intentional or an application of beliefs and practices that are inappropriate in certain situations (Roditti, 2005).

The categorisation of vignettes by Collier *et al.* (1999: 234) in their study of culturally sensitive definitions of child abuse in the Republic of Palau (in the Pacific Islands), proved helpful in the search for objectified indicators of abusive behaviours that have been found applicable, in spite of cultural differences. She describes these categories in the table below. This table will be expanded and included as part of the manual describing the child abuse index.

Although all types of abuse can be seen as devastating, the effects of sexual abuse on the child are, in the researcher's opinion, the most disturbing to the adults in the child's life. One can still wonder why a child is so aggressive (a consequence of witnessing violence), but it is shocking when a child displays age-inappropriate sexual behaviour. For this reason the researcher has highlighted the possible reactions to sexual abuse, following Table 4.3.

TABLE 4.3 ABUSIVE PARENTAL BEHAVIOURS

Category of abuse	Operationalised behaviour
Physical	Spanking leads to child thrown against wall
	Pulling arm and dislocating shoulder
	Place hand on open flame for no reason
	Beating for not doing homework
Sexual	Touch breast while hugging

PDF created with pdfFactory trial version www.pdffactory.com

	Sleeping in same bedroom as parents
	Sleeping in same bed as lonely dad
	Sexual abuse blamed on victim
	Sleeping in same bed as parents
Emotional	Observes domestic violence
	Name calling for incorrect homework
	'Silent treatment'
	Child told to find another home
	Child called 'mental'
Non-physical	Encouraged to steal
	Boy dressed as girl
	Encourage child to drink alcohol
	Parent using drugs around child
Neglect	Refuse to take child to counsellor
	Leash on leg tied to door
	Child left with aging grandparent
	Left alone by parents
	Handicapped child kept in cage
	Retarded child left alone
	Ignore rashes and sores

The legacy of sexual abuse is one of depression, self-destructive behaviour, anxiety, feelings of isolation and stigma, poor self-esteem, difficulty in trusting others, a tendency towards re-victimisation, substance abuse, and sexual maladjustment. Thirty-eight percent of women have an abusive contact offence before the age of 18. The effects of child sexual abuse appear to be more similar than different for males and females. The experience of sexual assault has both short-term and long-term effects, involving fear, anxiety, depression, and decrements in social adjustments (Terre and Burkhart, 1996: 141, 143).

All children need affection. Children who have been deprived of a normal amount of affection may have an even greater need. They may go to greater extremes to get this affection and even be seductive. It is important to teach these children appropriate ways of getting the love they seek. This may call for real frankness and discretion. It is very appropriate to hug and kiss children, and they also need this touching. Prolonged kissing or fondling is inappropriate, however. Such behaviour can be over-stimulating to children.

PDF created with pdfFactory trial version www.pdffactory.com

Sometimes a child's seductiveness can cause problems between parents if either of them is made uncomfortable by the behaviour. These feelings should be discussed with each other. Some parents have been reluctant to do so in order not to appear childish, overly suspicious, or petty (Leigh and Leigh, 1999: 11). A social worker should be concerned when a child displays seductiveness as a means of getting affection. This implies that the child's family environment is not providing appropriate emotional nurturing, and the chance that the child has been exposed to adult sexual behaviour is very high. This pattern should be broken early in the child's life to prevent later patterns of promiscuity and resulting problems such as teenage pregnancy and sexually transmitted diseases.

While today's attitude towards sex is somewhat more casual than in the past, most parents still find themselves much more upset than they thought they would be when they find their children involved in sex play. This can be especially troublesome if a foster child has a history of being sexually abused, or if the history indicates the parents were promiscuous. It is important to remember sex play is a normal part of a child's development, and they should not be made to feel there is something wrong with them because they are normally curious. Nevertheless, such behaviour is not socially acceptable and you do not want the child to be ostracised by other children or their parents. Children should be kept reasonably busy and should not be left unsupervised for long periods (Leigh and Leigh, 1999: 11).

For the social worker warning lights should appear when a child shows sexual behaviour that is mimicking behaviour not appropriate for the maturity level of the child. What the children see on the media also plays a role, and exposing the child to inappropriate visual stimuli also constitutes sexual abuse. So although the social worker should take family context into account, she should be very critical as to whether or not the environment promotes the child's current and future emotional functioning.

Child abuse is a social problem with adverse effects including school-, behaviour-, and emotional problems; the poor development of future parental skills; disturbances in development and adaptive functioning; and physical problems (such as extreme weight regulation). Abuse is the result of the caregiver's harmful action or lack of action. These behaviours manifest themselves through physical abuse (physical injury, violent methods of discipline); emotional abuse (continuous scapegoating, rejection, berating, threats, isolation, and poor nurturing, stimulation and encouragement); sexual abuse (physical or

PDF created with pdfFactory trial version www.pdffactory.com

non-physical sexual exploitation, rape) and incest (sexual relationship between close family, mother perpetuates, father dominates or manipulates); as well as neglect (chronic lack of meeting child's needs, can be a matter of degree, is culturally sensitive and sensitive to poverty, and is relative to the observer). Worrying signs of abuse on the child's part are inappropriate sex play, seductiveness, sexually transmitted diseases, teenage pregnancy and constant emotional and behavioural disturbances.

4.10.3 Disrupted family system

For the researcher, the issue of support raised in the Minnesota Classification Codes refers to the support the parent has in his/her role in child-rearing. The family is the most basic unit for support, and in the instances to be discussed next, that support has collapsed, or is under threat.

Massey (1986: 25) described the family system as an integral unit that both embodies, in its interconnected multiplicity, varying perspectives in the viewpoints of the members, and can be observed from different vantage points. The system and its co-evolving members reform, reshape, and reconstruct each other over time through multiple, ongoing feedback loops of inter-perceiving, inter-experiencing, and interacting. The responsive members and the system "circularly cause" each other, as the family system forms a gestalt over the generations. Persons-in-context create systems that reciprocally reinforce patterns of living together as persons and systems co-evolve in a coherence of mutual fit (Massey, 1986: 28).

A family is a system in which co-evolving members reform, reshape and reconstruct each other through multiple ongoing feedback loops of inter-perceiving, inter-experiencing and interacting. It is the first person-in-environment experience the child has, and the health of the family has an influence on the parenting the child receives.

4.10.3.1 Divorced families

Family relationships can buffer or exacerbate children's long-term adjustment to divorce and remarriage. In a six-year follow up study of a total of 180 families, more differences with regard to punishment and control than with regard to warmth and affection distinguished divorced mothers from mothers in other family types. Divorced mothers

PDF created with pdfFactory trial version www.pdffactory.com

were ineffectual in their control attempts, and gave many instructions with little follow-through. They tended to nag, chatter and complain, and were often involved in angry, escalating coercive cycles with their sons. Negative behaviour which initiated subsequent neutral or positive behaviour by the other person ('start-ups') was twice as likely, and negative exchanges were likely to continue longer than in any other dyad in any family type. The relationship between the custodial mothers and their adolescent sons can be viewed as intense and ambivalent rather than hostile and rejecting, since warm feelings were also expressed in many of these dyads (Hetherington, 1989: 5).

Both sons and daughters in divorced families were allowed more responsibility, independence, and power in decision-making than children in non-divorced families. These children grew up more quickly; they successfully interrupt their mothers and their mothers yielded to their demands more often. In some cases this greater power and independence resulted in an egalitarian, mutually supportive relationship, but in other cases, especially when the emotional demands or responsibilities required by the mother were inappropriate, since they were beyond the child's capabilities or interfered with the child's normal activities, resentment, rebellion, or behaviour problems often followed (Hetherington, 1989: 5).

Divorced mothers monitored their children less closely than did mothers in non-divorced families. They knew less about where their children were, who they were with, and what they were doing. Children in one-parent households were less likely to have adult supervision in parental absence. One way children coped with their parents' divorce was by disengaging from the family. Boys in particular spent significantly less time in the home with parents or other adults, and more time with peers. Stepsons were also significantly more disengaged that were sons in non-divorced families (Hetherington, 1989: 5-6).

Fewer differences were observed in the relationships between divorced mothers and their daughters, and those of mothers and daughters in non-divorced families. Mother and daughters in mother-headed families in fact expressed considerable satisfaction with their relationship. One exception to this was found among divorced mothers and early-maturing daughters where family conflict was higher, with the weakening of the mother-child bond and greater involvement with older peers. Research suggests that this relationship may experience more problems as daughters become pubescent and

PDF created with pdfFactory trial version www.pdffactory.com

involved in heterosexual activities (Hetherington, 1989: 6).

Among non-divorced couples, the closeness of the marital relationship, as well as participation and support from the spouse in child rearing were positively related to parental warmth and involvement with the child, and negatively related to parent-child conflict (Hetherington, 1989: 7).

A divorce does have an effect on the behaviour management of children. Divorced mothers seem to be more directive, resulting in more negative exchanges with her children than when a couple shares parental responsibility. Conflict between the mother and daughter is higher in mother-headed households than in other mother-daughter relationships, especially as the child approaches adolescence. An intense and ambivalent relationship exists between the mother and her teenage son. The children of divorce seem to gain independence and power in decision-making faster than those in non-divorced families. Some children of divorce cope through disengaging from the family and becoming more involved with older peers.

4.10.3.2 Stepfamilies

Stepfamilies have alternately been referred to as 'reconstructed', 'blended', and 'synergistic' families. All these designations imply that the stepfamily is a variation of the nuclear family unit. Furthermore, they convey the connotation that it is a deviant, aberrant, or second-class form of the "real" family, which consists of the biological parents and their children. Parents from a divorce can be the objects of blame, children are the objects of pity, and some stigma attaches to all family members (Johnson, 1983: 830).

Stresses and tensions endemic to stepfamily relationships have their roots in social conditions arising from economic change and culturally conditioned beliefs and expectations. The tendency to overlook these origins tends to reinforce the feelings experienced by members of stepfamilies that they are failures in human relations by virtue of being part of a stepfamily. The fact that millions of stepfamilies are now in existence should suggest that there are forces exterior to families and individuals that create conditions favourable to divorce and remarriage (Johnson, 1983: 830-831).

The early stage of remarriage may be a honeymoon period when the parents, if not the

PDF created with pdfFactory trial version www.pdffactory.com

children, want to make the family relationship successful. Neither mothers nor stepfathers in the six-year follow up study of 180 families were successful in controlling and monitoring their children's behaviour, although mothers who had been remarried for more than two years were more successful. In the first two years following remarriage, conflict between mothers and daughters was high, and the latter were more demanding, hostile, likely to exhibit coercion, and less warm towards both parents than were girls in divorced or non-divorced families. Over a long period these behaviours did improve. The behaviour of stepsons and their mothers and stepfathers was very different. Although mothers and stepfathers initially viewed sons as very difficult, the behaviour improved over time, although this improvement may only happen when the remarriage has occurred before adolescence. Stepfathers reported greater improvement among stepsons and greater warmth and involvement with them than with stepdaughters (Hetherington, 1989: 6-7).

Among remarried families, closeness in the marital relationship and active involvement in parenting by the stepfather were associated with high levels of conflict between the child and both the mother and the stepfather. These conditions were also associated with high rates of behaviour problems, especially when the stepchild was a girl. It seems likely that, in the early stages of remarriage, new stepfathers are viewed as intruders or competitors for the mother's affection. Since boys in divorced families have often been involved in coercive or ambivalent relationships with their mothers, they may have little to lose and something to gain from remarriage in the long run. By contrast, daughters in one-parent families have played more responsible, powerful roles and have had more positive relationships with their divorced mothers than have sons. They may see both their independence and their relationship with the mother as threatened by a new stepfather, and therefore resent their mother for remarrying, which is reflected in sulky, resistant, ignoring, critical behaviour by daughters toward the remarried parents. With the adolescent's increased striving for independence and concerns about awakening sexuality, this may make them especially resistant to the introduction of a stepfather. The lack of biological relatedness may heighten concerns about what constitutes appropriate forms of affection between them. Children between the ages of 9 and 15 years are most resistant to the introduction of a stepparent. Older adolescents are future oriented and are anticipating leaving home. For them the presence of a stepfather to some extent relieves their own responsibility for the economic and emotional well-being of the mother. Although stepfamilies change over time, stepfathers remained much less authoritative

PDF created with pdfFactory trial version www.pdffactory.com

and much more disengaged than fathers in non-divorced families (Hetherington, 1989: 7).

The following characteristics are present to some degree in most stepfamily relationships (Johnson, 1983: 832-837):

- *Complexity.* When two people who are already parents remarry, both new spouses may add children to their full-time or part-time ménage. The greater the number of newly acquired family members, the greater the complexity of the relationship with which family members must cope. Stepfamilies are characterised by multifaceted relationships involving a variety of people whose roles are in flux. Each relationship carries with it a set of expectations and a question of delineation of turf. *Turf* refers to the boundaries outlining the rights, privileges, and possessions of each individual; these boundaries may be physical or psychological. When people who are already parents remarry, a new type of extended family comes into being. Unlike members of the traditional extended family however, members of stepfamilies have not lived in close proximity with each other for years. They are likely to have different life-styles and values. This factor, combined with the number of diverse relationships with which family members must cope, contributes to the high degree of complexity found in reconstituted families.
- *Variability.* Unlike children in the original nuclear family, stepchildren do not start their lives with a stepparent, but instead are introduced to him or her at some point during the course of their development. This introduction may take place at any age and under a variety of different conditions. Variables relating to the children that influence the success of this introduction include the following: age of the children at the time of the parent's remarriage, degree of attachment to the absent parent, length of time since loss of the absent parent through death or divorce, degree of continuing involvement with the absent parent, degree of attachment to and need for the natural parent in the home, number of siblings and stepsiblings with whom to compete or share activities, special needs related to health or disability, personal charm and attractiveness, and extent of need for parenting from the stepparent. Variables relating to the natural parents include the following: amount of time and energy available for the children, degree of emotional investment in the children relative to involvement in other aspects of life, degree of stress being experienced in life, extent of antagonism toward the ex-spouse, ability to manage the home, physical and mental well-being, and expectations concerning

PDF created with pdfFactory trial version www.pdffactory.com

what one is entitled to get out of life. Level of expectation is an important factor because high expectations are likely to be accompanied by stress when they are not fulfilled. Lastly, the following variables related to the stepparent: whether he or she has raised children, amount of previous experience with children, extent of need to assume a parenting role with the stepchild, extent of emotional investment in non-family activities such as a career or a-vocational interests, willingness to share the spouse with the children (which is related to the individual's expectations about what he or she is entitled to and what the children are entitled to), previous experience and comfort with family living, and presence of own children who need time and attention. As a general rule, the degree of solidarity that develops in the reconstituted family is likely to be a function of the interplay of the variables described.

- *Losses and gains.* The realignment of family arrangements often results in gains for some individuals and losses for others. For example, the new wife of a divorced man gains a portion of his time, income, and affectionate feelings, which were formerly the exclusive province of his children. Conversely, when stepchildren enter the home, the new spouse loses privacy and time alone with his or her mate. Having less time than before with a parent or having to share a parent's affection with an outsider constitutes a substantial loss, and as such it is a realistic basis for anger and hostility. Having to relinquish privacy in one's own home in order to take in someone else's children is also a realistic basis for hostility. These losses are often a built-in component of life in a stepfamily. They are real and need to be openly acknowledged as such. Potential benefits should be explored so that they can be developed. Examples of these include: relief from constant physical and emotional burdens of child care; children can often form relationships of friendship and solidarity with stepsiblings on the basis of common, shared experiences; children who have been raised in an atmosphere of strife prior to a divorce frequently have the opportunity to see a parent and stepparent live harmoniously; parents who are emotionally satisfied have more to give their children than parents who are lonely or frustrated from being single; children may expand their circle of friendly, interested adults – that is, develop new extended families – by acquiring new relatives such as step-grandparents.
- *Differences in life-style.* People with different life-styles are often thrust on one another when a remarriage takes place. The new additions to the family are not chosen by the family as a group but by the adult who is acquiring a mate. This is

PDF created with pdfFactory trial version www.pdffactory.com

true even when the stated purpose of the remarriage is to "find a mother (or father) for the children." The acquisition of stepparents or stepchildren can be likened to the acquisition of an in-law. Conflicts stemming from differences in pre-existing life-styles arise within stepfamilies in relation to various aspects of living. These include areas such as: discipline, eating habits, division of labour, and attitudes towards sex.

Stepfamilies exist within social conditions influenced by economic change and culturally conditioned beliefs and expectations, with some stigma attached to being a 'deviation' from the nuclear family. The first two years after remarriage seem to be the most difficult time to exert parental control over the children. The relationship between stepparents and sons are better if the remarriage occurred before adolescence. Closeness in the marital relationship and the involvement of the stepparent increase the level of conflict between the child and both parents. More behaviour difficulties seem to exist with girls. Children between 9 and 15 years are most resistant to the introduction of a stepparent. Influences on the family dynamics of stepfamilies include the lack of biological relatedness which heightens the concern about what appropriate affection between the stepparent and child is; stepfathers seem to be more disengaged than fathers in non-divorced families, probably related to the multiple relationships that form part of the family and questions of 'turf' (role conflict, unclear expectations, own experience in raising children, involvement of other parent and the maturity of the couple to manage the home); the introduction of a new extended family with their own values; appraisal of the losses and gains with regard to time, attention, privacy, sharing of responsibility and support; and differences in lifestyle relating to discipline, habits, chores, and attitudes.

4.10.3.3 Single parent families

Mother-only families have become increasingly common during the past three decades. In 1960, only about 9% of families with children in the United States were headed by unmarried women, but this increased in 1999 to over 20%. Furthermore, throughout the 1980s and 1990s, female-headed families with children were five times more likely to be poor than were two-parent families with children. Growing up in a single-parent family is associated with negative socio-emotional outcomes for children, including diminished educational attainment. As compared with children from two-parent families, children raised in single-parent families have lower test scores, less frequent school attendance,

PDF created with pdfFactory trial version www.pdffactory.com

fewer years of schooling, and higher high school dropout rates. This is problematic since educational achievement is one of the best predictors of factors such as occupational status and earnings that contribute strongly to a child's future economic well-being (Zhan and Sherraden, 2003).

In female-headed families, characteristics of the parent may have important effects on the schooling of her children. Although most researchers would agree that children of female-headed households are more vulnerable, not every child from these families has low educational achievement. The answer to what accounts for the range of well-being among children of female-headed households may lie in identifying the resources that some female-headed families use to buffer the risks of poverty. If resources and strengths can be identified within this family group, then future policy can leverage these assets to mitigate intergenerational vulnerability among these families (Zhan and Sherraden, 2003).

Some of the strengths present in some single parents which can account for children being less vulnerable are greater future orientation, development of other assets, improved household stability, greater focus and specialisation, a foundation for risk-taking, increased personal efficacy (great sense of effectiveness, strength, and control over one's situation), increased social influence, increased political participation, and enhanced welfare of offspring. Family assets such as these are also more stable across generations than is income. Of all the forms of parental influence on children, financial assets may be the easiest to transmit. Assets affect attitudes and behaviours as well. For example, home owners tend to have greater life satisfaction and higher self-esteem. They are also more likely to be involved in community improvement activities and assets may have positive effects on expectations about the future. They may also help others make specific plans with regard to work and family. Savings and house values have significant and positive links with attitudes and behaviours, such as prudence, efficacy, connectedness, and effort. Moreover, some attitude changes may lead to other social, economic, and intergenerational outcomes. Assets may help people first shape hopes and plans, leading, in turn, to positive social and economic outcomes. Opposing this view is the reality that having a low level of economic resources reduces one's ability to be a good parent, in part because negative attitudes and behaviours are transferred to children (Zhan and Sherraden, 2003).

PDF created with pdfFactory trial version www.pdffactory.com

In the previous decade children of female-headed households were five times more likely to be poor, and these children were likely to have poor educational outcomes. A differentiation can be made between income and assets. If the single parent has personal assets, such as greater future orientation, development of other assets, improved household stability, greater focus and specialisation, a foundation for risk-taking, increased personal efficacy (great sense of effectiveness, strength, and control over one's situation), increased social influence, increased political participation, and owning a home, the adverse effects of single-parenting can be managed. The transferring of attitudes plays one of the biggest roles in the healthy development of the child. The utilising of other resources (not having the traditional support typical of a nuclear family) determines the attitude with which the single-parent will meet the challenge of raising children alone.

4.10.3.4 Child-headed families

Problems, from having to deal with lack of food to searching for education and security, are not uncommon ones for thousands of children in Rwanda. According to a report by the non-governmental organisation World Vision, and supported by the U.N. Children's Fund (UNICEF), more than 85 000 households in Rwanda are headed by children under the age of 18. Such families, whose parents were lost during the genocide and forced migration, are among the poorest in Rwandan society. The report estimates that 95 percent of the children interviewed lacked adequate access either to health or to education. Child-led households suffer from a perceived lack of recognition; they want more protection, and they are usually marginalized when it comes to the allocation of resources in society. These children can be exploited for cheap labour or harassed and have less security over land rights and other ownership than adult-headed households. The children interviewed tend to survive on meagre resources, earning their living by fetching water, carrying goods, or performing domestic work and odd jobs. Of even more concern is that they are often detached from mainstream society (Haq, 1998: 1).

Girls, who comprise three-quarters of all child heads of families, face the worst risks. They may be forced to have sex, either by being raped or offered money for sex. Added to this, they live in a society where women have no automatic inheritance rights, so that the households and land they supervise can be taken away from them. In some areas, like Byumba, the problem is made worse by the practice of polygamy, which the report

PDF created with pdfFactory trial version www.pdffactory.com

says has caused considerable land sub-division, leaving little for cultivation. The conflict over scarce resources among such families adds more hurdles to child-headed households, who have no legal right to inherit the land which belonged to their families (Haq, 1998: 1).

The reality faced by child-headed families involves inadequate access to health services and education, and they survive on meagre resources. They lack protection and can be exploited for cheap labour or can be harassed. The broader cultural influence of polygamy leads to considerable land sub-division, with child-headed households having no rights to inherit. This influence together with the conflict over scarce resources makes these families more vulnerable.

4.10.3.5 Children raised by grandparents

Although grandparents' raising their grandchildren is not a new phenomenon, the number of grandchildren under age 18 living with grandparents is steadily increasing, and the conditions under which some assume primary parenting responsibilities is a growing concern. About 32% of these grandparents are aged between 55 and 64, while 20.5% are over 65. Many older grandparents are emotionally, physically, and financially devastated by the added cost and responsibility, and have multiple health concerns. The children they care for often live in poverty and have emotional, learning, and physical disabilities. Education, training, and support services have not kept pace with the unique needs of these older parents. Research done by the University of California Cooperative Extension (UCCE) in Alameda County found that about 81% of the 98 grandparents from Alameda County reported one or more chronic conditions. At least 61% had arthritis or gout; 52% had high blood pressure; 48% were overweight; 42% had stress-related conditions; 23% had high blood cholesterol; 16% had heart conditions; 10% had diabetes; 10% had food allergies; 12% had other allergies; and 9% had cancer. Of the 121 grandparents, 52% reported that their grandchildren had special needs. About 38% had attention deficit or hyperactivity disorder; 15% had severe learning disabilities; 11% had emotional disorders; 10% were exposed to drugs; 7% had developmental disorders (Down's syndrome or cerebral palsy); and 7% had respiratory problems or asthmatic conditions, and this while 4.4% had no medical insurance (Blackburn, 2000).

Grandparents also reported conflicting emotions towards their parenting responsibilities.

PDF created with pdfFactory trial version www.pdffactory.com

Their lives had been disrupted and redirected, and some felt that an outside force was controlling their options, their lives, and their futures. They expressed anger and frustration, but also gratification with their parenting roles. Some felt unappreciated and resented their methods of parenting being questioned. Emotional conflicts with their children sometimes created negative feelings about their grandparenting roles, and may even in some cases have affected their attitudes towards their grandchildren. In most cases they needed help with child care, discipline, coping with adolescent problems, explaining the absence of the biological parents, and helping with homework (Blackburn, 2000).

Three-generation households and extended families have long enabled grandparents to play key roles in childrearing and support of their grandchildren. Millions of grandparents live in the homes of their children. Many grandmothers, in particular, care for their grandchildren while the parents work or study. Primary grandparents often contribute economically, and care for their grandchildren in times of parental absences, illness, death, etc. But population studies show a change over time in the composition of grandparent households, where not only grandchildren stay with grandparents, but also the mothers and in some cases the father or both the parents. The issues germane to the grandparenting dilemma in the new millennium are the conditions under which elderly grandparents are forced into primary parenting roles. Many live in poverty and are parenting for reasons related to substance abuse, particularly in urban centers. Our data from grandparent conference participants shows that 51% became caregivers because of substance abuse factors. Other causes are unemployment, homelessness, incarceration, homicides, teen pregnancy, AIDS, abandonment, neglect, abuse, lack of child care, and inability of the parents to meet special emotional, physical, and psychosocial needs (Blackburn, 2000).

Aged grandparents are easily overwhelmed by the responsibility and cost of raising their grandchildren if their role of extended family member changes to that of parent. They are likely to have health problems and live in poverty. The stress of child-rearing is worsened by problems such as disability and behaviour difficulties experienced by the child. The adjustment in their role from grandparent to parent may cause resentment and negative management of their grandchildren. The reasons for responsibility being shifted include the effect of substance abuse, unemployment, homelessness, incarceration, teen pregnancy, AIDS, and the inability to care for the children or child abuse by the parents.

PDF created with pdfFactory trial version www.pdffactory.com

4.10.3.6 Domestic violence

According to Potgieter (2004), all child witnesses of violence are traumatised, and most will experience anxiety, depression, stress and disassociation. Childhood development is literally arrested, both cognitively and psychologically. She quotes Perry (1993) when he says that the same remarkable qualities of the developing brain which allow the growing child to internalise and rapidly learn, ultimately betray the child in the sense that his brain develops as around the notion that the entire world is chaotic, unpredictable, violent, frightening and devoid of nurturance. Delinquent behaviour results after exposure to domestic violence in 20 to 40% of cases. An interrelationship between domestic violence and child abuse exists. Child abuse is present in 30 to 70% of families with domestic violence; incestuous families have a 25 to 75% coincidence of domestic violence; and 80% of perpetrators engage in multiple targets; their prognosis for recovery is suggested to be as poor as that of paedophiles'.

From an ecological standpoint, social support has an influence on the relationship between exposure to violence and psychopathology among high risk adolescents. The rates at which children are exposed to violence within both the family and the community are alarmingly high. An estimated 15 out of 1000 children below the age of 18 were victims of substantiated physical abuse, sexual abuse, or neglect in 1995 (based on child protective service reports nationwide in the US). Exposure to domestic violence is estimated at approximately 10 million children per year. Between 35% and 64% of children in the inner city (especially African American youth) reported witnessing a shooting or stabbing; between 24% and 43% had witnessed someone being killed; and as high as 96% of children reported hearing gunshots in their neighbourhoods. Many are also the direct victims of community violence: 38% from a sample of youths between 14 and 18 had been mugged, 20% had been stabbed, and 11% had been shot. Many studies indicate that children exposed to violence are at an increased risk for negative developmental outcomes and psychopathology (Muller, *et al.*, 2000: 450).

While it is evident that a certain proportion of children and adolescents exposed to various forms of violence within their families and communities display significant emotional and behavioural difficulties, some demonstrate better adaptation. In attempting to explain such resilient outcomes, researchers have begun to explore the role various

PDF created with pdfFactory trial version www.pdffactory.com

protective factors play. There is good evidence corroborating the protective effects of social support (Miller, *et al.*, 2000: 451).

The dynamics involved in a family where wife battering occurs, center around the pathological self-structure the two adults develop. The wife uses defence mechanisms and blames herself for the battering, while defending the husband. The wife fluctuates from being hopeful in harmonious times to hurt and angry in abusive times. This is why mothers inexplicably stay in abusive relationships, during which time the child is traumatised on two levels: by what he observes and by the realisation that he is unable to do anything about it (Potgieter, 2004).

Children are exposed to domestic violence within their homes either by the violent conflict between their parents, or by the violence in their immediate neighbourhoods. Children who witness violence may experience anxiety, depression, stress, and disassociation. Interrelationships between domestic violence and child abuse, as well as the development of delinquent behaviour exist. Social support has a positive effect on the outcome for the child. When a mother stays in an abusive relationship because of her own psychological dynamics, the child is traumatised by what he observes and by the realisation that he cannot do anything about it.

4.10.3.7 Impact of poverty on families

At least 12 million people in six African countries are facing potential famine in the most severe food crisis to hit the region in at least a decade. The United Nations estimates that 4 million tons of food will be needed over the next year to meet the region's emergency food needs. While flood and drought have played some role in creating the current situation, much of its cause is political. In Zimbabwe, for example, government-sponsored land seizures have devastated agricultural production and caused the national currency to plummet in value. In Malawi, a densely-populated, agrarian country that is one of the region's worst hit, one of the major causes of the crisis is the lack of seeds and fertilizer. Subsidized farming programmes have been cut drastically in recent years, leaving thousands of families with nothing to plant and no fertilizer with which to coax a harvest from the overworked land. The United Nations has not yet labelled this current food crisis a famine, saying the death toll is still low. But for those living on the margins of society, particularly women who are divorced or widowed, the situation has already

PDF created with pdfFactory trial version www.pdffactory.com

reached crisis proportions (Itano, 2002: 1).

In Central and Southern Malawi, women traditionally move to their husbands' villages after marriage. If a woman's husband dies, she must marry her husband's brother or return to her home village with her children, leaving behind all the property acquired during her marriage. In difficult times like now, women often return to communities that can spare little to help their returning relatives. At a feeding center run by the Roman Catholic Church in the small village of Mphako, 38 severely malnourished children live with their siblings and mothers in tiny rooms around a barren courtyard. For a compound filled with children, the center is oddly silent. Many of the sick children are breastfeeding infants who are too weak to cry. They are slowly starving with their mothers. Many of the families that have been hardest hit by the food crisis are also suffering from the effects of the AIDS epidemic (Itano, 2002:1).

Gerdes and Van Ede (1990: 480) say that economic factors have an influence on a person's standard of living and social values. Socio-economic factors determine a person's level of education, living arrangements, and interests. Members of low-socio-economic groups belong to fewer social organisations, have fewer friends outside the family, have less time for recreation, and tend to be spectators instead of participants.

The social worker is interested in the effect of societal factors on the family. Many families are struggling simply to survive under the burden of insurmountable environmental pressures and deprivations, and attempting somehow to manage and care for their families with limited access to resources considered necessary for a reasonable or adequate standard of life. Many families have limited access to education, resulting in limited knowledge and skill with which to enter the economic mainstream. A cycle of poverty and exclusion is thus perpetuated (Hartman and Laird, 1983: 188-189).

Cultural and political influences have an impact on families through the impact on national currency and land ownership. Obstacles such as poor vegetation can become especially critical for vulnerable families (such as female-headed households and those suffering from the effects of AIDS). Poverty impacts directly on the healthy growth of the child. It negatively influences the family's standard of living and inclusion in mainstream society.

So far this chapter has presented a discussion of the relevant themes in the literature,

PDF created with pdfFactory trial version www.pdffactory.com

starting with the conceptual framework and moving on to consider other frameworks (such as the Minnesota Codes). This discussion has led to an understanding of the concepts that describe the social functioning of the child, and these should now be shaped into category themes and definitions that can be linked to current reality. At the beginning of this chapter, the researcher showed how she re-organised the terms from the conceptual framework into two broad areas, namely, attributes of the child and direct influences on the child in his maturation process; both areas influence the child's social functioning. The seven broad categories of social functioning concepts in childhood will be defined based on the discussions in this chapter. These definitions can be seen as another function of Systematic Research Synthesis, namely the creation of new concepts. The researcher gives a new definition to the seven broad categories which she has identified in order to describe social functioning in children.

4.11 Operationalisation of concepts

This chapter started the operationalisation process by synthesising the vast number of concepts into headings (see step 6 in Chapter 2) based on the conceptual framework developed in Chapter 3 (step 5 of the Adapted Design and Development Model). Step 7 in Chapter 2 explained the conceptualisation process, and highlighted that the end product of this process is the specification of a set of indicators of what one has in mind. It will be helpful to at this point look at the next steps, since 'operationalisation' is the specification of what operations need to take place, in order to clarify what will be measured.

To progress from a vague sense of what a term means to more a specific meaning, involves the identification of a nominal definition, leading to an operational definition, which will give the user the specific measurements in the real world. Faul and Hudson (1999, quoted in Chapter 2, step 7) stated that, in the process of operationalisation, we specify what we mean when we use a term through a set of indicators. What was even more relevant was their statement that "even if someone disagrees with the operational definition, the person will have a good idea [of] how to interpret the results, because of the clarity about the meaning of the term" (Faul and Hudson, 1999). For the researcher, this is a safeguard with regard to reliability. Provided her definitions of the items in the eventual classification are adequately clear, the users of the system should arrive at the same results, even if they disagree with the indicators of that problem. Their

PDF created with pdfFactory trial version www.pdffactory.com

disagreement will, however, raise validity questions, since there will not be consensus that the tool measures what it is intended to measure.

Considering the above aspect of indicators, the researcher argues that, if clarity is of more importance to ensure reliability, then the developers of the adult PIE were correct in making the system a-theoretical. The focus is not on agreement of the indicators based on one's own theoretical approach; it is on how well the definition states the focus of the assessment. In establishing indicators, the researcher should avoid the use of theories and only focus on what will indicate the presence of a certain aspect pertaining to the social functioning of the child.

This brings one back to the argument raised in Chapter 3: that a unifying construct is needed. The researcher claims that approaching the indicators in the way described above, does support the conceptual framework from which they were developed. Although the system does not support any specific theory, the indicators must still describe the social functioning of the child, and this description comes from the concepts that are identified. The concepts are embedded in a person-in-environment approach (refer to Chapter 3 – conceptual framework), and it is the researcher's opinion that this approach should be seen as a unifying construct which no social worker can argue with. It seems valid to question why any social worker, given her training and the history of the development of social work, would claim not to treat the client within his environment. There may, however, be disagreement about *how* this construct should be translated into the new technology, and that is why further refinement by practitioners will be necessary (see recommendations in Chapter 7).

To summarise the process of operationalisation discussed in Chapter 2, under step 7, Fisher (1989, in Faul, 1995) states that variable names stem from first forming a conceptual definition, then an operational definition, then renaming the concept to better match what can or will be measured. This looping process continues, resulting in a gradual refinement of the variable name and its measurement, until a reasonable fit is obtained. The concepts derived from this chapter are presented in Table 4.4. The process of derivation started with the conceptual framework in the previous chapter, and was refined through the use of headings to highlight uniformities (see Systematic Research Synthesis in step 5 of Chapter 2).

PDF created with pdfFactory trial version www.pdffactory.com

TABLE 4.4 CATEGORY DEFINITIONS OF CHILDHOOD SOCIAL FUNCTIONING

DEVELOPMENT: The child's developmental stage is considered with regard to the necessary skills required to function within his environment. For this reason, established milestones, cognitive ability, the influence of the environment and child factors, such as ability to learn (although neurological problems are part of Factor 3), are assessed. It occurs within a family system when the function of social behaviour of the child is affected by the parents. Development at one level prepares the child for development at the next level, which encourages adaptation over time.

ROUTINE: This is designed to teach the child the habits necessary for survival in society; to provide a safe, predictable environment; and to ensure that the child is rested, nourished, and well cared for. A disturbance in any single area of the child's routine is no cause for concern. Deviations in expected healthy routines affecting sleep, lavatory manners, and food intake are noteworthy, for their value in signifying underlying problems and other social functioning problems that may be caused as a result.

BEHAVIOURAL ADJUSTMENT: This is the observable conduct of the child that violates established rules for which sanctions are brought to bear against him. The behaviour is the child's way of seeking a place in his world, and he learns to repeat behaviour that has proven effective in the past. The child is expected to develop control over impulses, and the inability to do so results in behaviour difficulties that affect the relationships the child has with significant others. The levels of seriousness of these difficulties must be acknowledged.

PERFORMANCE: The very nature of childhood implies a demand for growth and maturation. Certain inherent drives are needed for the child to be motivated to learn and perform. The senses of achievement, expectation, satisfaction, and frustration are relevant, together with a consideration of the goal-directedness and creative ability in the child. Performance can be seen as the motivational drive to perform and to self-actualise, which is dependent on a cognitive-emotional interplay within the child.

STRESS: This is seen as the state the child reaches when he can no longer respond positively to the demands of the environment. This stage is usually reached when all his internal and external resources have been exhausted, and is caused by a combination of stressful life events that demand certain adaptive strategies from the child. Stress can have a paralysing effect on the child's functioning ability. The sources and effects of stress during the course of a child's life are considered, including the emotional effects of short and long-term stress; the child's ability to recall significant events; and the influences of crisis, loss and intervention.

PDF created with pdfFactory trial version www.pdffactory.com

SOCIALISATION: This occurs through parent-child interaction that serves the functions of affectional exchange and caretaking, and has a formative nature where the parent helps the child become more competent. Other relationships can also influence socialisation of the child. Through social exchanges with an adult, even a very young child can be socially influenced. How much the child can be socialised within his family and cultural norms and standards depends on internalisation, compliance, attitudes, and the parental control of access. The result should be a social awareness and interest; gender role identity; positive self-concept; pro-social behaviour; and social skills obtained through play interactions with adults, peers, friends, and other pupils.

PARENTING: This involves the responsibilities of guiding, caring for, and stimulating the child during his (maturing years. The interactive process through which social learning takes place, involves influencing factors related to the parents' ability to guide the child and to keep him safe. The influencing factors include the management of behaviour through discipline, parenting styles, and family atmosphere; the quality of the relationship through the process of bonding or lack of attachment, birth order (siblings), and the occurrence of abuse and its effects. Any disruption in the family system, such as divorce, remarriage, single parenting, child-headed families, children raised by grandparents, domestic violence, and poverty would also be an influencing factor.

The seven factors derived from the conceptual framework at the beginning of this chapter, are indicative of the state of social functioning in the child. To put this into a classification system will demand more descriptive information as well as other considerations (as identified in step 3 of Chapter 2) to determine what form the classification will take. The system will therefore not have the same arrangement as the seven factors above, but the consideration of these factors should be evident in the classification system in order to correctly identify the social functioning problems of children.

As Rubin and Babbie (1993) stated in Chapter 2, the end result of conceptualisation is a set of indicators which show the presence or absence of the concept being studied. The researcher uses the term **indicator** to mean something that gives an indication of a state or the course of a process. More specifically, it's a phenomenon that can be interpreted as a signal for some state of being or the aspect that provides information on the value of the variable, for example, blushing is an indication of shyness (Plug, *et al.*, 1991: 153). A

PDF created with pdfFactory trial version www.pdffactory.com

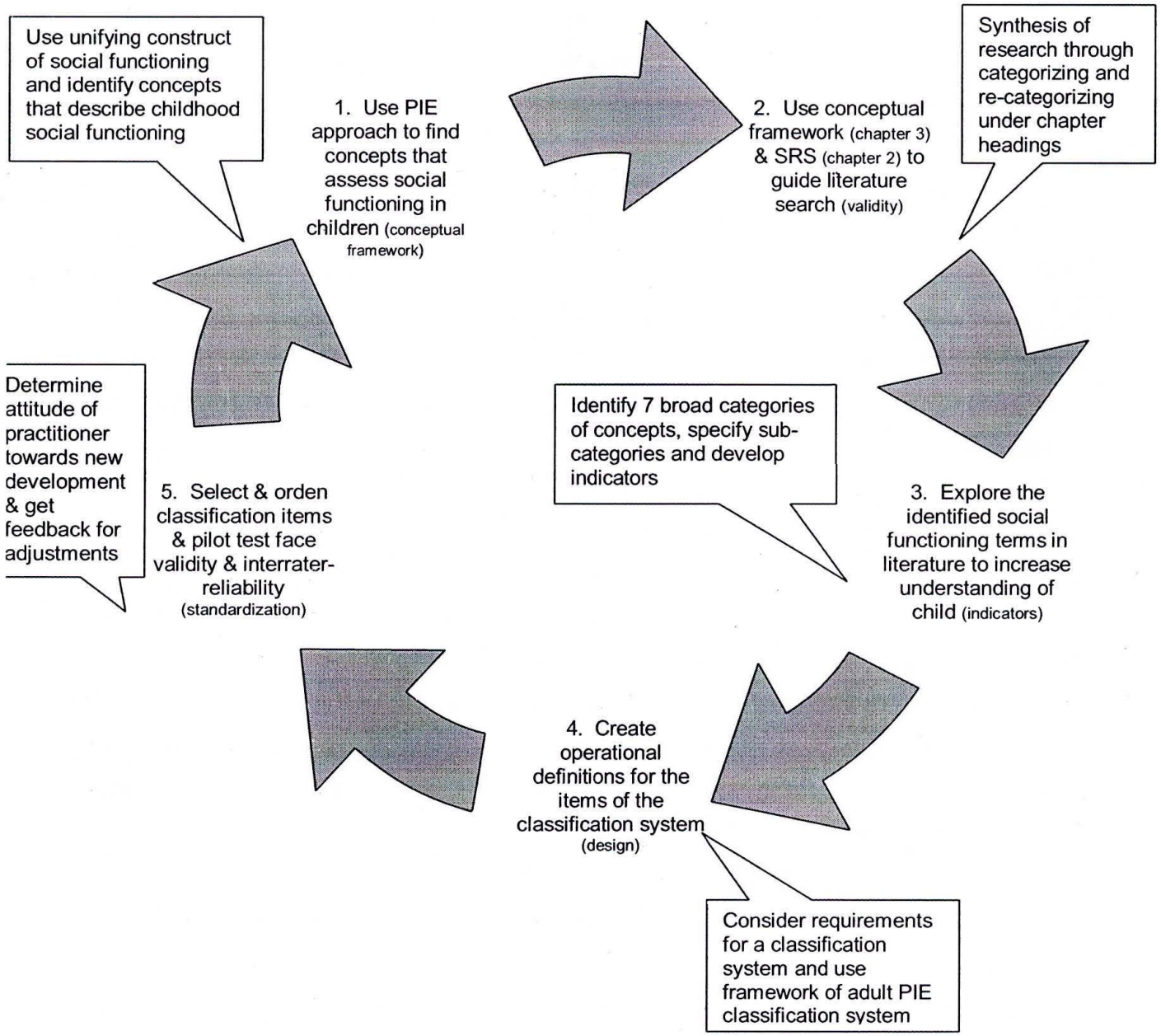
variable is a concept's empirical counterpart. Where concepts are in the domain of theory, variables are a matter of observation and measurement, and therefore require more specificity than concepts (Rubin and Babbie, 1993: 45). Figure 4.2 illustrates the operationalisation process followed in this study.

Figure 4.2 summarises the process that has been followed from Chapter 3 where it was determined what the focus area of social work is, and how social functioning of children can be viewed in terms of the person-in-environment approach. This led to a conceptual framework that aimed to give a broad guideline of what concepts should be searched for in literature on childhood functioning. Together with the guidelines for a literature search in step 6 (Chapter 2), this framework served to structure the literature, and from this, chapter headings were employed in a first attempt to simplify the overwhelming amount of information. From the content of the literature survey, sets of indicators are to be identified through copying the blue paragraphs to another document (not included in thesis) and to adapt the paragraphs to construct statements that indicate the presence of a problem (see Chapter 5). These categories will then be transformed into a format similar to that of the adult PIE, and a pilot test conducted to determine whether the researcher's developmental assumptions show some validity and reliability (Chapter 6 and 7). The definitions to be derived from the indicators will be incorporated into a user manual, which fulfils the requirements for step 10 of the Adapted Design and Development Model.

In the next chapter it will become clear how the researcher began with the concepts identified in Table 4.4, and created subcategories within each concept. Each subcategory will be operationalised into the indicators which form the basis of the category definitions given in Chapter 7. Since the new classification system has its own design requirements, the researcher will also illustrate where the concept, with its indicators, can be found in the new classification system.

PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 4.2 OPERATIONALISATION PROCESS FOR NEW TECHNOLOGY



4.12 Summary

In the process of categorising the literature in this chapter, the researcher became aware that a basic assumption underlying this study is that the focus of the classification system is social functioning as it relates to relational problems, and is then expressed through emotional and behavioural problems. In other words, when person-in-environment classification is applied to the theory of the child's social functioning, the researcher's primary concern is with what the problem says about the child's relational abilities, rather than focusing on the emotional and behavioural difficulties. These difficulties simply

PDF created with pdfFactory trial version www.pdffactory.com

serve to signal that there is a problem with the child in the context of his immediate environment. The assumption that social functioning is directly equivalent to relational problems, served to ensure that the researcher did not fall into the trap of describing the problem in the words of other professions.

Being conscious of cultural (ecological) factors within the literature on childhood functioning, the researcher used logical thinking to construct the summaries at the end of each section. She would, for instance with child-headed families, highlight practices in a country as possible cultural factors at play in the obstacles faced by these families. Although the influences are not necessarily applicable to other cultures, in mentioning what cultural influences are applicable in a country with a high incidence of children as heads of households, the social worker is made aware of the possible causes for their limited access to resources.

In the process of summarising the literature in order to find a simpler definition for a category, the researcher would question the purpose of the summary. Attempting to highlight why the social worker should be considering a particular aspect for assessment of social functioning in the child, would automatically lead her to the question of when iit is a problem. She would then take clinical indicators into consideration (for example, enuresis is a problem after the age of five, or teenagers with anorexia are 15% or more below their ideal weight). Apart from the fact that she had to be careful not to adopt the language of other professions for social work, she also realised that an assessment of the initial assessment would be conducted in the course of this study. In other words, if a disturbance in eating patterns is assessed as a possible problem, it will be evaluated in the light of whether there are enough 'danger-signs' to warrant concern (these danger signs often being the symptom language from other disciplines) However, within the classification system developed in this study, the significance of a disturbance in eating patterns is related to the effect a disturbance in routine will have on the child's social functioning – that is, how the resulting irritability, for example, will influence the child's actions towards others with whom she has a relationship. This should be considered in the training of social workers. The danger for misinterpretation is based on the idea that the eating problem should only be indicated if it has an effect on the child's relational life, and not simply because the signs are present.

PDF created with pdfFactory trial version www.pdffactory.com

In deciding what to include in a shorter summary at the end of each topic, the researcher tried to establish the words and information which are most universally applied to children (for example, in the case of 'discipline', she extended the regulations of Child Care Act to include children in their biological families as well as in alternative care). This exercise was necessary because the aim of this study is to develop a classification system that is, by its nature, universally applicable. In having to decide on which words to include (for example, in the summary of the family constellation section), the researcher compared the words of the different psychological positions in order to determine what distinguishes one from the other. In this summary the words that indicate the presence of the psychological effects of birth order, are given in brackets. The researcher relied on her own judgment in writing these summaries, and her assumptions will have to be validated through testing by practitioners.

The researcher came to appreciate through this chapter, the guidelines she used at the onset of her literature study (set out in step 6 of the Adapted Design and Development Model). Through looking at literature sources that were local, recent, and by credible authors (authors that would repeatedly be quoted on a specific topic, their books were 2nd or 3rd editions, and their books and articles are used in university curricula), she found credible information that allowed her to reduce the amount of literature used under each topic. In other words, the researcher did not need to always take literature from a number of sources to prove that they say the same thing. It would be obvious that the authors consulted a variety of sources themselves or the researcher would see the same propositions in other studies, allowing her to only use one source.

The assumptions that need external validation are those that were made in the researcher's logical line of thinking, as she progressed from what a classification for social work would entail, to the decisions made about the terms used and the concepts included under the same categories (e.g. division of behaviours under 'oppositional/defiant', and 'conduct disturbance' or categorisation of topics under 'parenting'). This initial standardisation of the classification system can only be done through pilot tests, since this chapter only involves part of the eventual classification system. It only considers Factor 1, which is similar to that of the adult PIE (classifying social role problems). An extensive validity study at this point is therefore not cost-effective, since the system would simply need to be tested again on completion.

PDF created with pdfFactory trial version www.pdffactory.com

This chapter presented a literature survey in support of the new technology. Although the next step is a further reduction of the theoretical concepts into more observable indicators, the information in this chapter is relevant to the eventual training of the users of the new technology. Although some information may seem to be omitted from the next operational step, the users will still need an understanding of the underlying theoretical concepts found in this chapter. This is necessary for the correct use of the classification system. The importance of training is consistent with the requirement given in Chapter 2, step 3b: that the user of a classification system will need knowledge beyond that of the system. Through a detailed study of the theoretical background to this project, the researcher has prepared herself to train users in the system which is part of the design and development process (step 20, Chapter 2 – indicated as post-doctoral development).

The next chapter describes the design process, while Chapter 6 presents an evaluation of the results from the initial testing of this system. The refined product is presented in Chapter 7.

PDF created with pdfFactory trial version www.pdffactory.com

Chapter 5
Design of the new technology

A man is not idle because he is absorbed in thought. There is a visible labour and there is an invisible labour.

- Victor Hugo -

French dramatist, novelist, and poet (1802-1885)

5.1 Introduction

Thus far in this study, a conceptual framework for the child in his environment has been developed, as well as a categorisation of the concepts found in childhood social functioning literature. This chapter continues to operationalise the concepts identified through the conceptual framework in Chapter 3 and explored in Chapter 4. At the end of Chapter 4 the most significant meanings of concepts were extracted, in order to start shaping the content of the classification system for childhood social functioning. This chapter presents the design process, and starts with illustrations of the concepts or broad categories, as well as with their subcategories and indicators. It will also illustrate where the subcategories can be found in the new classification system that is presented in Chapter 7. This chapter then ends with a discussion of the decisions made by the researcher during the design of the new technology.

It should be noted that the process discussed in this chapter was initially broader. As the researcher re-adjusted the focus of her study, she removed literature that had been part of the first draft, and had been tested in the pilot study (discussed in Chapter 6). The first draft included more theoretical concepts, such as neurological problems. This chapter only includes the subcategories that remained part of the final draft, as presented in Chapter 7. This narrowing down of concepts was partly a response to feedback from Prof. Karls (see Chapter 6), and partly a means of limiting the overload of data that would have adversely affected validity (see 'a-z' in step 14, validation methods). There will therefore be some terms in the pilot drafts that are not discussed here. The reason for this is that, in developmental research, the findings of the testing are already incorporated into the technology (step 12 in Chapter 2 of the Adapted Design and Development Model). The whole point of a pilot study is to pre-test and

PDF created with pdfFactory trial version www.pdffactory.com

modify the study (see McBurney, step 12, Chapter 2 of this thesis). In the case of this doctoral study, two pilot studies were done to present a draft that will need larger scale testing, once the remainder of the classification system's parts have also been developed (post-doctoral).

The researcher now has the task of identifying assessment areas that came from the conceptual framework and eventual literature study, and placing these into a format similar to that of the adult PIE. This implies a conscious exploration of the concepts and how these relate to social interaction problems in childhood roles, while simultaneously considering how each concept will compare with the adult PIE. The primary reason for this comparison is an attempt to match the adult PIE's degree of applicability to social work issues. The end result of this process is an outline of social roles that point to the area in which the child has social functioning problems, and problem types that explain what type of social interaction problem the child is experiencing in that role.

5.2 Conceptual definitions

To orientate the reader, the researcher gives the following illustration of what conceptualisation process has occurred so far. Figure 5.1 shows how the development progressed in the preceding chapters.

FIGURE 5.1 THE PROGRESSION OF THE CONCEPTUAL DEVELOPMENT



PDF created with pdfFactory trial version www.pdffactory.com

The figure illustrates that Chapter 3 resulted in a conceptual framework that placed the concept of childhood person-in-environment functioning within the framework of social work. The literature study in Chapter 4 was guided by the conceptual framework that led the researcher to broad categories that describe the child's social functioning. Chapter 5 will show how subcategories were identified from these broad categories and how the indicators implied by these subcategories formed the definitions given in Chapter 7.

Table 4.4 in the previous chapter contained the broad categories and a description of what is described under each. To begin with, the researcher will list these seven broad categories in Figure 5.2. Following from this, the indicators within each category will be identified. The definitions used to describe each category in the new classification system are derived from these identifications. The definitions of the subcategories will come from the blue paragraphs in Chapter 4.

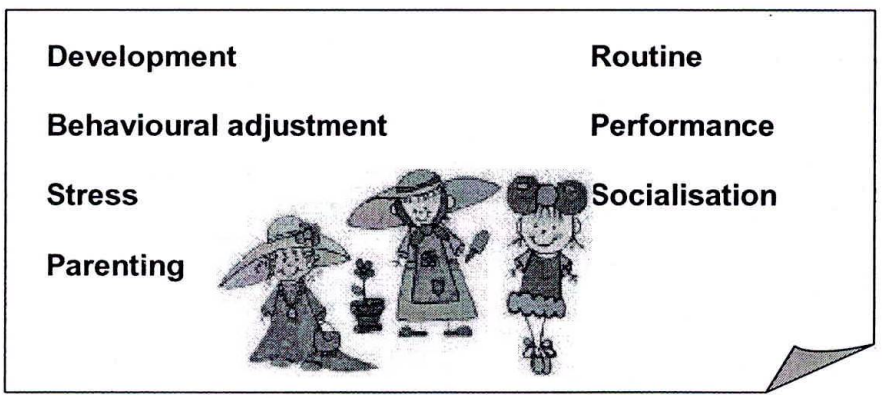
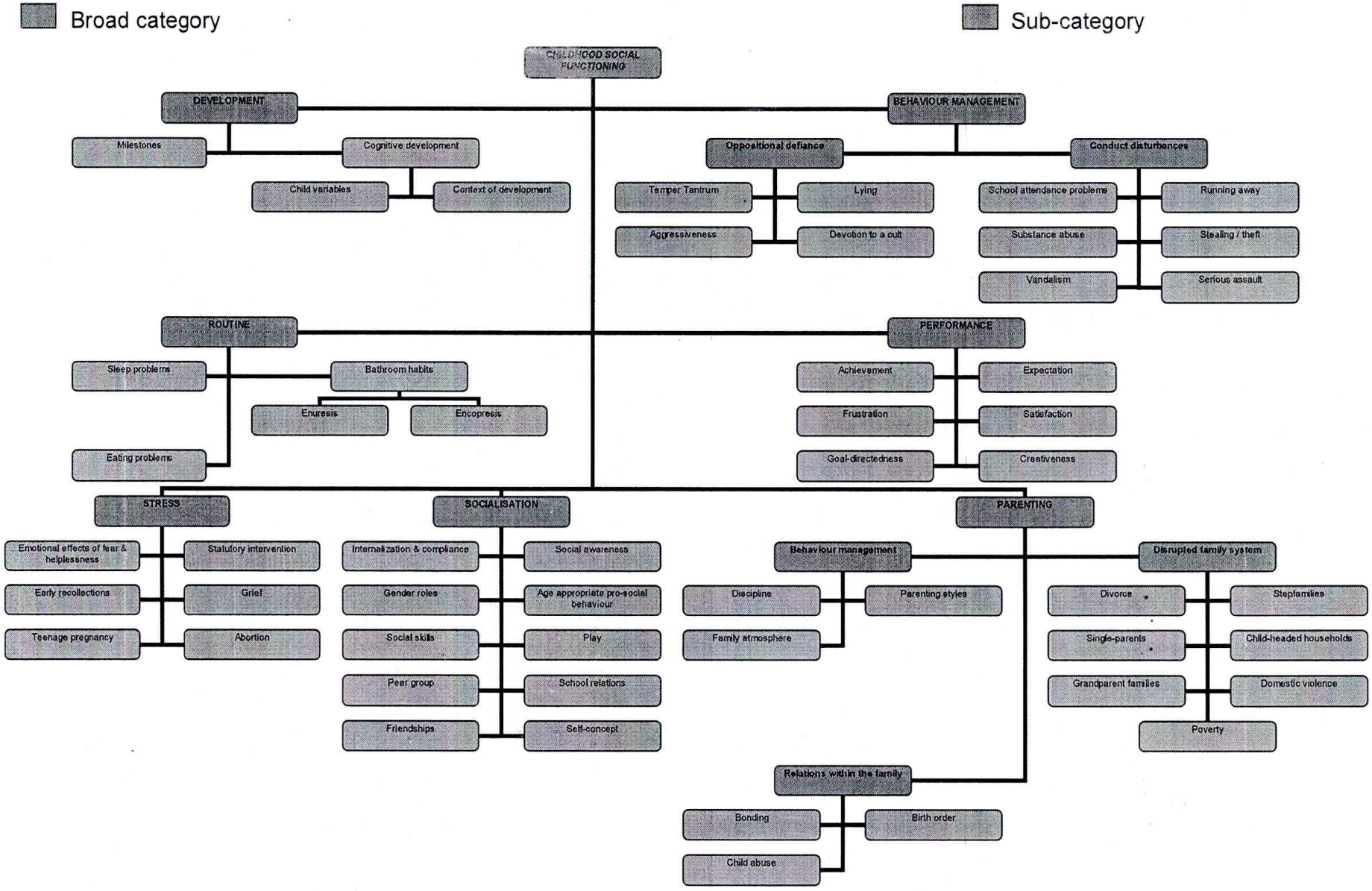


FIGURE 5.2 THE SEVEN BROAD CATEGORIES OF CHILDHOOD SOCIAL FUNCTIONING

The second part of step 6 in Chapter 2 referred to Systematic Research Synthesis. According to Rothman, *et al.* (1994), this entails a degree of invention that makes a new integrated whole from the parts of a body of research (literature) findings. This occurred in the previous chapter in which the researcher was able to identify subcategories. These categories, with their subcategories, are illustrated in Figure 5.3 in the next section. Rothman, *et al.* (1994) further argue that conceptual integration requires qualitative judgements that are subject to reliability questions. The researcher made a number of such judgements as discussed at the end of Chapter 4 and in the last part of this chapter. Since these judgements are subject to reliability questions, she comments on the reliability of the process in Chapter 8.

PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 5.3 CHILDHOOD SOCIAL FUNCTIONING CONCEPTS AND SUBCATEGORIES



PDF created with pdfFactory trial version www.pdffactory.com

The end product of conceptualisation is the specification of a set of indicators of what one has in mind – indicating the presence or absence of the concept being studied (see Rubin and Babbie, 1993 – step 7 in Chapter 2).

5.3 Indicators for operational definitions

In this section the researcher works from the concepts of childhood social functioning as defined in the previous section. These broad categories were identified by the researcher when she synthesised the different concepts derived from the conceptual framework. Figure 5.3 shows these broad categories with their subcategories in terms of which the researcher arranged the literature on childhood social functioning. This figure is an illustration of the first steps towards the operational definitions to be used for the classification system.

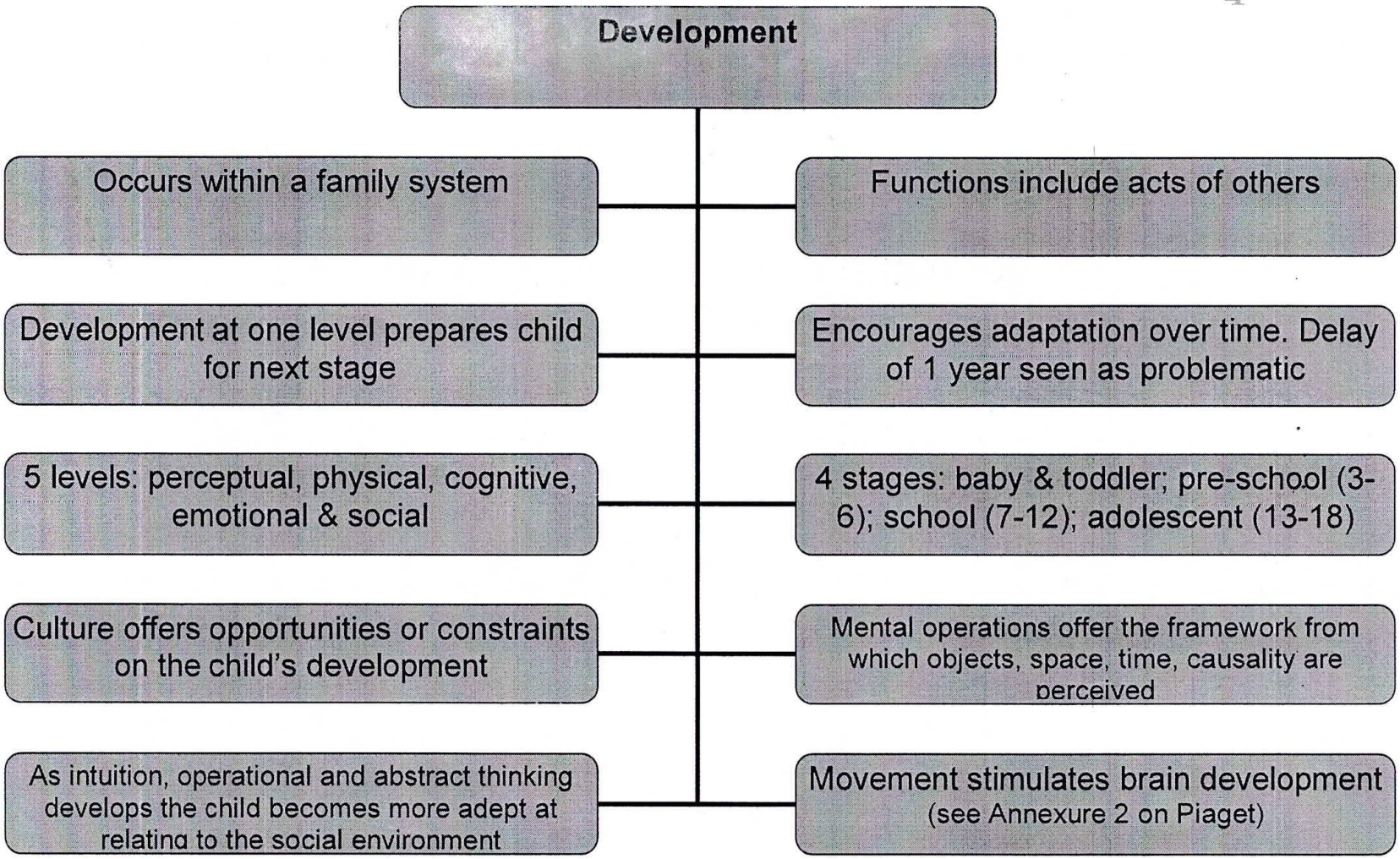
The steps or operations to be followed in changing the concepts derived so far into measurements in the real world are:

- Use subcategories to suggest what the components of childhood social functioning are.
- Identify variables from the blue paragraphs in Chapter 4 to obtain indicators of the presence or absence of each childhood social functioning concept.
- Make visual representations of the variables under each category.
- Evaluate how the variables can fit into the design of the classification system.
- Write operational definitions that comply with the following requirements:
    - Fit into a format similar to that of the adult PIE.
    - State the variable in the form of a problem, i.e. absence of positive attributes or presence of negative attributes.

Figures 5.4 – 5.10 below illustrate the next operations that took place. These provided the indicators to be used in the operational definitions. The assumption underlying these operations is that indicators serve as signals of some state (see Chapter 4); the 'signals' to follow indicate a social functioning problem in a particular area of the child's life. Table 4.4 in Chapter 4 provided general category definitions to start the reduction and re-categorising of the literature (see synthesis, step 6). Chapter 7 presents descriptive definitions (focusing on what the user will need to understand) in line with the indicators identified in this chapter.

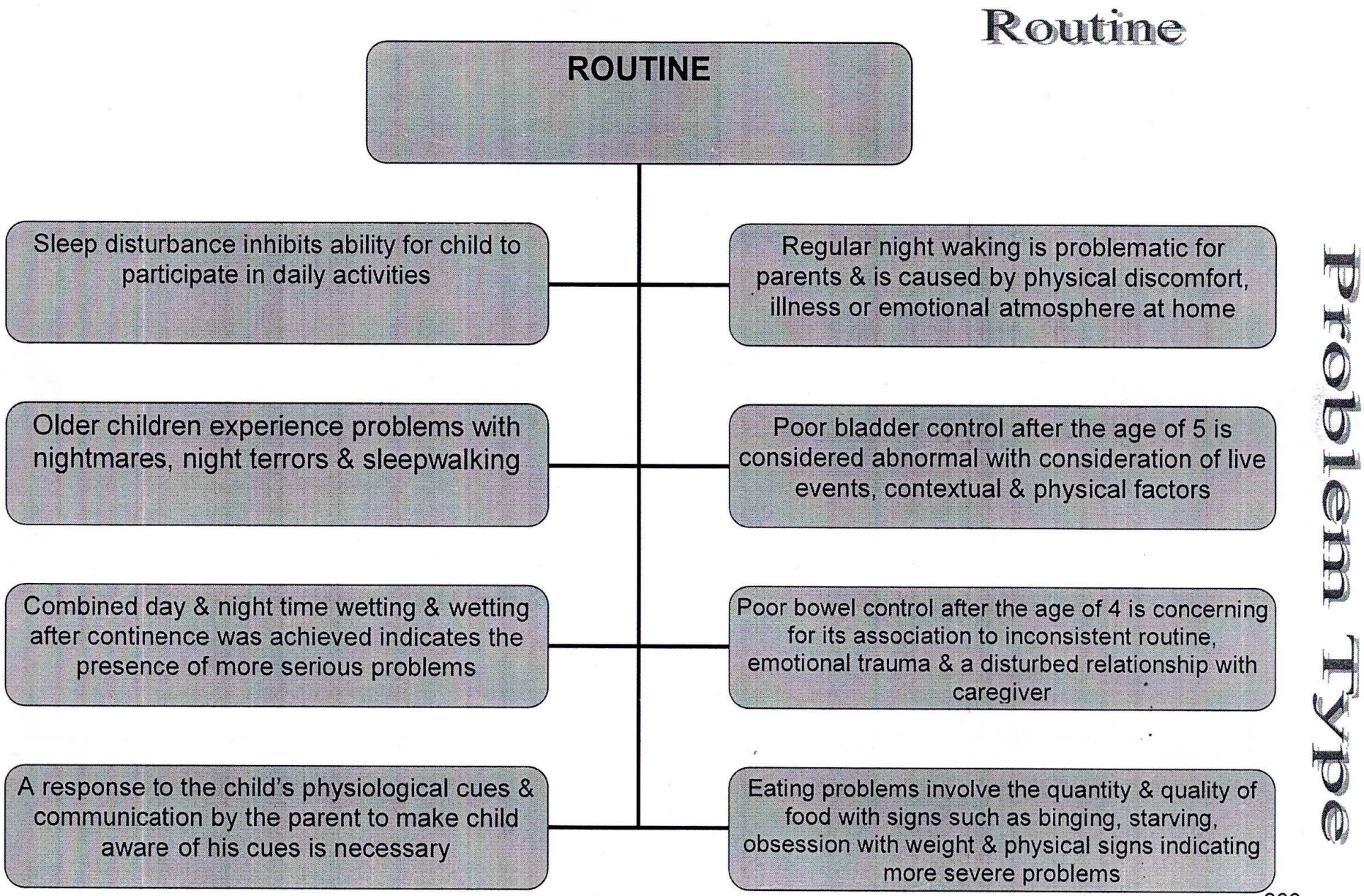
PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 5.4 INDICATORS OF THE CONCEPT: DEVELOPMENT



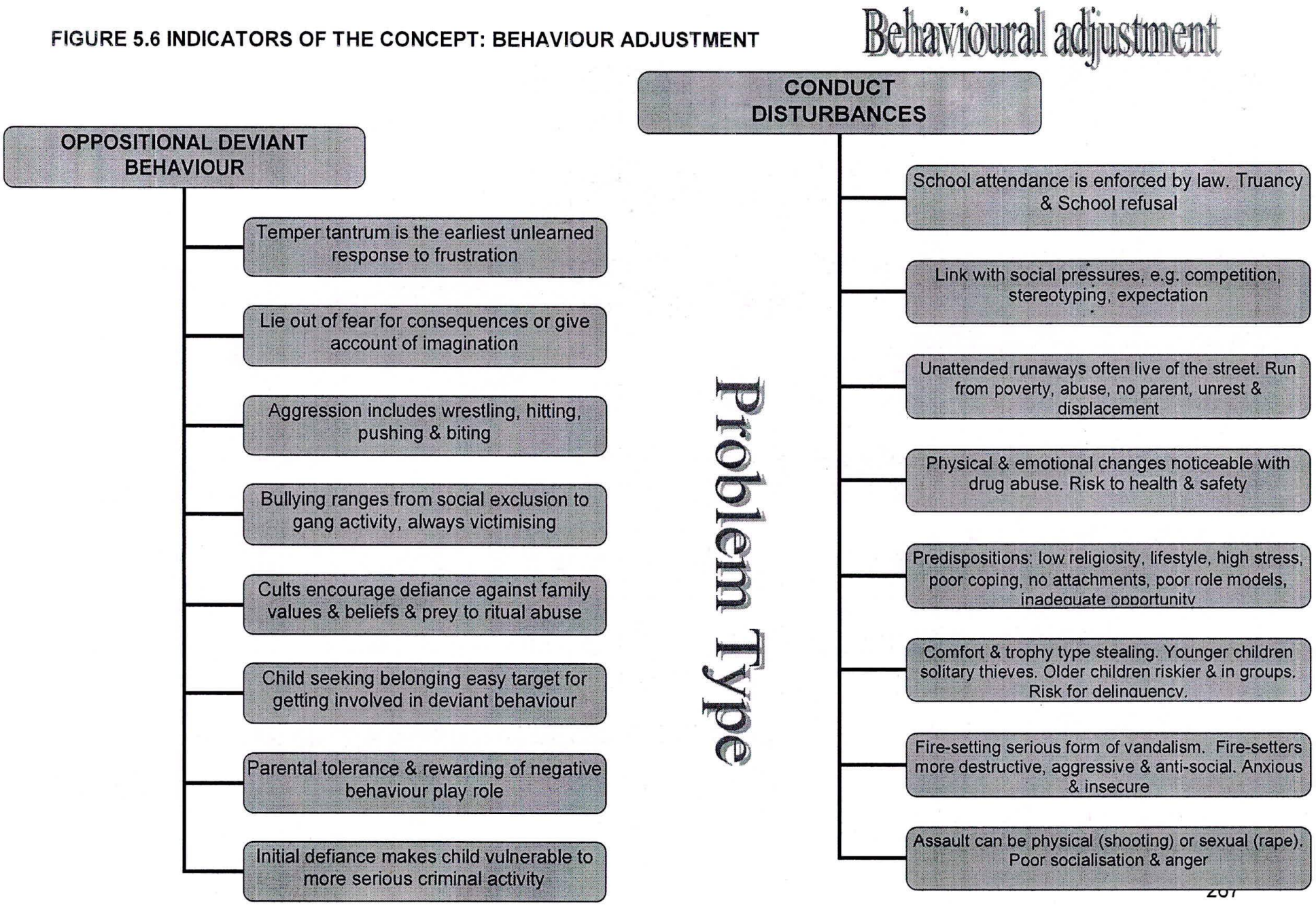
PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 5.5 INDICATORS OF THE CONCEPT: ROUTINE



PDF created with pdfFactory trial version www.pdffactory.com

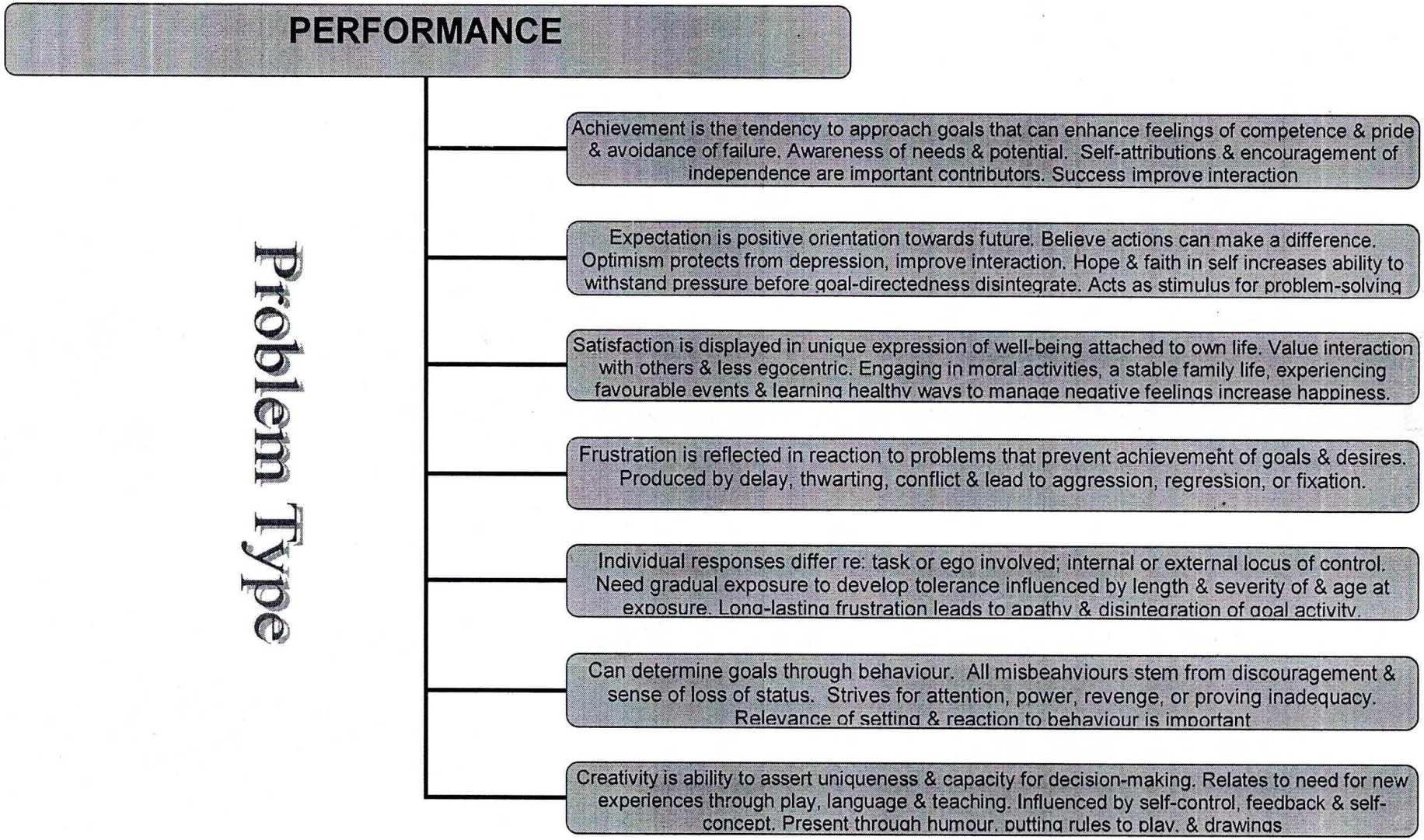
FIGURE 5.6 INDICATORS OF THE CONCEPT: BEHAVIOUR ADJUSTMENT



PDF created with pdfFactory trial version www.pdffactory.com

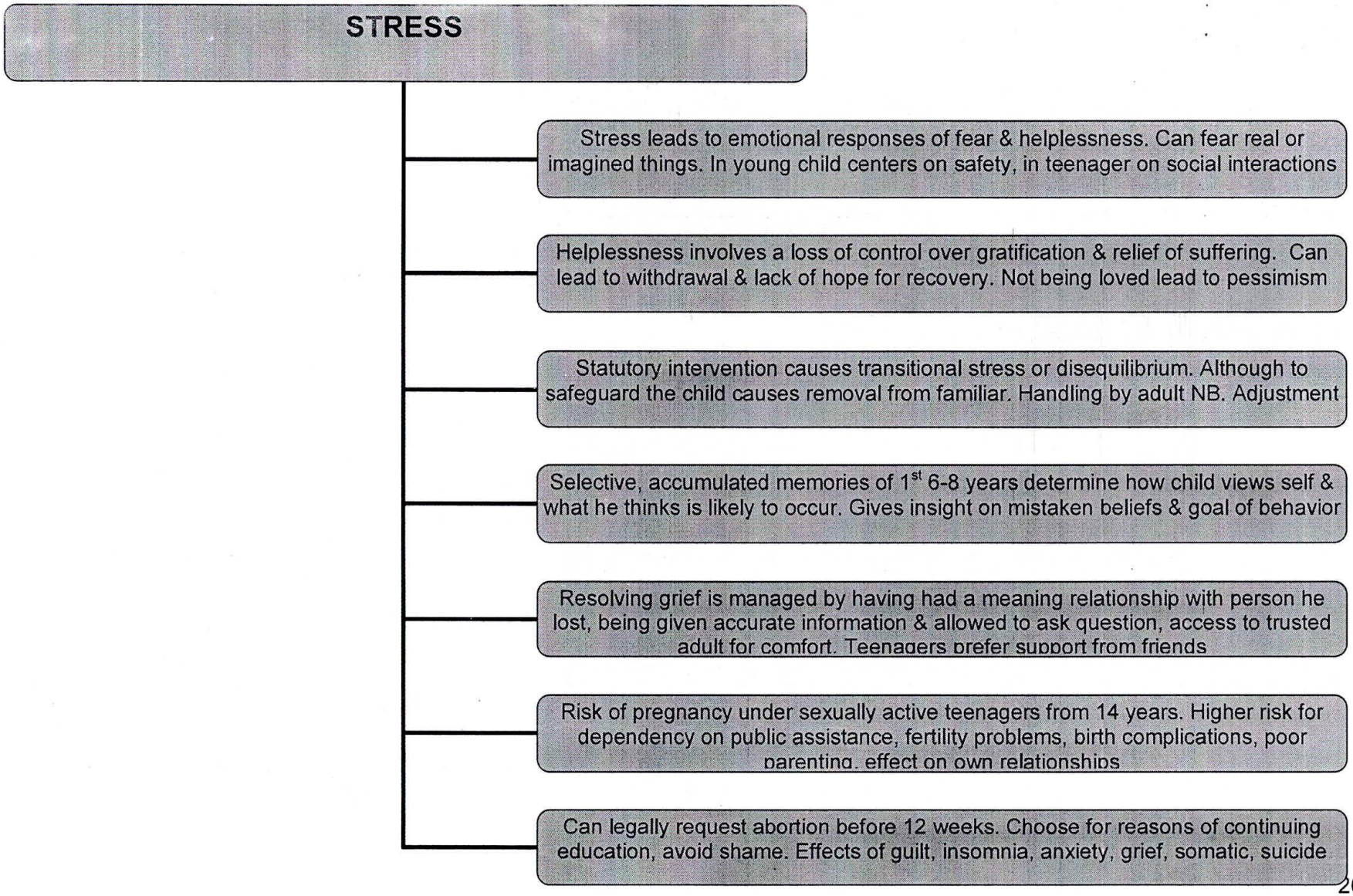
FIGURE 5.7 INDICATORS OF THE CONCEPT: PERFORMANCE

Performance



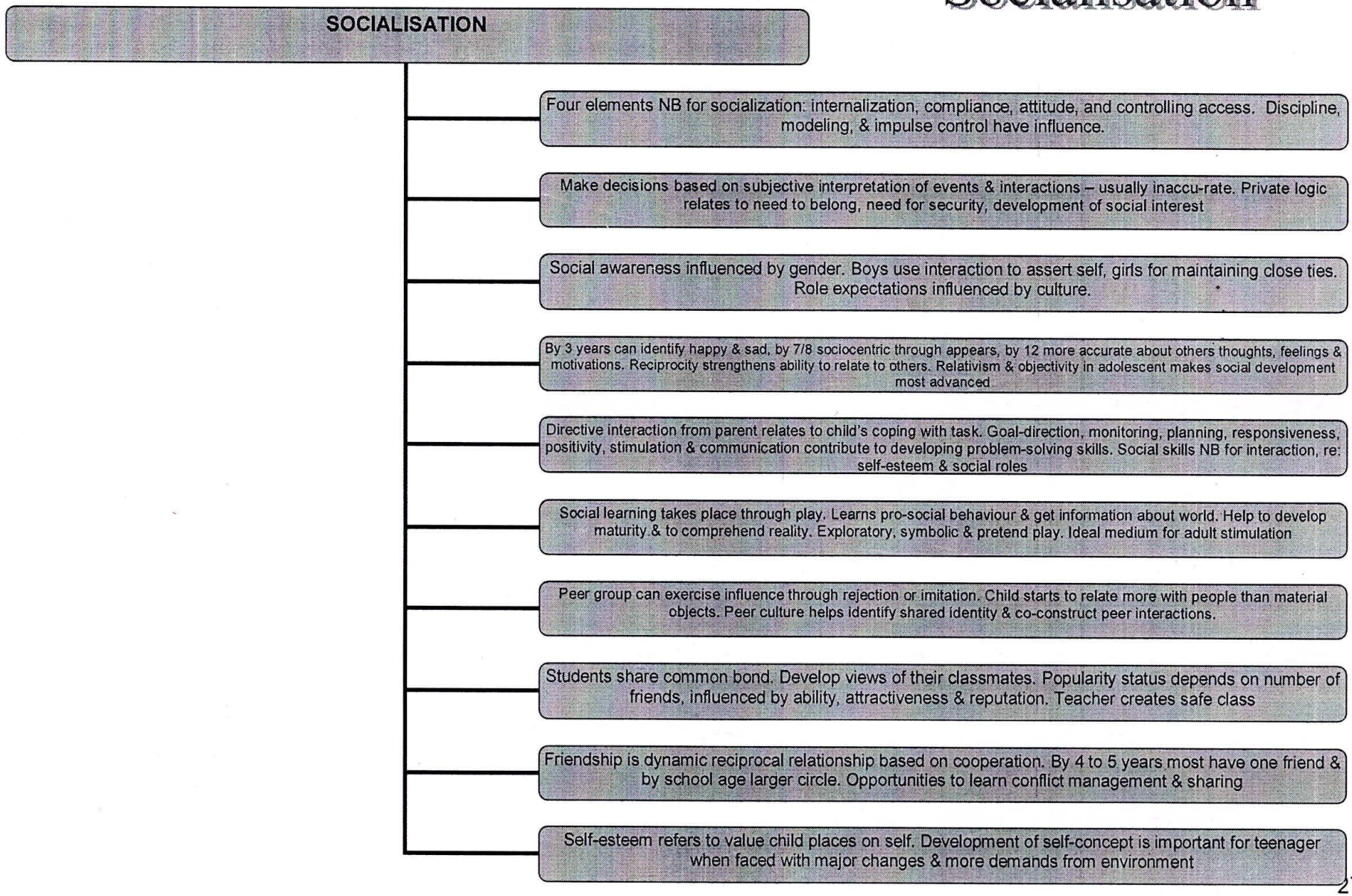
PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 5.8 INDICATORS OF THE CONCEPT: STRESS



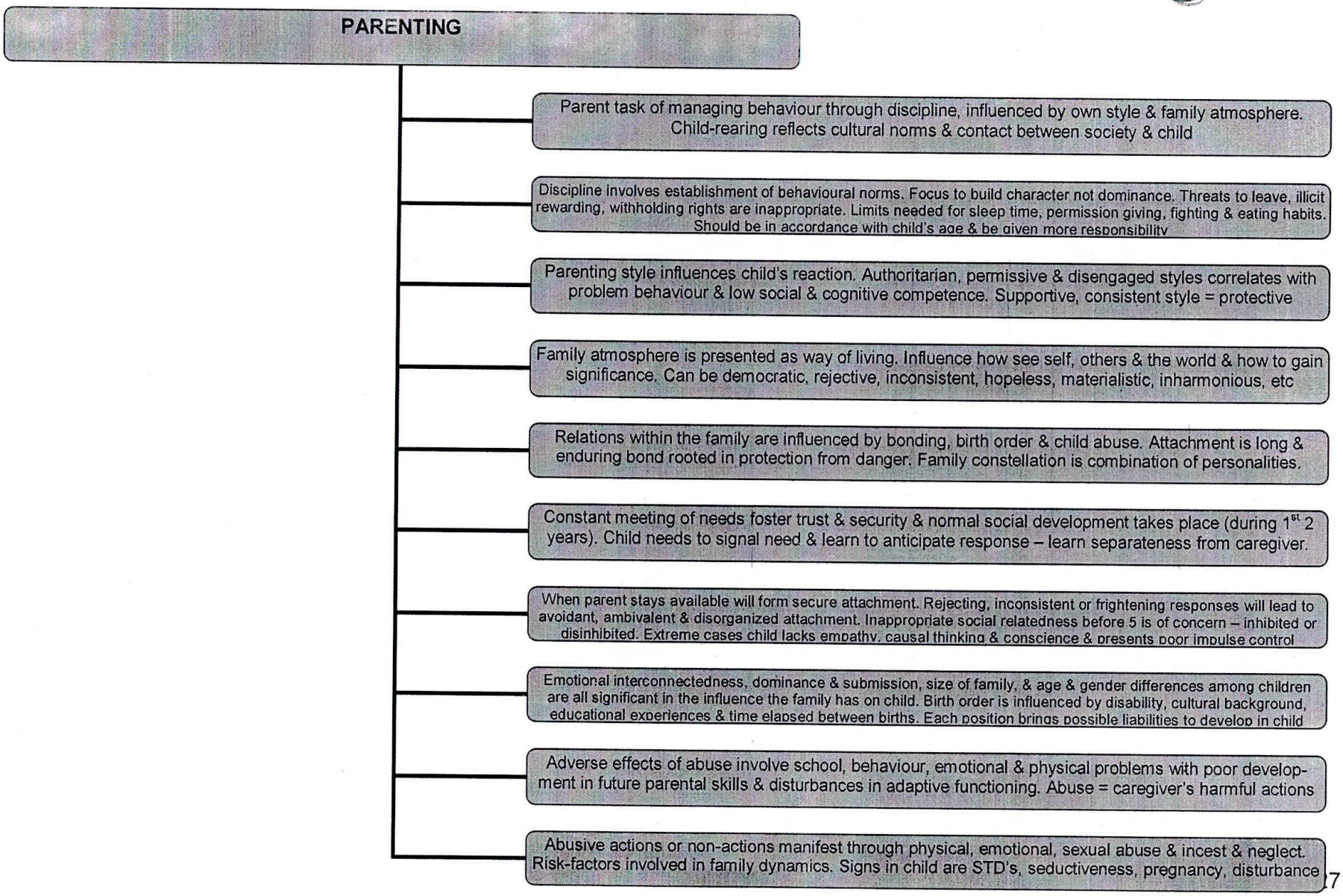
PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 5.9 INDICATORS OF THE CONCEPT: SOCIALISATION



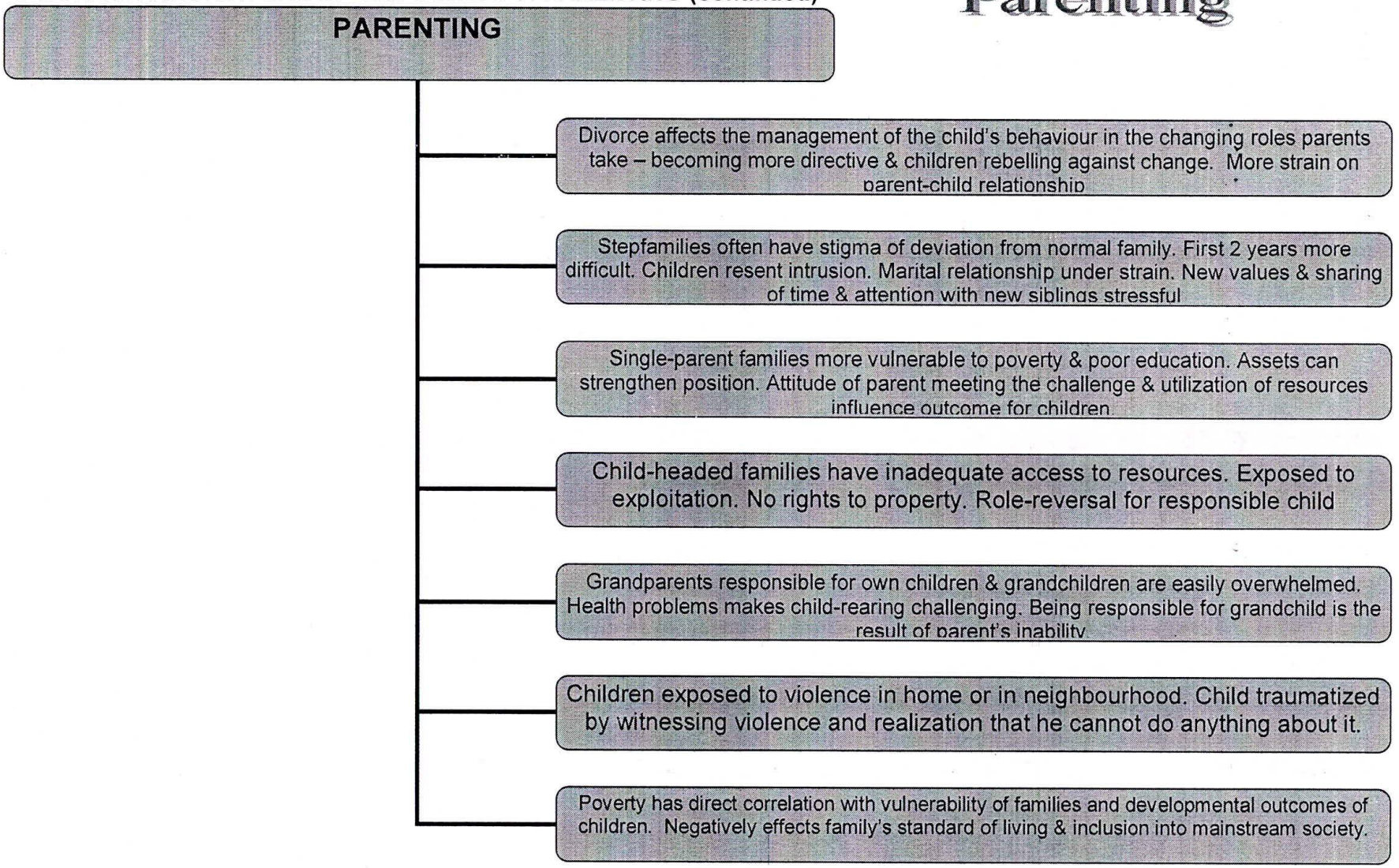
PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 5.10 INDICATORS OF THE CONCEPT: PARENTING



PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 5.10 INDICATORS OF THE CONCEPT: PARENTING (continued)



PDF created with pdfFactory trial version www.pdffactory.com

Figures 5.4 – 5.10 also indicate at what 'place' in the classification system the concept will be found. For example, routine can be found under problem types in the new classification system (see Chapter 7). As the purpose of this chapter is to explain the design process, the researcher first discusses the decision surrounding the eventual system as background to the system's development.

5.4 Design decisions

Apart from the discussion under step 8 in Chapter 2, the researcher will highlight parts of the design process in this section. The following was established in step 8:

- The classification system measures direct and indirect observables, as well as theoretical creations.
- The purpose of the system includes aspects of both performance and predictive testing.
- The format of the system is based on principles of the multiple-choice format.

To show more specifically how the researcher progressed towards the end product of this study, she will highlight the decisions made along the way. The purpose of this is to show how all the steps contributed to the final product. Other aspects of step 8 and step 9 receive attention in the next sections.

5.4.1 Name of the new technology

In presenting her ideas to colleagues throughout the development and design phase, the researcher had to start referring to her development in a way that suggested that it had a shape and identifiable properties, not only in order to suggest progress, but also to start eliciting trust on the grounds that a lot of thought had gone into the development. She therefore needed a name for her development that not only related directly to its primary aim, but also provided support for the reason for its development, which is to develop a childhood version of the PIE.

Another consideration was that the name should have some marketable properties so that it could be affiliated with the well-established PIE for adults. The researcher proposed the name 'ChildPIE©' in email correspondence to Prof Karls, following which it

PDF created with pdfFactory trial version www.pdffactory.com

was referred to as such in subsequent emails.

This name not only supports the researcher's desire to add to the existing PIE, making it obvious that she is addressing a shortcoming of the adult system, it also implies that the new classification system is based on a similar framework to that of the adult PIE. After the whole classification system has been developed, this decision will form part of a more formal process referred to in step 20 of the Adapted Design and Development Model (see Chapter 2).

5.4.2 A problem focus

The limitations of the study addressed in Chapter 1 included questions that had been raised about the PIE system, that may also be relevant to the development resulting from this study. Lowery and Mattaini (1997) raised some concerns that were addressed by the developers in a formal article. One of the issues related to the PIE's emphasis on problems in the way the person functions, and they questioned whether it adequately prompts practitioners to focus on strengths (Karls, Lowery, Mattaini, and Wandrei, 1997).

Referring back to her discussion on diagnosis versus classification in Chapter 2 under step 3B, the researcher needs to emphasise again that this new technology is not intended to be used as a cause-and-effect diagnostic tool. It is designed as a tool for collecting relevant information on problems in the child's social functioning. As authors like Goldstein and Turner (see step 3B in Chapter 2) both argued in the 1980s, that without person-in-environment problem classifications to describe coping and adaptations by the client, it would be easy to fall back on old and vague formulations of what is wrong and how to correct it.

For the researcher, the whole purpose of assessment is to accurately determine what problem must be focused on. Some social work professionals may criticise any tool that focuses on problem identification. However, in the light of needing to clarify person-in-environment problems, being over-cautious about problem identification makes no sense. At the same time the researcher does recognise Lowery and Mattaini's (1997) concern about whether PIE truly assists with the identification of strengths in the client. A similar question was raised in the researcher's Master's dissertation (see Oosthuizen, 1999).

PDF created with pdfFactory trial version www.pdffactory.com

The coping index in PIE rates the coping but does not list what the individual strengths of the person are. For this reason, the researcher decided to explore temperament in children as a more specific description of strengths, but she had to exclude it from this study as the focus shifted to determining reliability. In other words, she had to exclude the testing of the coding indexes in order to first test role and problem type (this will be seen in the next chapter). The aspect of strengths in the child will now receive attention as part of the researcher's post-doctoral developments. Therefore, although the developments on including strengths are not obvious in this doctoral study, the researcher is keenly aware of its absolute necessity.

5.4.3 Operationalisation and classification systems

As mentioned in Chapter 1, the researcher adapted the Design and Development Model to include a step where she can explore the unique attributes of classification systems. She therefore needed to be sensitive to the requirements of a classification system (discussed in step 3 in Chapter 2) in the process of operationalisation. The points to be discussed next all have an impact on the operationalisation process in this study.

5.4.3.1 The role of the user

Reference was made by Turner in 1983 to the fact that the social worker should be able to assess how much a client is like others, what the profession says about clients with similar traits, and how they differ from other clients, needing an approach that is most appropriate for the individuality of client. He stated that:

> To slavishly follow a prescribed formulation makes the therapist a technician rather than a professional. Whether the latter is a more serious detriment than working from no diagnosis is a moot point.
>
> Turner, 1983: xxx.

For the researcher this implies that, in using a classification system, the social worker plays an active role. The worker should have adequate knowledge on the problem being assessed and is responsible for placing it into the appropriate context when using a classification system to come to a clearer understanding of the client's problem.

PDF created with pdfFactory trial version www.pdffactory.com

In similar fashion, Richmond (1917, in Karls and Wandrei, 1994: 13) recognised in what she called 'social diagnosis', an attempt to arrive at an exact definition of the social situation and personality of a given client. A worker's skill comes into play with the weeding out of those matters of lesser importance, and the arrival at an effective and cooperatively implemented action plan.

The implication this has for decisions on the development is that the researcher does not take responsibility for what the social worker practitioner should know. The practitioners that will eventually use this new classification system will have their own experience and training to take into account. The intention of this development is not to incorporate all the specialised fields in social work with children.

When the development eventually reaches the dissemination phase it will be useful to give guidelines for the minimum requirements a prospective user of the classification system should have to be able to utilise the technology.

5.4.3.2 The volume of included material

A further implication the role of the user has for the researcher, is that the social worker using the classification system to be developed should have enough knowledge about how the system works to be able to use it accurately. This complicated the development of a user-friendly innovation (step 10 in Chapter 2), which for her meant a manual with the definitions of the terms used in the classification system. She realised it was necessary to give a thorough explanation of each concept, and struggled to keep these short and simple (as the developers of the adult PIE had succeeded in doing). Because this study only involves developing part of the classification system, the researcher decided to keep the descriptions of the definitions to be used in the pilot study long for two reasons. Firstly, for control purposes, to decrease the external influences on reliability testing – with relatively little information on what is being measured, it is more difficult for the raters who test the classification system to arrive at the same conclusions. Secondly, although the end result should be short and concise definitions which support the terms used in the classification system, having an initial raw version of such a manual still allows for more aspects to be evaluated and commented on by the respondents, thereby refining the development.

PDF created with pdfFactory trial version www.pdffactory.com

5.4.3.3 The theoretical construct perceived to be supported at face value

The other question directed at the validity of the PIE by Lowery and Mattaini (in Karls, Lowery, Mattaini, and Wandrei, 1997) centered on one of its underlining principles – the fact that it is a-theoretical. These authors argue that practitioners who claim to be non-theoretical, actually operate out of conceptual frames that simply remain unarticulated. The concern exists that the system might lead practitioners, and especially students, to view individuals as aggregates of problems, aggregates of social roles, or aggregates of psychiatric disorders, rather than as persons indivisibly rooted in transactional realities. The dynamics are precisely what need to be the focus of clinical assessment. Social functioning, and therefore practice, is about verbs (i.e. events, dynamics, exchanges, and relationships) rather than nouns (i.e. problems, diagnoses, and conditions). It is much more difficult to capture verbs in an assessment framework, but if the ontological reality of practice lies in such transactions, as most major social work theorists argue, aggregate lists like PIE are quite limited for capturing the crucial variables.

Turner (1983) is of the opinion that:

> One of the unfortunate results of the gap between the professional literature and the mainstream of practice has been a tendency to devalue traditional knowledge. .... If the newer approaches to therapy are more effective than those presently used, then we must adopt them. Responsible professional behaviour demands this. To make this comparison requires a full understanding of the old and the new. .... Much of the disappointment in the results of treatment stems not from a fault in our theory and its application but from a failure to utilise fully the rich amounts of data, knowledge, and skill accumulated over the years. One of the causes of this failure to tap effectively the rich resources of accumulated professional expertise has been our reliance on oral tradition and the reluctance to set out in an organized useful way what we know, what we do not know, what has been effective, and what has not. .... Until we can be more precise in declaring how we assess people and what therefore we choose to do with them and for them, our practice efficiency will remain static.

Although there will always be different important focus areas in social work, a classification system does not develop apart from it but alongside policies and historical changes. Goldstein (1980) supported this notion in her paper presented at a conference

PDF created with pdfFactory trial version www.pdffactory.com

held by the National Association of Social Workers (NASW), on the knowledge base of clinical social work. She argued that:

> ... while the boundaries of our knowledge have expanded in ways that may outstrip our integrative capacity, we have little systematic knowledge to bring to bear on the helping process to help people cope more effectively in their life transactions. We need to rely less on abstractions and become more active in the pursuit of knowledge of the real life problems our clients face and the specific interventions that are effective in helping them.
>
> Goldstein, 1980: 45.

In providing the theoretical foundation for a classification system, the dynamics and rich resources of accumulated professional expertise should be considered while the integrative capacity of the profession should still be valued. This supports both the exploration of the core of social work and childhood social functioning concepts as well as the narrowing down to a theoretical construct done by the researcher. She is well aware of the diverse theoretical models supported by social workers in practice, and realises that some may question what frameworks she seems to support in the development of a new classification system. The researcher is of the opinion that she cannot attempt to find a construct that will incorporate all the relevant theoretical models used by social workers, but that this should not deter her from attempting to offer a less abstract approach to addressing the social functioning problems of children, which we, as part of a profession, have claimed to be doing for years.

So, apart from doing her own investigation into the history and purpose of social work (Chapter 3), the researcher has resisted the suggestion of inclusion of specific theories, such as the client-centered approach. She did this in cases where no evidence exists that the majority of the profession subscribe to the theory, or that it would still be supported in the next decade. For this reason, the researcher focused on classic theories that have stayed in the helping professions for the last few decades, as well as on newer theories that are compatible with the person-in-environment construct. Apart from this, however, a classification system does not exclude the methods used by practitioners – how they address the identified problems still remains their prerogative.

She also disagrees with Lowery and Mattaini's (1997) criticism of the use of "nouns rather than verbs". The process of operationalisation takes the dynamics of the person's

PDF created with pdfFactory trial version www.pdffactory.com

functioning and translates it into observable terms. Their focus on these terms is therefore not justified. The focus should be on taking theory and finding quantifiable means to measure it in practice, in order to ensure accountability. The researcher suspects that this will be a continuing point of disagreement among social workers, but that should not stop the development of technologies, and it should not take the choice to use them away from practitioners.

5.4.3.4 Underlying principles of the design

The real intention of this study is to provide systematic knowledge in an attempt to integrate our diverse practice, knowledge and skill. From what has been said so far in this thesis about classification, and based on the design decisions, the classification system to be developed should consider the following principles:

- The social worker needs an understanding of how much the client is like others, as well as how he is different from all other clients.
- The social worker utilises what the profession has said about the client problem together with a process of weeding out matters of lesser importance.
- The desired result is arriving at an effective and cooperatively implemented action plan appropriate to the client's individuality.
- Even if agreement regarding sets of indicators is lacking, a classification system gives the practitioner an idea of how to interpret the results of the assessment, because of clarity in meaning.
- A classification system assists the profession in relying less on abstractions and instead becoming more active in the pursuit of knowledge of the real life problems our clients face.
- It should be sufficiently simple and 'user-friendly', be used as a tool of information exchange, and be sensitive enough to allow early detection of childhood problems.

5.4.4 Utilising the PIE framework

The PIE was developed as a means for planning and testing social work interventions. Limiting the number of factors in the system to four is consistent with developing a holistic conception of social work based on a minimum system framework. As a tool to classify and code problems of social functioning, the PIE is operationally part of the method-of-practice component. It would be used as part of a comprehensive assessment of what needs to be

PDF created with pdfFactory trial version www.pdffactory.com

done to bring about desired change in social well-being. The PIE concept was initially used to identify interpersonal social functioning problems on the person side and social institution problems that exist in society on the environment side. To expand PIE into a broad perspective bio-psychosocial assessment model, two additional person side factors were included: the mental health and the physical health status of the individual.

Ramsay, 1994: 189.

Since the structure of the adult PIE shapes the structure of the ChildPIE©, it is necessary to give a short overview of what this structure is, to show why the particular format is selected for the ChildPIE©. Table 5.1 gives an overview of the structure of the PIE for adults.

TABLE 5.1: THE BASIC STRUCTURE OF THE PIE

FACTOR I: SOCIAL FUNCTIONING PROBLEMS:	
A:	Social role in which each problem is identified (4 categories)
B:	Type of problem in social role (9 types)
C:	Severity of the problem (6-point indicator)
D:	Duration of the problem (6-point indicator)
E:	The ability of the client to cope with problem (6-point indicator)
FACTOR II: ENVIRONMENTAL PROBLEMS:	
A:	Social system where each problem is identified (6 systems)
B:	Specific type of problem within each social system
C:	Severity of the problem (6-point indicator)
D:	Duration of the problem (6-point indicator)
E:	Discrimination in any of these systems (12 demographic factors)
FACTOR III: MENTAL HEALTH PROBLEMS:	
A:	Clinical syndromes (Axis I of DSM-IV)
B:	Personality and developmental disorder (Axis II of DSM-IV)
FACTOR IV: PHYSICAL HEALTH PROBLEMS:	
A:	Diseases diagnosed by a physician (Axis III of DSM-IV, ICD-9/10)
B:	Other health problems reported by clients and others

Karls and Wandrei, 1994, *Manual - the mini PIE,* in Oosthuizen, 1999: 31.

Table 5.1 illustrates that the classification system has four factors. In similar fashion the ChildPIE© will have the same four factors, although the types and number of categories

PDF created with pdfFactory trial version www.pdffactory.com

(indicated in brackets in the table) differ. Only Factor 1 for the child version has been developed as part of this study. For the purposes of this study, the same indexes are used to indicate the severity and duration of the problem as well as the coping ability of the client. Table 5.2 gives a summary of the type of roles, their definitions, and the sub-roles of the adult PIE. The researcher used the type of roles and their definitions as a guideline to what possible types of social roles can exist for the child as well. She referred to these broad categories, but adjusted them according to the categories identified through the conceptual process. What these categories and definitions entail is discussed in Chapter 7.

TABLE 5.2 ROLE TYPES

ROLE TYPE	DEFINITION	SUBROLES
Family roles	social roles that are played out in the context of a family setting where the members are linked by blood, the law or formal or informal arrangements	- parent role - spouse role - child role - sibling role - other family role - significant other role
Other interpersonal roles	roles played out in interpersonal relationships between individuals who are not members of the same family	- lover role - friend role - neighbour role - member role - other interpersonal role
Occupational roles	those social roles performed in the paid or unpaid economy as well as in the academic settings	- worker role-paid - worker role-home - worker role-volunteer - student role - other occupational role
Special life situation roles	roles people may willingly or unwillingly engage in through the course of their life	- consumer role - inpatient/client role - outpatient/client role - probationer/parolee role - prisoner role - immigrant role-legal - immigrant role- undocumented - immigrant role-refugee

PDF created with pdfFactory trial version www.pdffactory.com

		- other special life situation role

Karls and Wandrei, 1994, in Oosthuizen, 1999: 32.

Table 5.3 below shows that there are nine types of problems that can occur in any of the roles mentioned in the previous table. These types are believed to be descriptive of most interactional difficulties. In the adult version, these problem types are printed in a block, with their codes, below the Factor 1 social functioning problems page of the Mini PIE (the manual of the adult PIE). The *"x"*s that form part of the codes, as illustrated in Table 5.3, indicate the position they have within the summary code (Oosthuizen, 1999: 34). In a later section, where the researcher discusses the narrowing down of the area of testing, she will refer to the coding again.

TABLE 5.3 PROBLEM TYPES

TYPE	CODE	DEFINITION
power type	xx10xxx	Problems involve the misuse or abuse of physical or psychological power. Power is the ability to do act, perform, or produce. Power also includes the ability to influence others. Related problems are problems involving conflict. Conflict is a sharp disagreement or the opposition of ideas, interests, or other elements between people. The tensions generated by conflict have the potential of motivating the persons involved towards problem solving. However these tensions can have maladaptive consequences. Power problems can increase from mild disagreement to abuse, murder and open warfare.
ambivalence type	xx20xxx	Ambivalence is a state of internal tensions involving conflicting feelings about people or things. It is a common problem inherited in role performance expectations. The tensions generated by ambivalence have the potential of motivating people toward problem solving, but may also result in role performance behaviour that confuses and provokes others.
responsibility type	xx30xxx	Responsibility is the obligation to fulfill certain role requirements. Role performance, prescribed behaviour, assigned responsibility, and sanctions for inadequate performance are defined by a person's community, transmitted through the community's culture, and internalized by the person. If these responsibilities are felt to be overwhelming, oppressive or too difficult, the person may be unhappy or distressed. The person's sense of well-being depends on seeing himself as having fulfilled role expectations. A negative self-evaluation may have serious effects on self-esteem.

PDF created with pdfFactory trial version www.pdffactory.com

dependency type	xx40xxx	Dependency is the condition of being influenced, controlled, or supported by another person. Dependency needs exist in almost every person and vary situationally and with the life cycle. Cultural patterns have a strong influence in determining how dependency needs are met. If a person's dependency needs are not adequately met, the individual's role performance may be negatively affected. Independence is freedom from the influence of others. It is the ability of a person to direct his own life and to initiate behaviour based on one's inner convictions and resources. Striving for independence, mastery and self-actualization characterize human growth and development. Perceived or real obstacles to achieving this may produce frustration, anger, rebellion, and dysfunctional role performance behaviour. Chronic frustration can lead to depression and loss of hope
loss type	xx50xxx	Separation is the breaking apart from a person or thing to which a person has attached emotional significance. Loss is a permanent separation that is accompanied by a grieving process. The loss or threatened loss of a significant person creates anxiety, resentment, anger, hopelessness, and a lack of energy, will or ability to deal with change. Social role performance under these circumstances becomes difficult. A change in status is also frequently experienced as loss. Status is a person's position with regard to the law, a relationship, a group, the community, or society as a whole. Status generally reflects a stable arrangement over a period of time and a change in status disrupts this stability and creates distress. A person who is unsure of his status or unhappy with it, may also develop social functioning problems.
isolation type	xx60xxx	To be isolated is to be apart from others and alone. Withdrawal is the process by which an individual can isolate himself and this is usually in response to a perceived hurt or other stress. Shy, fearful, or uncomfortable people can isolate themselves in relationships and from what they perceive as the stresses of participation. This can be a chronic state related to longstanding problems of self-esteem or a mental disorder. People in new situations or communities may have problems establishing new relationships, and social roles familiar to them may not be adaptive.
victimization type	xx70xxx	Intimidation is the fear of anticipated harm. Victimization is turning this fear into a behavioural pattern in which a person gives in to fears, giving up his power to deal with the intimidator or victimizer. Such relationships bring about serious role functioning problems. Drastic changes in a person's social or occupational performance may also cause the individual to feel powerless, alienated, personally deficient, and without the ability to control the situation. Perceived threats can be very stressful, leading to feelings of helplessness and anticipation of further harm.
mixed type	xx80xxx	This is used when no one dimension of role performance is predominant and when the role problem can best be described by a mixture of dimensions.
other type	xx90xxx	This is used when none of the above mentioned problem types adequately describe the given case situation.

Karls and Wandrei, 1994: 27, and *Manual* in Oosthuizen, 1999: 33-34.

PDF created with pdfFactory trial version www.pdffactory.com

Included in Table 5.3 are descriptions of the terms used in the adult PIE and in the system itself. The problem types are illustrated as an index where the words are represented by numbers to be used next to the social role type. In the case of the ChildPIE©, the researcher will arrange the relevant problem types in a similar manner (see Chapter 7). In developing the definitions in Chapter 7, the researcher also borrowed from some of the descriptions of the PIE. This overview of the adult version was therefore necessary.

5.4.5 Perceived needs of the practitioner

From her own experiences in child care work, the researcher is aware of the need to always have the child's age available. This is necessary to place behaviour into context, and it influences the intervention plan. The researcher is also very aware of the multi-problem families social workers deal with. For this reason the researcher decided to include two new features that are not part of the adult PIE in order to meet the needs of practitioners. These new features are an index indicating the developmental stage of the child to be selected at the top of the form, and an index at the bottom of the form to be used to code which problem the social worker is assessing: the primary, secondary, or relevant problem. The definitions and illustrations of these can be found in Chapter 7. As an added feature to ensure cross-referencing between the child's ChildPIE© assessment and the file information, the researcher added a block at the top that allows for the parent's and child's information (see Chapter 7).

5.4.6 Validity and reliability considerations

Part of ensuring validity and reliability is exercising control over variables that can have an adverse effect on the process of development or on the outcome of testing the classification system. The researcher therefore had to make some certain regarding variables which could influence the development.

5.4.6.1 Narrowing down the area for testing

The drive for validity and reliability influenced the researcher's decision on what aspects to test as part of this doctoral study, leading to a further reduction in the area of

PDF created with pdfFactory trial version www.pdffactory.com

development.

To illustrate this point she will refer here to her decision about the indexes (to be discussed in more detail in Chapter 7). The researcher initially included a discussion on temperament in Chapter 4 as a tentative theory as a basis for understanding coping in children. James Karls, however, suggested through email correspondence (Annexure 1) that the researcher should initially not include the numerical coding in the testing, but focus instead on testing the validity and reliability of the social roles and problem types. The researcher intended to test the sample's response to the coding, since the respondents in her Master's study felt it was one of the benefits of the PIE. The researcher also wanted to test her theory on making abuse a separate index, so it could be considered in the case of each problem type selected as relating to the social role problem. If the researcher could assume that a large number of children referred to a social worker may have suffered some form of abuse, the abuse index will allow for the opportunity to specify what type of abuse; and when abuse exists, the social worker can still identify the social role problem type as well (i.e. what type of relationship problem exists apart from or because of the occurrence of abuse). She therefore only applied the coding to the social roles, problems and types of abuse. So later on in Chapter 7, when the coping index is discussed, the researcher will only refer to her thought processes in applying coping to childhood functioning.

In narrowing down the area of testing she could focus more on the validity of the initial groundwork of the development, and this guided her decision on what to include in the development that forms part of this study.

5.4.6.2 The pilot study

The pre-testing of a measuring instrument consists of trying it out on a small number of people who have similar characteristics to those of the target group. Probability does not normally play a role in the pilot study since the researcher does not intend to generalise the findings. Even so, the pilot study should take all heterogeneous factors into consideration (Strydom, 1998: 179).

The reason for only doing pilot tests in this study lies with the fact that larger-scale testing

PDF created with pdfFactory trial version www.pdffactory.com

will only be meaningful once the whole ChildPIE© system has been developed. Through the use of pilot testing, the researcher could evaluate the parts of the development she systematically engages in against a more objective standard, in order to identify the areas that need to be refined in order to increase the validity and reliability of the ChildPIE©.

The use of interrater testing on two drafts of the ChildPIE© gave the researcher data on the reliability of her initial attempts. Chapter 6 will include samples of the first two drafts, and the results obtained from the pilot tests. In her first draft, the practical reality of translating interactional problems into social roles and problem types had not been fully appreciated. However, a meeting between Dr Roestenburg (study promoter) and Prof Karls in Santa Barbara (USA), meant that the researcher's first attempt could be properly reviewed, and feedback given (refer to email correspondence from Prof Karls included in Chapter 6). As a result of this objective review after three years of development, the researcher realised that the framework used to develop the first draft was a psycho-social listing of factors instead of person-in-environment factors that identify the role in which the problem occurs, and what type of problem this is. In the process of changing the initial psycho-social listing, the researcher was able to more clearly identify what the problem types should be, since the latter described the type of problem in which the social role only indicates in what area of the child's life he is experiencing the problem.

The discussion of the initial testing and the results of the pilot study form part of the next chapter. This chapter has focused only on the development that was refined through the pilot testing. To illustrate this development, the second draft will include a problem type named 'neurological complications'. (This category is not discussed in this chapter, since the researcher excluded it from Factor 1 of the ChildPIE© to include it later as part of a listing of mental health problems in children in Factor 3 – post-doctoral development. This was done after clarification received from a meeting between the researcher and Prof Karls (see Chapter 6) that some of the aspects included would fit better under a mental health category (as with the adult PIE).)

Deciding to first do pilot tests to form the groundwork of the development had an influence on the validity and reliability testing. The classification system is still likely to undergo changes before it can be tested on a larger scale.

PDF created with pdfFactory trial version www.pdffactory.com

5.4.7 Cultural sensitivity

Karls and Wandrei (1994: 7, Mini PIE) argue that:

> A person's social role can be defined in terms of fulfilling a recognized and regulated position in society such as parent, student, or employee. Tradition, law, and societal and family values define the content of roles. Although the major functions of the role remain generally the same across cultures, the way in which the functions are accomplished may vary from culture to culture and from subgroup to subgroup within a specific culture.

The researcher understands this to mean that, in order to ensure that the ChildPIE© can claim to be a-cultural (and therefore be viewed as applicable to all cultures), she would need to merely name the social roles through which a child relates to others, and steer clear of adding value-based criteria to the roles. For a technology to be useful in multi-cultural South Africa, this formed an important consideration in the development of the ChildPIE©.

5.5 Description of the ChildPIE©

At the beginning of the section on design decisions in this chapter, the researcher mentioned what the classification system as a whole will measure, for what purpose it will be utilised, and what the format will be. The rest of the section described how decisions regarding operationalisation and standardisation further shaped the system's design. In this step the researcher gives a practical description of the ChildPIE©.

Part of step 8 of the Adapted Design and Development Model used in this study, includes the need to specify the purpose of the development. A description of the ChildPIE© must state the purpose it is intended for. The first part of the ChildPIE© developed through this study has as its purpose to identify the social functioning problems children experience within a specific social role, in terms of types of interactional problems related to childhood.

The ChildPIE© will have the same structure as the original PIE in order to maintain attributes like the measuring of intensity and duration, identifying strengths and resources, and having a visual, dual focus on inter-personal functioning aspects as well as societal

PDF created with pdfFactory trial version www.pdffactory.com

factors that play a role in the client's fit with his environment.

5.6 Summary

The researcher has demonstrated the design process in this chapter. The next chapter will present the initial developments that were tested in the pilot study, and show what significant results lead her to the final draft of this doctoral study. The final draft will be presented in Chapter 7, with conclusions and recommendations for further refinement in Chapter 8.

The indicators in this chapter are the important aspects of childhood social functioning that would alert the social worker to the presence of a problem in a specific area. These indicators found different places in the format of the ChildPIE©, and they are described in the definitions given in Chapter 7. These definitions will eventually form part of a user manual similar to the MiniPIE designed for the adult PIE.

Relevant and useful information existed within the categories and their indicators. In adjusting the categories into the design (as shaped by design decisions addressed in this chapter) the seven concepts from Table 4.4 describe childhood social functioning. These seven concepts are, however, slightly different in the classification system. This is the reason why the researcher indicated in Figures 5.4 to 5.10 where the concept will be found and, more specifically, in Chapter 7 indicated the origins of each operational definition.

The researcher will keep this format until further refinement shows a need for change. Chapter 8 will give recommendations on how the initial design will be assessed for usefulness and applicability to determine what further changes may be necessary.

In step 7, Chapter 2, Fisher (1989, in Faul, 1995) said that sometimes the concept of the variable that you end with is a bit different from the original one you started with, but at least you are measuring what you are talking about, if only because you are talking about what you are measuring. In this regard, the focus of this and previous chapters has certainly been on what is being measured: childhood social functioning.

PDF created with pdfFactory trial version www.pdffactory.com

Chapter 6
Data Results & Interpretation

Make no little plans; they have no magic to stir men's blood ... Make big plans, aim high in hope and work.

- Daniel H. Burnham (1846 - 1912) -

6.1 Introduction

The interesting working principle of *inter-subjectivity* states that, if several scientists agree that something exists, it gets treated as though it has an objective existence (Rubin and Babbie, 1993: 44). In attempting to determine whether practitioners in essence agree with the content of the new development, the researcher is attempting to determine whether there is agreement that her statements and concepts (see glossary of terms for definitions) exist inter-subjectively. The chances of agreement increase when the researcher can produce proof of her validation processes. It is important to keep in mind what Lindahl (2001, in step 14, Chapter 2) said about validity: that it is more difficult to measure or 'prove' than reliability, as it is inferred from circumstantial evidence.

Two validation processes crucial to this study were explained in step 6 (a theoretical validation) and step 14 (an empirical validation) in Chapter 2. The first process was explained in Chapters 3 and 4. Its implementation led to the design phase (operationalisation and design decisions) explained in Chapter 5. The product drafted from this application was tested as empirical validation and the results of this test are presented in this chapter.

At the beginning of the product testing and standardisation phase of the Adapted Design and Development Model (Chapter 2), Smit (1991) emphasises that the information acquired through testing is the result of a close control of factors (preceding administration of the test) and the interpretation of findings (use of data after application). Standardisation then includes the content, the application procedure, and the interpretation procedure. As was mentioned in the previous paragraph, the content of the ChildPIE© received extensive attention preceding the administration of the test. The testing procedure forms part of the

PDF created with pdfFactory trial version www.pdffactory.com

standardisation of the ChildPIE©. The researcher will set out in this chapter what measures were used to control the testing environment, and what procedure was used for interpretation, keeping the 'a to z' guidelines in mind (see validation methods, step 14, Chapter 2). In more practical terms, the researcher compiled a list of the feedback points at the end of each panel or meeting (to be discussed momentarily) and implemented the suggested changes (to form part of the developmental research) as far as these fell within the aim of her study. These served as clarification points in the course of the development, and enabled the researcher to share responsibility for the decisions she made with colleagues. The interpretation procedure for the interrater tests involved quantitative (statistical) computing, and this will be discussed later in this chapter.

In this chapter the researcher will first report on feedback from experts in the field of childhood functioning or measurement, and on the two pilot tests that were conducted on the initial development, after which she will draw some conclusions about the design. The feedback obtained from the results is integrated into the design to form the development presented in Chapter 7.

6.2 Data sets utilised in the study

Since further research and refinement are not only necessary but invited by the researcher, the shape and form of this study should be replicable by other researchers. The researcher finds it necessary, therefore, first to give a summary of the process used to gather the data, as it was described in steps 12 to 14 of the Adapted Design and Development Model in Chapter 2.

Strydom (1998: 179) emphasises that a pilot study commences with a literature study; the experience of experts is then on the table. The researchers should therefore at least obtain an overview of the concrete field of investigation, which should finally be complemented by a thorough study of a few cases. The preceding chapters illustrated how an overview of childhood social functioning was obtained. This section will show the data sets obtained from the experience of experts in the field, together with the need for the initial standardisation of the classification system.

PDF created with pdfFactory trial version www.pdffactory.com

The aspects of a pilot study include the following (Strydom, 1998: 179-182):

- Study of the literature – the researcher has to be up to date with existing knowledge in her prospective subject. The wealth of literature which will confront the researcher may frighten rather than encourage her. The purpose of this literature study is to orientate her to what literature exists and whether it is freely available. A detailed study of the literature becomes relevant during the main investigation. The literature study is not only important for the clear formulation of the problem, but also for executing the planning and actual implementation of the investigation.
- The experience of experts – utilisation of experts can help to delineate the problem more sharply and to gain valuable information on the more technical and practical aspects of the prospective research endeavour. In spite of the wealth of literature that may exist in any discipline, it usually only represents a section of the knowledge of people involved daily in the specific field. Since the field of social work is already so broad, people automatically specialise, and it makes sense to utilise these people's knowledge and experience. Experts do not necessarily always shed light on a subject; they may instead complicate the conceptualisation of the problem formulation. They may also attempt to force their own ideas on the researcher. This is why it is important for the researcher to have her ideas in place and to be selective about what she chooses to incorporate into her study. Information should be gathered using a brief, structured interview schedule so minimum time is lost with general questions and comments.
- Preliminary exploratory studies – to obtain a picture of the real practical situation where prospective investigation will be executed, the researcher should address the goals and objectives, resources, research population, procedures of data collection, and possible errors which may occur. It has as its purpose to plan out a basic framework for the research project. It alerts the researcher to possible unforeseen problems that may emerge during the main investigation.
- Intensive study of strategic units – which requires the researcher to expose a few cases to exactly the same procedures as planned for the main investigation in order to modify the measuring instrument.

PDF created with pdfFactory trial version www.pdffactory.com

For the reasons mentioned above the researcher was satisfied with only inviting a few colleagues to her presentations, and with using a small number of respondents to test the ChildPIE©. Her ideas and conceptualisations were only presented in the third year of her study, by which time she had extensive data on childhood social functioning. In each presentation, the researcher asked a few related questions to obtain feedback on the development so far. She exposed the ChildPIE© to real case studies through the interrater tests. The test methods that form part of the pilot study will be discussed in subsequent sections. First it is necessary to explain how the use of pilot testing to test the initial development of the ChildPIE© led to three sets of data.

To illustrate the three data sets, Figure 6.1 shows the means by which relevant information was obtained on different aspects of the development. The figure below outlines the purpose for the researcher to engage in the investigation, and how she obtained the information required. This overview will take shape when the results are discussed.

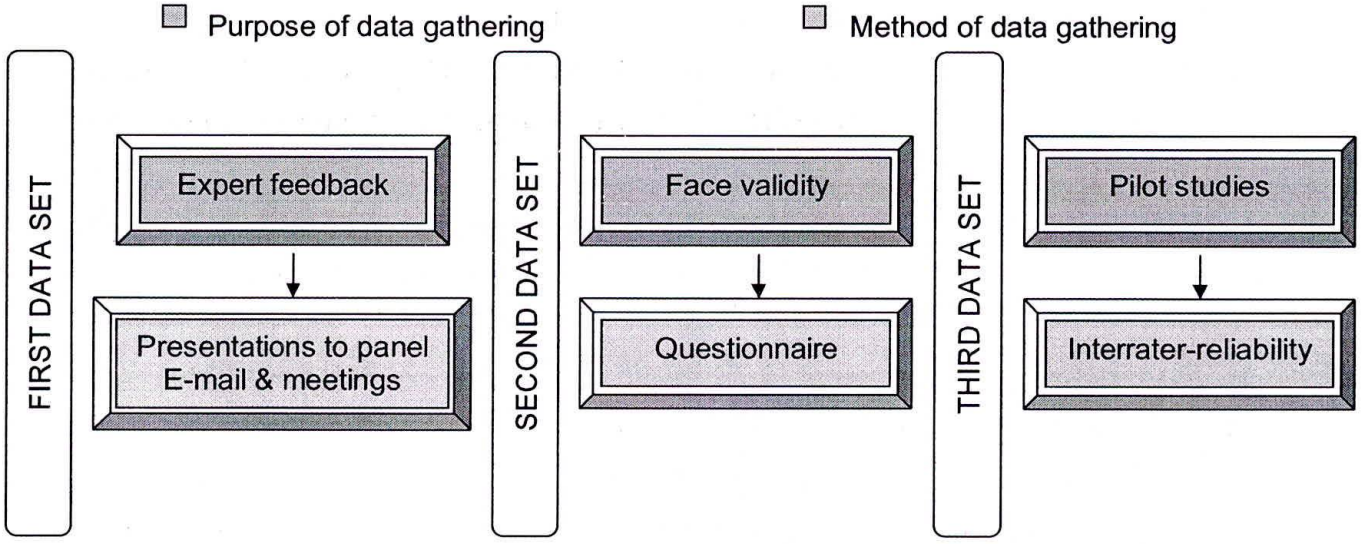


FIGURE 6.1 THREE DATA SETS OBTAINED THROUGH PILOT STUDY

For steps 12-14 of the Adapted Design and Development Model, an initial pilot study methodology was used. To replicate this study the same steps will be used, but the testing will be done on larger scale and the pilot testing methodology will be less relevant than it is in this stage of the development.

PDF created with pdfFactory trial version www.pdffactory.com

It is first necessary to clarify that the results discussed in this section are those obtained from testing the initial versions of the ChildPIE©. The Adapted Design and Development Model will guide further developments of the other factors of the ChildPIE©. Other means of standardisation will be implemented. This study provides the first factor of the ChildPIE© classification system, and it is on the testing of this initial draft that this chapter reports. The conclusions are directly implemented into this study to lead to the improved draft in the next chapter.

It will seem that the results in this chapter are based on a development that is slightly different to that proposed in the previous chapters. Problem types and index terms have been included in the illustrations of the drafts that were tested that were not included in Chapter 5. The reason for this is that certain aspects (such as temperament) brought considerations into the study that were too broad to address properly. Feedback (such as the meeting in South Africa with James Karls who suggested moving certain problem types to a mental health factor) led to the removal of certain categories that had been part of the first designs. For the purpose of this study there is no reason for Chapter 5 to reflect these categories. The reason for certain changes will become clear through the discussion of the results in this chapter. In the last chapter the researcher outlines what was learnt through the development process as an introduction to the realisation of how much more is still to be done on this development.

6.3 Overview of data analysis

As the previous section shows, the researcher obtained different data sets through the pilot study. The following figure will illustrate how these different processes came together in the development, design and testing of the ChildPIE©. The pilot study formed the means through which the first technical analysis (see step 14, Chapter 2) could be done. The purpose of this study still falls under the Adapted Design and Development Model, and step 15 of this model involves addressing the design problems that are highlighted through testing reliability and validity. Figure 6.2 shows where the design was adjusted as data was gathered and analysed.

PDF created with pdfFactory trial version www.pdffactory.com

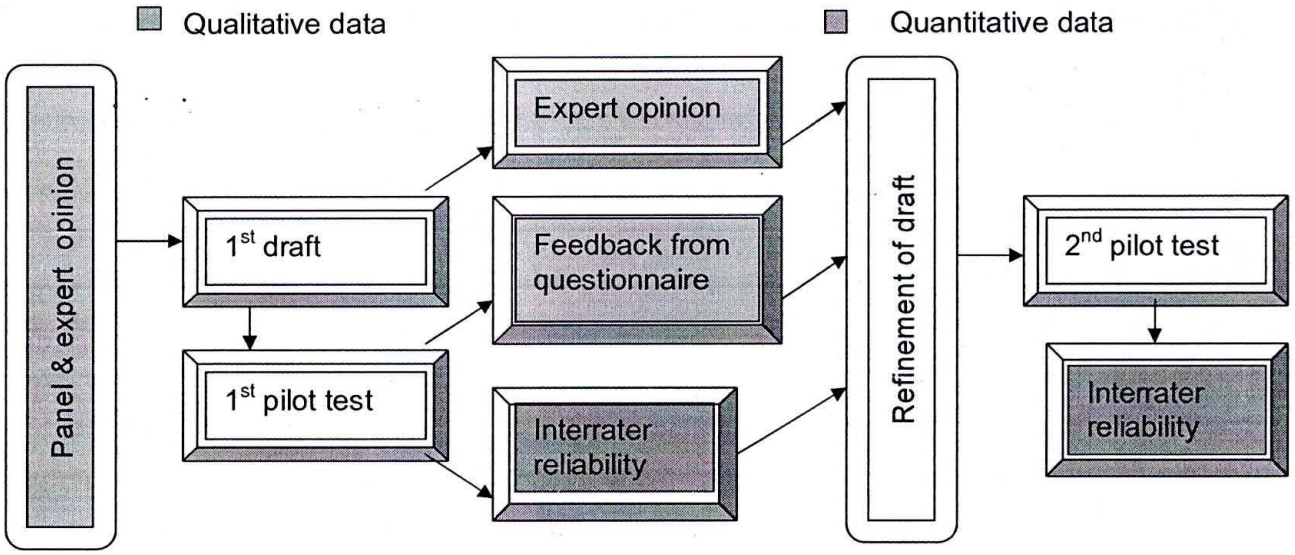


FIGURE 6.2 OVERVIEW OF DATA ANALYSIS

The purpose of the above illustration is also to provide a time frame for when the data sets in Figure 6.1 were obtained. For example, the opinions of the panel on how well the researcher has conceptualised the development occurred during the design phase that led to the first draft of the ChildPIE©, while the information from the questionnaires was obtained during the first pilot tests, when the respondents of the study reflected on their experiences of the system. Both of these provided information on how well the system is perceived as applicable to social work with children.

Figure 6.2 illustrates that, when the researcher started with the development of the ChildPIE©, she presented her ideas to a panel of colleagues from whom she received suggestions and support (this formed part of the required step 11, Chapter 2). She also communicated with James Karls who is viewed as an expert as a result of his development of the adult PIE. As Whittaker, *et al.,* (1994) state in Chapter 2 (step 12), clinical judgement, practice wisdom, and subjective evaluation of practitioners are viewed as valid and important pieces of information, and the researcher therefore considered and implemented their suggestions throughout her design process. As the figure illustrates, the first draft was drawn from feedback from these resources together with her own opinions and knowledge gained from literature. Five social workers from practice used the first draft

PDF created with pdfFactory trial version www.pdffactory.com

on case studies after a short training session as part of a pilot study. From the sample's selection of categories the researcher could determine through frequency tables (computed by STATCON – see Chapter 2, step 12: data management) what the interrater agreement was (interrater agreement was discussed in step 14 in Chapter 2). This sample also filled in a questionnaire designed to obtain feedback on how they perceived the new classification system. The first draft was also presented to James Karls by the researcher's study promoter, and Karls provided the researcher with feedback via email correspondence. Karls also provided feedback during his visit to South Africa (see Table 6.1 for time line of these occasions).

Figure 6.2 further illustrates that the information gained from expert opinion, the questionnaire and interrater computations led to the refinement of the first draft. The researcher compiled the second draft, and three of the five respondents agreed to implement the second draft on a number of case studies. The findings from the second testing brought the researcher to a number of conclusions that will be discussed in this chapter.

The rest of this chapter reports on the findings from the data gathering processes discussed in this section, starting with a description of the sample.

6.4 Selected sample

Since the sections that follow refer to the professionals involved during this study, it is necessary to describe the sample at this stage. The sample was selected for the pilot study, and three of the five respondents were also involved in the second pilot test. These respondents were not only the raters whose scores on the ChildPIE© were used to determine interrater reliability, they were also the professionals the researcher administered the questionnaire to (after the first pilot study). Two of the three data sets were therefore obtained from this sample. Those professionals who were involved in the study to a lesser degree as part of the panel discussions will be referred to in the next section when the feedback assemblage is given. Table 6.1 presents the profile of the sample used in this study. The raters that have been highlighted (in blue) are the ones who were able to

PDF created with pdfFactory trial version www.pdffactory.com

participate in the researcher's second rater study as well.

TABLE 6.1 SAMPLE PROFILE

PROFILE:	Rater 1 (A)	Rater 2 (B)	Rater 3 (C)	Rater 4 (D)	Rater 5 (E)
GENDER	Female	Female	Female	Female	Female
AGE	50	42	28	31	50
Years social work experience	18	19	6	9	29
Years experience with children	10	19	5	9	29
Number if children on annual caseload	5	30	35	89	50
Training in child assessment	Ryana Ravat & Alida Herbst Play therapy training (temperament)	Reactive Play Assessment & Therapy	Reactive Play Assessment & Therapy	Client-centered and systems approach	Play therapy course through department of health
Highest qualification	Enrolled for Masters	M. Diac social work	Honours degree	Honours degree	Diploma
Current employment	Marriage and Family clinic – own practice	Private Practice	Boys Town Magalies	Supervisor of NG Welfare Krugersdorp	Yusuf Dadoo Hospital

The selection criteria were met in this sample (step 13, Chapter 2). The social workers were homogenous enough in that they came from the same geographical service delivery area and were all women. They had sufficient experience; they all had some training in working with children; they were close enough to the age category of 30 to 55, and they were all women working in or around the West Rand. The one respondent who worked outside the area had a lot of expertise in the area of measurement. Her work involved training in the West Rand, so she had sufficient knowledge of the work being done with children in the area. The premise underlying the limitation regarding practice area is to control external influences such as different approaches to working with children in different areas (for example, rural areas differ from urban areas). As explained under reliability in step 14 of Chapter 2, other factors such as feelings can colour the interpretations made when using the classification system. The researcher therefore tried to find a group of social workers who would not have strongly opposing views on working with children.

PDF created with pdfFactory trial version www.pdffactory.com

The researcher experienced a practical problem in getting social workers to take two days away from their practice to be trained in the ChildPIE. In the end five practitioners were able to participate for one day. The training had to be shortened, and the sample was only able to work through 16 of the 29 case studies. This initial pilot study has already shown some significant results about the validity and reliability of the ChildPIE©, as will be discussed. A second pilot study then became feasible, since the researcher could make use of the same trained sample, give them a more user-friendly and concrete manual that they could look through in their own time, and give them a week in which to work through all the case studies that needed to be focused on the child's problem. (A large portion of the family background of these studies needed to be excluded from the study since this confuses the purpose of the child-only classification.)

6.5 Data results

Data analysis entails the breaking down of data into constituent parts to obtain answers to research questions. Finding answers from data implies the interpretation of the data in order to explain it. Data analysis means the categorising, ordering, manipulating and summarising of data. This is done to reduce data to an intelligible and interpretable form so it can be studied and tested, and for conclusions to be drawn. The simplest form of data analysis is univariate analysis, which means that one variable is analysed, mainly with a view to describing that variable. This means that all the data gathered needs to be summarised and displayed for easy comprehension and use. This displayed summary provides the researcher with useful information, and provides the foundation for more sophisticated analyses at a later stage (De Vos and Fouche, 1998*b*: 203-204). The next sections will describe the data in summarised and displayed form, and the researcher will also indicate which data set is applicable.

This study has a mixed design; including elements of both qualitative and quantitative data gathering approaches (see Figure 6.2). The next sections will present the results gained from the researcher's qualitative enquiries and the quantitative investigation in interrater reliability. There were a number of qualitative sources, namely the feedback from the panel discussions and presentations (see Table 6.2), a qualitative questionnaire during the first

PDF created with pdfFactory trial version www.pdffactory.com

pilot testing, and expert opinion from James Karls (co-developer of the adult PIE).

6.5.1 Feedback assemblage

In step 14 (Chapter 2), two considerations were found necessary for the initial development from literature, namely to prove an accepted measure of face validity (appears relevant to users) and to use verification strategies (checking for biases in data). The researcher attempts to ensure face validity in two ways: firstly through a conceptual framework that is viewed as applicable to social work (proof from literature that the common base for social work is person-in-environment – Chapter 3); and secondly through using a format similar to that of the adult PIE (Chapter 5). To build further validation into her process the researcher presented her progress to colleagues (step 11, Chapter 2). The university's requirement for panel discussions provided the ideal vehicle to accomplish this. The researcher's own bias and assumptions about the theoretical base for this development were checked by the objective attendants of her panel discussions. The attendants included students, social workers from practice (welfare organisations and private practice working with children), and representatives from the university.

This feedback served another important function for the researcher. She wanted support for her opinion that the social work profession needs a classification system. A classification system needs to be adopted by practitioners to be of any use, and this early exposure of the ChildPIE© gave the researcher confidence in its possible future success. Although the true focus of her data gathering was to have the ChildPIE© tested to determine its reliability, she found all the participation in her developmental process to be of value.

Table 6.2 gives a description of the progressive incidents where the researcher obtained feedback from practitioners and academicians (the timeline can also be viewed with this display). Consideration of the timeline is helpful since the researcher made use of feedback at various stages during the development and design process. To display a lot of feedback in a sensible format, the researcher made use of a table and she combined the data sets (see Figure 6.1). The table gives the date, the target group and method of data

PDF created with pdfFactory trial version www.pdffactory.com

gathering, the length and the subject under discussion. The pilot tests are marked with an asterisk (*); UJ stands for University of Johannesburg; and CPD refers to continuing professional development points.

TIMELINE FOR DATA SETS

TABLE 6.2 FEEDBACK ASSEMBLAGE

Date	Target group	Method	Duration	Subject
Start January 2002	Dr. Wim Roestenburg – study promoter and chairperson of council's ecometric committee	Meetings, e-mail, and phone calls	Periodic	Research process, content of development and requirements for academic achievement
24 July 2003	Members from social work department UJ and representatives from practice (5 attendants)	Presentation and panel discussion	2 hours	Motivation for the study and benefit to profession; and methodology and design
21 August 2003	Members from social work department UJ and representatives from practice (7 attendants)	Presentation and panel discussion	2 hours	Theoretical model part 1: Psycho-social enhancement and literature on childhood functioning
18 September 2003	Members from social work department UJ and representatives from practice (7 attendants)	Presentation and panel discussion	2 hours	Theoretical model part 2: Context of child assessment
12 February 2004	Members from social work department UJ and representatives from practice (4 attendants)	Presentation and panel discussion	2 hours	Requirements of a classification system and operasionalising steps
25 March 2004	Members from social work department UJ and representatives from practice (4 attendants)	Presentation and panel discussion	2 hours	First draft of the ChildPIE (psycho-social framework)
* 11 June 2004	Social work practitioners selected as sample	Workshop and data	8 hours	Childhood functioning; ChildPIE framework;

PDF created with pdfFactory trial version www.pdffactory.com

	(5 respondents)	gathering		guidelines for use; presentation of case studies; rating and completing questionnaire on experience
4 to 10 July 2004	Study promoter meets with developer of adult PIE in Santa Barbara and presents document written by researcher to present development	Feedback to researcher via e-mail	n/a	Discussion of framework and theoretical model supporting the development – points of clarification on role framework
* 20 to 28 August 2004	3 of the 5 respondents of the previous rating agrees to rate the adjusted ChildPIE	Telephonic follow-up	1 week	Feedback on definitions in manual and suggestions for improvement.
6 September 2004	45 representatives from social work practice and members of social work department UJ invited to a CPD accredited presentation with Prof Karls as international quest speaker	3 speaker – seminar	3 hours	The future of ecometrics; the PIE; and development of the ChildPIE. Evaluation forms to be send to participants to provide feedback
6 September 2004	Researcher, study promoter and Prof Karls	Meeting	3 hours	Possibility of inclusion into adult PIE; international support and cooperation; necessity of funding for future development
7 September 2004	Researcher and Prof Karls	Meeting	2 hours	Problems with current definitions; four-factor framework; encouragement to become project director of task committee responsible for refinement of ChildPIE.

A further summary of the feedback obtained from the occasions outlined in Table 6.2, are given next. The researcher will, in Table 6.3, present the relevant feedback she received

PDF created with pdfFactory trial version www.pdffactory.com

with an indication of how she incorporated it into her study. The feedback in this table only includes that from the first data set.

6.5.2 Feedback from panel and meetings

FIRST DATA SET

TABLE 6.3 SUMMARY OF FEEDBACK

Feedback given	Received from	Actions taken by researcher
Look at social functioning definition as underlying theory	Panel discussion	Took care in systematically developing a conceptual framework – chapter 3
Busy with grounded theory as well	Panel discussion	Included grounded theory in research methodology (step 5, chapter 2)
Definite benefits for developmental assessment in child welfare	Panel discussion	Support for study
Courts need something they can approve	Panel discussion	Will need large reliability testing (post-doctoral)
Objectivity in testing can be obtained through homogeneous group & video case studies. Focus on specialist in child practice	Panel discussion	Used small homogeneous group of specialists in services to child & case studies from experienced social worker's file – made no changes to dynamics around child.
Too many theories to work together but eclectic approach is good	Panel discussion	Used systematic process of arriving at theoretical base for development & advocate person-in-environment as encompassing framework
Gets too fragmented	Panel discussion	Take out sections from chapter that does not have the same focus – choosing logical flow above total comprehensiveness (see brevity under definition of thesis in glossary of terms)
Include street children	Panel discussion	Covered it under runaway as behaviour problem
Look at learning difficulties & language	Panel discussion	Included as neurological problem type

PDF created with pdfFactory trial version www.pdffactory.com

How does social development get addressed?	Panel discussion	Included description in glossary of terms and discussed small section in chapter 3 to show compatibility.
Transcribe assessment framework into guidelines for practitioners	Panel discussion	Need is acknowledged for eventual user manual when product completed (post-doctoral)
Should write article on assessment framework	Panel discussion	Acknowledge need for reporting on study. Gave class to 4th year students at UJ
System will allow for early intervention, which is in child's best interest (see definition under social welfare in glossary of terms)	Panel discussion	Support for study
Allow other professionals to also use the classification system	Panel discussion	This will only be feasible if other professionals have similar goals in their approach to clients as social work
May have trouble with theory in practice	Seminar	Made theory as focus for this study less
	Seminar	
System should be free-standing from adult PIE	Meeting with Karls	Named it ChildPIE© to be marketable as classi-fication system on its own. Will need to develop factor 2,3&4 for child as well (post-doctoral) – not just include with existing PIE
Should get a task force to help with development & sanction & support system – between 6 & 12 members	Meeting with Karls	Approach a number of key persons in childhood assessment to join the task team in post doctoral refinement
Should get sponsorship & legitimacy through showing there is sufficient interest & that system will improve assessment of problems to avoid incorrect decisions in care of child	Meeting with Karls	Plan to present a proposal to the National Research Foundation to apply for their post-doctorate development bursaries with proof of initial endorsement of the system.
ChildPIE© should be marketed as development / experiment	Meeting with Karls	Will consider start in training to get support & improvement & not expect system to be perfect before exposing it to practice
System must have explanatory piece at beginning – instruction sheet stating to	Meeting with Karls	Realise initial draft should already have such instructions, since this thesis (see definition in

PDF created with pdfFactory trial version www.pdffactory.com

identify role where problem presents and then to describe it		glossary of terms) is already exposure for the ChildPIE© - should be understood by readers
Be careful to inject theory – avoid word 'cause' & to move into explanations	Meeting with Karls	Theories got filtered through operationalisation process – use descriptions in new form & not as original theory explained it
Suggestions for definitions to avoid abstraction – it should describe, ask self if it helps practitioner define problem	Meeting with Karls	Rethink long definitions of initial design. Use indicators to help focus on what is observed in practice.
Move Affliction (emotional problems) & neurological problem type to factor 3	Meeting with Karls	Removed the 2 problem types to include in factor 3 when rest of system is developed (post-doctoral)
Break conduct problem type into 2 types	Meeting with Karls	Go back to division found in literature & rethink categorisation & operationalisation
Should be comprehensive assessment, not agency driven	Meeting with Karls	Supports researcher's sentiment that umbrella approach should describe goal of assessment while own methods are the ways to achieve goal. Social workers should unite in language

The purpose of the above summary of feedback is to illustrate the influences that existed in the development of the ChildPIE©. The researcher could not have attempted this on her own. This shows that she fulfilled her responsibility by involving practitioners in the process. Some of the suggestions in the above table should be recognisable from previous chapters, as the goal of developmental research is to incorporate findings into the design as part of the study.

The second part of the first data set that included meetings and correspondence with an expert is described next.

6.5.3 Feedback from an expert

The researcher was invited to accompany Dr. Roestenburg to an international conference on multi-cultural diversity in Los Angeles, and then also to meet with Prof. James Karls on the ChildPIE©. A presentation of the system to James Karls, the international expert who

PDF created with pdfFactory trial version www.pdffactory.com

had co-developed the original PIE system, was of considerable benefit. His response and support to the development are conveyed in Figure 6.3. The ideas Karls refers to at the end of this email were previously listed in Table 6.2. Other email correspondence can be found in Annexure 1.

FIRST DATA SET

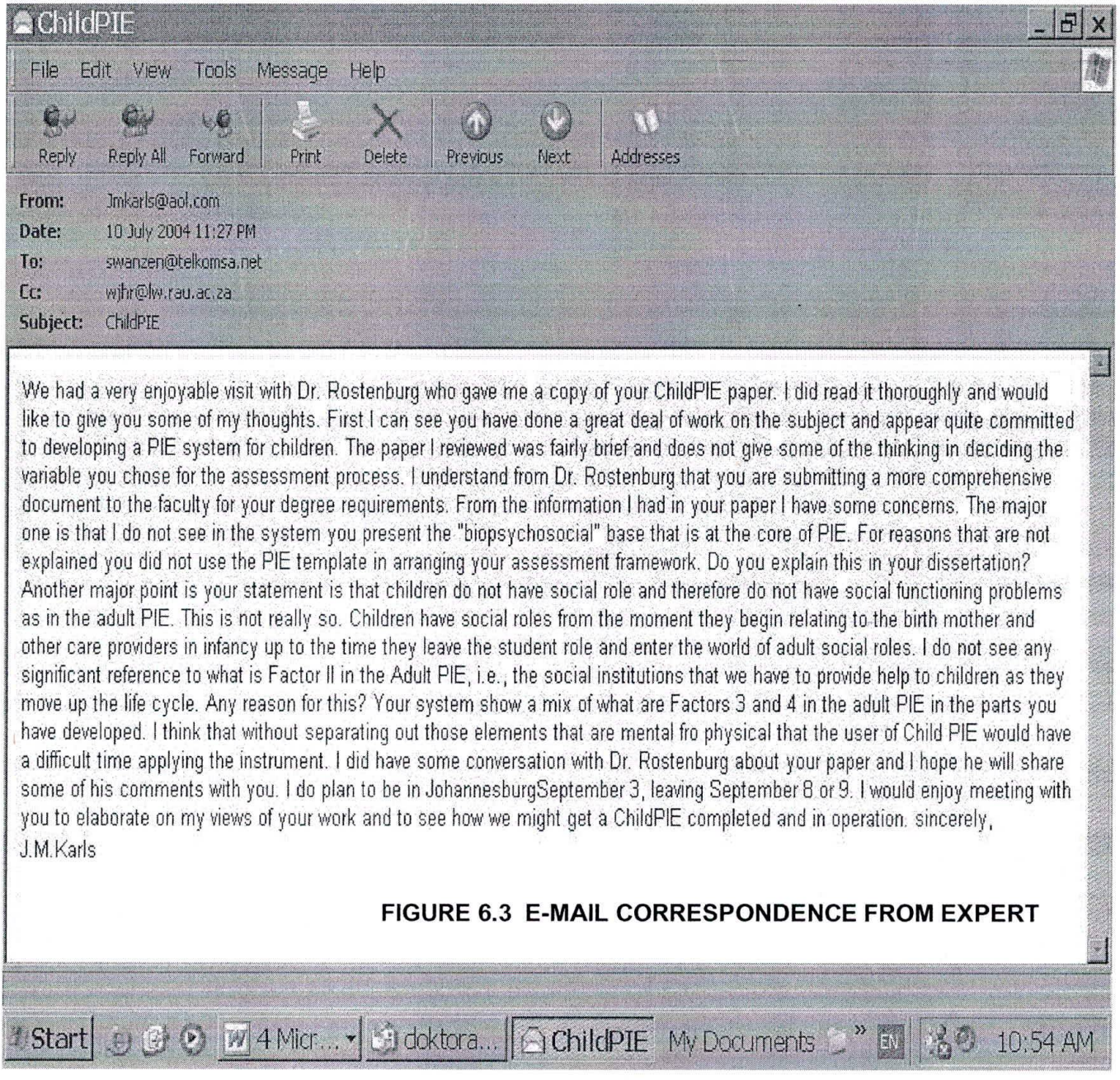


FIGURE 6.3 E-MAIL CORRESPONDENCE FROM EXPERT

PDF created with pdfFactory trial version www.pdffactory.com

It should be kept in mind that the initial ChildPIE© draft had been pilot tested by the time of this correspondence (see time-line of data sets in Table6.2). It will become clear later how the first draft changed from a psycho-social listing of functioning factors to a social role and problem type system. The correspondence in Figure 6.3 played a significant part in the researcher's re-evaluation of the idea that it would not helpful to measure children's functioning against some external role expectation determined by the society in which the child lives. She initially wanted a more objective assessment of the functioning of the child, rather than a reflection of what role society believes he failed in (role expectation). While considering how her identified assessment areas could fit into the role framework of PIE, she began to understand that the social role within the classification area merely describes the area in which the child has functioning problems, and that the degree in which societal expectations influence the assessment depend on the practitioner using the system and not the classification itself, provided that the role definitions stay culturally sensitive. She then re-evaluated the descriptions of the adult PIE against the literature on psycho-social functioning, and realised that this model could still provide descriptions of the intra-and interpersonal intricacies (see definitions in glossary of terms) of the child's fit with the environment if it were described in the problem types index (similar to the adult PIE). This reasoning helps to understand the content of the correspondence in Figure 6.3.

Moving away from psycho-social listing also supports not subscribing to a school of thought that can invite criticism from other schools. The researcher shares Karls and Wandrei's (1994) sentiment that the use of role does not mean that the system adheres to role theory – it is the operationalised 'place' where the person interacts with his environment. The use of person-in-environment as a unifying construct was supported in the discussions in Chapter 3.

A discussion with Dr Roestenburg helped the researcher clarify how psycho-social theory, while seemingly the same, differs from person-in-environment descriptions in practice. The researcher's realisation of the significance of this distinction has meant that this study is able to make an essential contribution to social work as a profession. This realisation served to distinguish this development from the broad psycho-social assessment

PDF created with pdfFactory trial version www.pdffactory.com

framework which we as a profession essentially share with psychology. This assumption is based on Turner's (1987) explanation of the psychosocial paradigm in the *Encyclopaedia of Social Work*:

> It has been and continues to be greatly influenced by psychoanalytic theory and the later developments of ego psychology. It has incorporated knowledge from systems theory and from ecological theory, communication theory, role theory, family theory, small group theory, and cognitive and behavioural theories. Crisis theory has also become an important component of the system's theoretical base. In addition psychosocial theory has incorporated material from the social sciences in such areas as class, ethnicity, race, religion, and values. This approach has emphasized the synthesis of knowledge of the human condition regardless of source or orientation. This integration has lead to the enrichment of knowledge of the person-in-situation paradigm.
>
> Rubin and Babbie, 1993: 47.

To avoid endorsing an approach that is build on psycho-analytic theory, it makes more sense to extract from psycho-social theory its contribution to the person-in-environment construct, and to focus on 'purer' approaches to social work. It is interesting that, although person-in-context was a term used by Mary Richmond in the early 1900s (see history of social work in Chapter 3), the literature seems to show person-in-situation as coming from psycho-social and systems thinking. The relevance for the study at this point is that some confusion of terms and approaches may exist in practice which the person-in-environment classification system may help to clarify.

It is easy to confuse paradigms that closely resemble each other when looking at new interpretations given to a theoretical model (Karls also speaks of the PIE system's bio-psychosocial base). Social work's tendency to use a synthesis of existing theories also became evident during the first pilot trial of the development (this was seen as a positive aspect by a member in the panel discussion, see Table 6.3 - eclectic). This lack of clear boundaries seems to confuse social workers as to the role they play in the bigger context of helping. In the course of developing practice models for organisations, the researcher has had managers admit that they cannot measure or respond to the effectiveness of practices

PDF created with pdfFactory trial version www.pdffactory.com

because of the diverse methods used by social workers. There is a lack of common objectives in practice.

By keeping the development within a person-in-environment framework, the researcher believes that she is developing a tool that is of more use in social work's area of expertise, and confirms the sentiment of the task committee and developers involved in the development of the adult PIE – that the tool should assess the role functioning of the client within the context of a social system that supports this functioning. The developers of the adult PIE provided an answer, in the form of a technology, to what Turner had highlighted in 1987 (Rubin and Babbie, 1993: 47-48): that the profession's understanding needs to be expanded to include the complexity of interrelationships among social systems and the effects these have on clients, the setting in which services are provided and its differential impact on clients, the client's and worker's ethnic identities, the environmental realities in which clients live, the political climate of the times, and how these variables help or hinder individuals, families, and groups in achieving their goals.

Karls' feedback is consistent with the aim of the classification system. Having to focus on social interaction and on developing a multi-factoral system meets the needs for a holistic assessment that describes the areas of the problem that is of relevance to social work. His insistence on using social role and systems that help the child function within this role supports the concepts of niche and habitat (ecology), which describes the person within his environment. For the researcher to be able to state that she developed a system from the foundation of person-in-environment, she had to adhere to the feedback from Karls. In order to meet the requirements for offering the ChildPIE© as a unifying construct, the researcher also had to acknowledge the feedback from the sample that tested her system. The qualitative feedback proved valuable in the refinement of the ChildPIE©.

Another aspect of the development of the ChildPIE© that were addressed through correspondence with the expert, was what place the ChildPIE© will have with regard to the existing PIE. The domain of the study which limits the development to one factor (social role functioning), was initially motivated by the idea of incorporating the child's social role functioning as Factor 0, to be included before Factor 1 (the adult social role functioning of

PDF created with pdfFactory trial version www.pdffactory.com

the existing PIE). Following Karls' suggestion to develop a free-standing childhood system (see Table 6.3) given that there seems to be a strong need for one, the researcher could still only develop one part of the classification system in this study. It was also realised that, should the childhood social role functioning be included in the existing PIE, this would have reliability implications for the adult PIE since a major change would have been brought into the system which could effect its current reliability.

6.5.4 Feedback from the questionnaire

The sample was asked to complete a questionnaire after they had been trained in the system and after they had applied the system to selected case studies. The aim of the questionnaire was to evaluate their experience of the ChildPIE©. (A copy of the questionnaire can be viewed in Annexure 3). Their responses have been tabulated below:

SECOND DATA SET

TABLE 6.4 RESULTS FROM QUESTIONNAIRE

Qualitative question	Respondent A answer	Respondent B answer	Respondent C answer	Respondent D answer	Respondent E answer
Select critical areas in child assessment & process	Determine developmental needs; family therapy; statutory representation; teaching parental skills; teaching social skills; manage problem behaviour; networking for services; crisis intervention	Determine developmental needs; teaching parental skills; teaching social skills	Promoting growth; statutory representation; find suitable placement; networking for services; initiate community projects	Determine developmental needs; statutory representation; teaching parental skills; crisis intervention	Family therapy; teaching parental skills; manage problem behaviour; networking for services; crisis intervention
Gaps or challenges in service delivery to children	Police and court system not child-friendly	Sufficient experience & training. Work unstructured	Limited resources; court not child-friendly; counselling & therapy	Little time for therapy; effective handling of problems	Counselling / play therapy – the child's inputs in his situation
Is there a need for a tool that classifies problems in childhood functioning?	Yes	Yes	Yes	Yes	Yes
Would the use of categories help to identify needs and plan effective intervention?	Yes	Yes	Yes	Yes	Yes
What problems do you foresee in social workers using a		Won't use it		Not wanting to make the time	Subjectivity

PDF created with pdfFactory trial version www.pdffactory.com

classification system?					
Was most of the theory known to you?	Yes	Yes	Yes	Yes	Yes
Specify theories unknown to you	Attachment theory	Some I can't remember	Some information was new	Some new theories unknown, must be followed up with training	Some unknown
What theoretical model do you predominantly use in practice?	Keirsey Temperament	Reactive play & Gestalt	Reactive play	Gestalt	Client-centered
Is the classification compatible with this model?	Yes		Yes	Yes	Yes
What would you like to see included in this system?		Very comprehensive – includes a lot of theories	To distinguish between physical and emotional neglect	Unsure	
Is there any part of the theory you feel should not be used by social workers?	No	No		No	No
Does the prospect of having a something similar to the DSM IV in social work excite you?	Yes	Yes	Yes	Yes	Yes
Was the classification system easy to administer?	Yes	Yes	Yes	Yes	No
Was the classification very time consuming?	Yes	No	No	Yes	No
Did you find the descriptions in the user manual understandably clear?	Yes	No	Yes (too little time to cover, but very practical)	No	Yes
Do you think this system truly measures the functioning of the child?	Yes	Yes	Yes	Yes	Yes
What is your overall impression of the classification system?	Very usable. Training necessary	Enables you to work more goal-directed	Excellent resource for social work profession that can be used as a reliable measure in court	Very good model	Still a bit confusing, but probably because of limited time for training

The information gained that is of most significance to the researcher, is that all five respondents agreed on the following:

PDF created with pdfFactory trial version www.pdffactory.com

- There is a need for a tool that will classify social functioning problems in children and that the system actually does measure the child's functioning.
- Most of the theory (themes) represented in the system was known to them. They were familiar, on the whole, with the person-in-environment approach.
- The majority of the respondents felt that a theoretical foundation should be used in social work.
- With the exception of one respondent who did not answer, all felt that the system was compatible with the practice model they use.
- All agreed that the system measures the functioning of the child.
- All the respondents were extremely positive at the prospect of having a classification system that will do for social work what the DSM system did for psychiatry.

The researcher included questions regarding the underlying person-in-environment approach (that is represented by the themes used in the system) in an attempt to establish support for her premise that all social workers are involved at the place where the client meets his environment. This also provides some support for the face validity of the system, in that it seems to measure precisely what social work practice requires. The respondents replied positively to questions such as "Does it truly measures functioning?". This shows that they felt all the aspects were sufficient to describe the functioning of the child. Proving whether it actually does this is a question of construct and criterion validity (see definitions under validity in glossary of terms), but for the purpose of this study there is some evidence that the system is viewed as a valid reflection of what it is intended to measure.

A lack of agreement among the respondents existed with regard to the following:

- One person said the system wasn't easy to administer.
- Two respondents said that the system was time-consuming.
- And two said the descriptions in the manual were unclear.

From the feedback the respondents gave on their impression of the system, the researcher's opinion that training is crucial to the credibility of the ChildPIE©, has been confirmed. Both the validity of the system and the consistency with which raters will rate cases is as dependent on the framework of items as it is on the accuracy and clarity of the

PDF created with pdfFactory trial version www.pdffactory.com

accompanying manual. It was interesting that one of the theories noted as being unknown to one of the respondents was attachment theory. It will be highlighted in the discussion of the first pilot testing that the code for attachment was frequently used. This supports Faul's (1995) argument regarding the clarity of a definition (Chapter 4). Even if the respondent did not agree with the definition, she would be able to use it correctly provided that it was clearly expressed and understood. The fact that bonding was used so often could mean that its definition was clear (see the regular use of code 021 in Table 6.5). This reflects to some extent on the success of researcher's operationalisation process.

The respondents' answers during the one-day workshop and their subsequent questions conveyed a genuine interest in the ChildPIE©, and they made suggestions in an attempt to solve possible implementation problems. These suggestions were not captured by the questionnaire, although they influenced the adjustment of the design as the inappropriate exposure a parent allows to influence the child was subsequently included as a form of abuse (see abuse index, Chapter 7). This was also consistent with literature on domestic violence (see Chapter 4).

6.5.5 Interrater reliability

Using two or more independent observers to collect data at the same time helps to ensure the reliability or replicability of the findings. As a general rule, levels of inter-observer agreement of 80% or higher suggest that the instrument is consistent over time (De Vos, 1998*b*: 397).

The purpose of the interrater tests can be viewed as a test-retest procedure (see Chapter 2, step 14). To determine reliability in a measurement tool it needs to be proven that the tool will produce the same result if it is used on the same subject again. If the tool is reliable, the changes in scores would be attributable to changes in the subject. This is what is needed in measurement technology in social work. The social worker wants assurance that the changes shown by the measurement are the result of intervention in the client's life, and not the result of the tool's inconsistency.

PDF created with pdfFactory trial version www.pdffactory.com

In using different raters to use the same measurement (ChildPIE©) on the same subjects (case studies), the researcher is allowing the tool to be retested. Since the differences among the raters could have an influence on the ratings, it was necessary to keep the group as homogenous as possible. This was an attempt to control the variables that could influence the ratings, showing poor reliability because of external influences and not inconsistencies in the measurement tool.

The third data set therefore involves all the quantitative results obtained from two interrater tests done on two initial drafts of the ChildPIE©. In order to objectify the testing, the researcher made use of real case studies from practice, given by a credible social worker with more than ten years' experience in child welfare at the Department of Social Development and as a social worker in private practice.

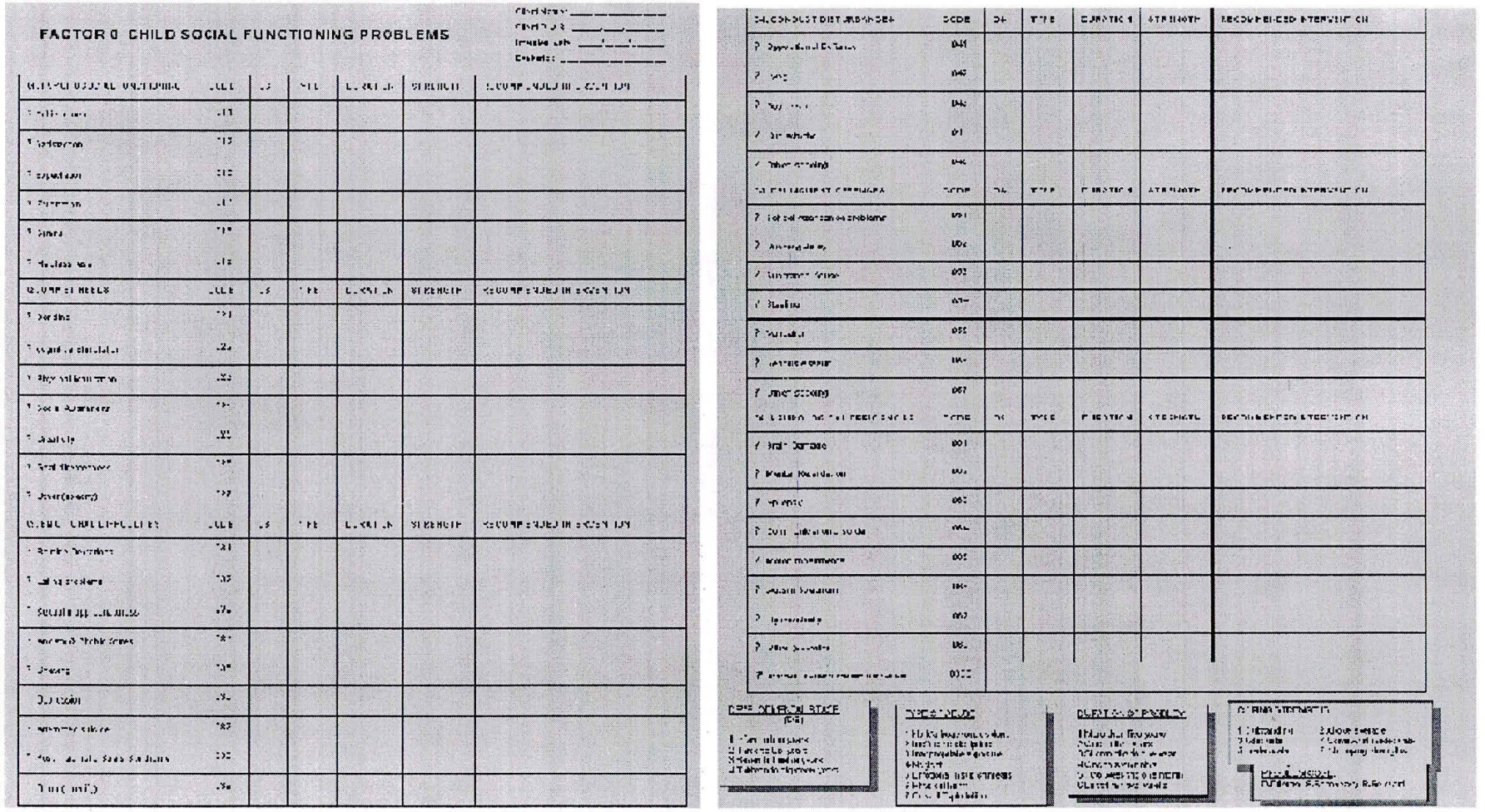
6.5.5.1 Results from the first pilot test

When initially planning her test procedures (cf. determining the application procedure – see Smit (1991) in the introduction to this chapter), STATCON advised the researcher to use at least three raters and around 30 case studies. It was important to have enough case studies to cover all the possible options in the classification system. The researcher asked an experienced, senior social worker for real case studies from her caseload, and she provided the researcher with 29 that were diverse enough to attempt to cover all the options in the classification system, especially since multiple problems were present. This is one of the reasons for the inclusion of primary, secondary, and relevant problem classifications in the sample (refer to the index given below Table 6.5 – proposed by Karls, see Annexure 1). In the case of the first pilot test the time was limited and the raters only managed to rate 16 of the 29 case studies.

This first draft in Figure 6.4 was developed using the first categorisation of social functioning items. It was a broad spectrum listing that included the psycho-social aspects identified by Faul (1995): 'unmet needs' as they relate to the child's development and relationship with parents/caregivers, emotional difficulties, conduct disturbances, delinquent offences, and neurological deficiencies.

PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 6.4 ChildPIE USED IN 1ST INTERRATER STUDY (psycho-social listing)



FACTOR 0 CHILD SOCIAL FUNCTIONING PROBLEMS

The problems listed in Figure 6.4 were included on the premise that they affect the child's ability to function optimally in relationships and in broader society. The inclusion of the indexes.(except for the developmental stage one) has already been discussed in Chapter 5. The purpose of the developmental stage index is to show in what developmental stage the child falls at the time the problem occurs. A broader description of this index is given in Chapter 7. The first pilot test involved the testing of the first ChildPIE© draft. In hindsight the researcher can see the problems with this design as became evident in the course of feedback from the expert. Nevertheless, the respondents reacted favourably to the classification system. This response is probably more the result of seeing a system that can be applied to current practice, than being convinced at this early stage, of its reliability.

If the researcher now considers the question of face validity given in data set two (questionnaire), she is left with a question regarding what social workers in practice perceive social work with children to be. The respondents all answered that the system truly measures social functioning. The researcher initially regarded the influence of neurological and physical aspects as part of social functioning. She has since recognised the need to differentiate clearly between these aspects on the grounds that, although they influence social functioning, the focus should be the dynamics of relational factors, with only recognition of aspects that form part of the speciality field of other professions. The researcher initially reasoned that the system (with the psycho-social listing) would help identify problems that need referral, but found that the focus shifted to social functioning after re-examining the conceptual framework and social functioning categories (Chapter 3 and 4). In other words the researcher became aware that it is essential to have the system focus on the expertise within social work, and not to focus on other disciplines.

The qualitative results of the first pilot study revealed the necessity of questioning what is perceived as social work practice should be raised. It seems likely that social work in literature and social work in practice may differ, which reinforces the need for a classification system to unify social workers. Table 6.5 below presents the raw data of the codes as selected by each respondent for each case study.

PDF created with pdfFactory trial version www.pdffactory.com

TABLE 6.5 CODING OF 1ST INTERRATER STUDY

THIRD DATA SET

		CASE STUDY NUMBER:															
Rater	Problem	1	2	3	4	5	6	7	8	12	13	14	19	22	25	26	27
A	Primary	021	025	031	021	033	044	035	036 ?	025 ?	064	022	056	056	023	044	056
	Secondary	036	043	023	036	041	052	023	034	043	025	025 ?	023	034 ?	036	037 ?	034
	Relevant	023			023 ?	023			025					038			038
B	Primary	031 ?	021	031	021	022 ?	044	021 ?	021	021	021	021	021	021 ?	023	021 ?	036
	Secondary	035	067	023	036	033 ?	052	035 ?	016	022	023 ?	023	016	025 ?	035 ?	022	013
	Relevant	023	022	035 ?	033 ?	023	043	036	013		064 ?	031	025	033	031	023 ?	016
C	Primary	021	025	023 ?	021	023 ?	044	031	021	038	064	022	021	052 ?	023	023 ?	023 ?
	Secondary	031	043	035 ?	033 ?	022 ?	053	038	015	021 ?	022 ?	031 ?	033	015	021 ?	036	034
	Relevant	015		031 ?	035	067	052	035 ?	036 ?	023	021 ?	035	035	054		037 ?	022
D	Primary	021	041	031	031	033	044	035	021	021	022 ?	021	025 ?	041	035	025	022 ?
	Secondary	031	025 ?	023	023 ?	023 ?	051	021 ?	036 ?	025 ?	021 ?	023	023	021 ?	025	021	021 ?
	Relevant	038			035		052 ?	024	035	023	023 ?	025 ?	021 ?	025 ?	021 ?	041	022
E	Primary	021	041	031	033 ?	025	044	035	021	021	021	021	021	025 ?	035	037 ?	021 ?
	Secondary	023 ?	043	043	035 ?	033 ?	023	038	036 ?	034	064 ?	032	033	052 ?	023 ?	021	023 ?
	Relevant		023		016		025		025			031	025	034 ?	014	033	016

Primary = problem that needs immediate attention (crisis intervention)

Secondary = less serious but needs follow up

Relevant = underlying problem that needs attention in the long-term and continuous monitoring

Colour matching shows agreement on case studies

? shows agreement but not given same priority by raters

(overall agreement)

PDF created with pdfFactory trial version www.pdffactory.com

From the raw data in Table 6.5, only case study number 6 showed agreement among all the raters on the primary problem. Four respondents showed agreement on case studies 1, 3 and 8, and three respondents agreed on case studies 4, 7, 14 and 19. Another observable tendency from the raw data is that the code 021 was often selected (even by respondents who did not subscribe to a play therapy model that assesses bonding). For this pilot study 021 presented bonding as a problem. This provides some evidence that bonding is relevant to social work and that it was often viewed by the sample as a relational problem. Since the refined ChildPIE© with adjusted codes and definitions will be presented in the next chapter, the researcher did not give the meaning represented by every code in Table 6.5. Part of the validation of data (interpretation procedure) is to be on the look-out for extreme cases and to reflect on them. She cannot, however, make any causal linkages since most observations do not equate to evidence (see salience under 'a to z', step 14, Chapter 2). According to Cooper (1989), the categorisation, ordering, manipulation, and summary of data provides a means of obtaining answers to research questions (see data analysis step 12 in Chapter 2).

The student consultant from STATCON at the University of Johannesburg computed the raw data in Table 6.5, and Table 6.6 below gives the frequency analysis the researcher used to determine the interrater reliability.

TABLE 6.6 FREQUENCY ANALYSIS

THIRD DATA SET

INTERRATER AGREEABILITY COUNT						
INTERRATER AGREEABILITY SCORE:	**0**	**2**	**3**	**4**	**5**	**Total**
	Count	**Count**	**Count**	**Count**	**Count**	**Count**
Number of raters with same primary classification	3	3	6	3	1	16
Number of raters with same secondary classification	4	10	2			16
Number of raters with same relevant classification	7	9				16
Number of raters with same overall classification			6	7	3	16

The frequency table above points out that there was more agreement between raters on the primary problem type, and no significant agreement on relevant type. In the overall classification, where raters had the same classification codes but allocated

PDF created with pdfFactory trial version www.pdffactory.com

these different priorities with regard to primary, secondary and relevant, the agreement was very high.

The percentage of agreement on the primary problem, which essentially is the first problem the practitioner will be treating, is 62.5%. This percentage reflects the majority of agreement, meaning that out of 10 (6+3+1) of the 16 case studies, at least three of the five raters agreed on what the primary problem type is. This percentage is reduced if you only consider the number of case studies all five raters agreed on (3 out of the 16 cases). According to Rubin and Babbie (see step 14, Chapter 2), 70% to 80% is needed to show strong reliability. The average percentage of interrater scores for the first pilot test was therefore too low to be considered reliable. This first part of the third data set, shows the classification numbers chosen by each respondent and the frequency tables of these selections done in the first pilot study. The second part of the third data set similarly presents the quantitative data of the second pilot test.

6.5.5.2 Results from the second pilot test

From the feedback obtained through the questionnaire and the guidance from Karls and Roestenburg (see previous discussion under section 6.5.3), the researcher developed a second draft to address the following shortcomings in order to increase interrater reliability in a second testing:

- Transcribe childhood social functioning from a psycho-social listing to social roles and descriptive problem types by re-categorising the elements of the conceptual framework.
- Shorten the classification system where possible to make it less time-consuming.
- Make the definitions for each theme in the classification system more descriptive in order to make it easier to administer.

With regard to the application procedure, the researcher made three changes to counteract the adverse effects of lack of time in the previous procedure:

- Let the respondents implement the system in their own time in order to finish 25 case studies.
- Give clearer directions to ensure that the respondents understand the definitions. Select the role type problem and describe it with the problem type

PDF created with pdfFactory trial version www.pdffactory.com

indexes – focusing only on role type and problem type. (Although the respondents were free to use the other indexes such as the abuse type, duration, severity, and coping indexes; these were not included in the interrater reliability computing.)

- The researcher excluded four of the case studies that she considered to be too long and possibly confusing. Since she could not explain the case studies to the respondents and thereby possibly influence their choices, the researcher chose not to include confusing case studies that might adversely affect the interrater score.

Further smaller changes made to the ChildPIE© after its initial testing were:

- To move the developmental stage index to the top of the system and use letters in alphabetical order to indicate the stage; and to use the stage (?) as the first letter of the coding (see the discussion on coding in Chapter 7).
- Create another type of abuse that includes a form of abuse against the child by his peers.

Figure 6.5 on the following page shows the second draft of the ChildPIE©. Since significant changes were made to the ChildPIE© when the researcher switched from a psycho-social listing to social role with problem types, it was necessary to do another pilot test on the adjusted version. When the researcher approached the sample respondents to test this version, three agreed to take the manual and implement it on 25 case studies in their own time and return it after a week. Their previous training on how to utilise the system was found to be sufficient for this test, with the researcher having provided them with new descriptions and being available for questions about the new draft. Since the researcher removed some of the case studies, the case study numbers of the two different sets of test results cannot be compared (the first pilot test was also done on only 16 of the case studies selected before the commencement of the first pilot test). The ChildPIE© drafts used on the case studies were also different and could not be compared. For future reference it would, however, prove useful to keep all test findings in order to build data to be used for comparative analysis.

PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 6.5 ChildPIE© USED IN 2ND INTERRATER STUDY (social role)

Child's Name: _____
Child's D.O.B.: ____/____/_____
Caregiver's Name: _____
Contact number: _____
Interview date: ____/____/_____
Evaluator:

FACTOR 0: CHILD SOCIAL FUNCTIONING PROBLEMS

INDICATE CHILD'S DEVELOPMENTAL STAGE

A Infant to two years B Three to Six years C Seven to twelve years D Thirteen to eighteen years

01. FAMILIAL ROLES	CODE	PROBLEM TYPE	ABUSE TYPE	DURATION	STRENGTH	RECOMMENDED INTERVENTION
? Natural child	011					
? Surrogate child	012					
? Sibling	013					
? Caregiver (role reversal)	014					
? Relative	015					
? Other (specify)	016					
02. OTHER INTERPERSONAL ROLES	**CODE**	PROBLEM TYPE	ABUSE TYPE	**DURATION**	**STRENGTH**	**RECOMMENDED INTERVENTION**
? Playmate	021					
? Friend	022					
? Partner (girl/boyfriend)	023					
? Peer	024					
? Pupil	025					
? Member	026					
? Other (specify)	027					
03. SPECIAL LIFE SITUATION ROLES	**CODE**	**PROBLEM TYPE**	**ABUSE TYPE**	**DURATION**	**STRENGTH**	**RECOMMENDED INTERVENTION**
? Client	031					
? Special care recipient	032					
? Juvenile	033					
? Other (specify)	034					

TYPE OF SOCIAL INTERACTION PROBLEM

01 Inhibition
02 Routine
03 Milestone delay
04 Pro-sociability
05 Performance
06 Goal-direction
07 Loss
08 Affliction
09 Conduct
10 Neurological complications
11 Other (specify)

TYPE OF ABUSE

1 No Maltreatment evident
2 Ineffective discipline
3 Inappropriate exposure
4 Neglect
5 Emotional insult & threats
6 Intimidation (peers)
7 Physical harm
8 Sexual Violation

DURATION OF PROBLEM

1 More than five years
2 One to five years
3 Six months to one year
4 One to six months
5 Two weeks to one month
6 Less than two weeks

COPING STRENGTHS

1 Outstanding 2 Above average
3 Adequate 4 Somewhat inadequate
5 Inadequate 6 No coping strengths

PRIORITY CODE:
P-Primary S-Secondary R-Relevant

© 2004 ChildPIE Rika Swanzen

The results of this second testing are illustrated in Table 6. 7, which shows the classification choices made by the raters on the 25 case studies. There were too

PDF created with pdfFactory trial version www.pdffactory.com

many case studies to include in this chapter. To illustrate two of them and to illustrate how the ChildPIE© can be used, the researcher is including a practical sample towards the end of Chapter 7. Table 6.7 presents the raw data from the second pilot study, and the tables following this illustrate the statistical agreement among the codes selected by the three different raters on the same case studies.

THIRD DATA SET

TABLE 6.7 SECOND INTERRATER STUDY CODES

CASE STUDY	RATER 1		RATER 2		RATER 3	
	Social role	Problem type	Social role	Problem type	Social role	Problem type
1	011	07	025	05	011	08
2	011	06	013	06	011	01
3	024	09	024	01	024	04
4	024	02	012	02	012	02
5	023	01	012	07	022	06
6	011	02	011	02	011	02
7	012	01	012	09	012	01
8	031	06	026	09	026	09
9	011	07	012	06	011	07
10	011	08	011	07	011	08
11	013	02	011	05	031	05
12	012	05	012	03	012	03
13	031	09	031	09	031	01
14	033	06	033	09	023	01
15	011	01	012	03	012	01
16	032	03	011	10	011	10
17	011	03	011	03	011	03
18	011	01	013	06	015	02
19	013	05	014		015	06
20	012	01	012	08	012	02
21	013	04	031	08	012	08
22	012	03	011	10	011	10
23	011	07	024	01	011	07
24	011	01	014	09	011	10
25	011	06	012	08	011	08

What was relevant about the data the researcher received back after the second testing is that all the respondents in the first pilot test used the category names and only one tried to give the codes, but in the second pilot test all three respondents only used the coding system (explained in Chapter 7). This gave the researcher some positive indication of increased confidence in the system. The respondents had voiced their uncertainty with regard to the coding during the first pilot test, but became more familiar with the system during the second test. The researcher suspects that

PDF created with pdfFactory trial version www.pdffactory.com

having time to study the system allowed them the opportunity to discover that the coding is less troublesome than was initially presumed.

Another observation from the raw data is that this time there were two case studies in which all three respondents agreed (case studies 6 and 17). Two raters agreed on case studies 4, 7, 8, 9, 10, 12, 13, 16, 22 and 23. At face value the interrater agreement was much higher in the second test than the first.

Table 6.8 and Table 6.9 below illustrate the frequencies STATCON computed for the social role and the problem type. The frequency for the first test was done on the number of case studies (since the first draft could be viewed as a problem list), whereas the second draft required data analysis on two levels of classification: the respondent first chose the role in which the child has a problem, and then selected the type of problem that existed in that role.

TABLE 6.8 FREQUENCY TABLE FOR SOCIAL ROLE (2ND RATER STUDY)

SOCIAL ROLE TYPE	*Number of cases*
Number of cases with same classification by 3 raters	*8*
Number of cases with same classification by 2 raters	*12*
Number of cases with different classification by all raters	*5*
Number of cases where at least one rater did not give a rating	*0*
Total case studies	*25*

TABLE 6.9 FREQUENCY TABLE FOR PROBLEM TYPE (2ND RATER STUDY)

PROBLEM TYPE	*Number of cases*
Number of cases with same classification by 3 raters	*3*
Number of cases with same classification by 2 raters	*14*
Number of cases with different classification by all raters	*7*
Number of cases where at least one rater did not give a rating	*1*
Total case studies	*25*

STATCON advised the researcher to consider the total number of cases with the same codes by 2 and 3 raters, since 2 out of the 3 raters still showed interrater agreement. The raw data given in Table 6.7 reflected that, at times, all three agreed on the social role but differed on the problem type. In her interpretation of the results, the researcher has to account for variable differences between the three raters that she could not control. There may have been external influences on the classification decision that do not reflect on the reliability of the ChildPIE©. The researcher calculated the percentage of the total agreement on case studies, including those with agreement among 3 and 2 raters. In doing this she found the following:

PDF created with pdfFactory trial version www.pdffactory.com

Social role: (8+12) / 25 x 100 = 80% = high interrater reliability
Problem type: (3+14) / 25 x 100 = 68% = low interrater reliability

The problem types showed low interrater reliability. The researcher is of the opinion that this might be attributable to overly lengthy definitions, and she reconsidered the operational process in order to get clearer indicators of the presence of the problem, and so to further clarify the definitions. This will be applied to the definitions discussed in Chapter 7. Roestenburg suggested the use of an external coder and/or the use of software to check for objectivity and to get new ideas. This suggestion is consistent with the validation strategies the researcher built into this study ('a to z'), and this will be regarded as essential in any further developments on a post-doctoral level.

The researcher learned a great deal from both these designs and from all three data sets. A summary will be provided next of the changes implemented based on the research results.

6.6 Adjustments made on the basis of test results

Both the drafts used in the two pilot tests served as valuable contributors to the study.

> Errors are instructive: the results of full field testing are used to resolve problems with the measurement system and intervention. Adaptations in the language, content and intervention methods may produce desired behaviour changes and outcomes for the full range of intended beneficiaries. Repeated tinkering with the intervention helps to ensure that it will reliably produce intended effects.
>
> Rothman and Thomas, 1994, in De Vos, 1998 *b*: 398.

This section highlights the changes made to the ChildPIE© as it is presented in Chapter 7. The researcher also indicates the changes made to the classification system in green in the next chapter. These changes are based on feedback from the three data sets mentioned at the beginning of this chapter. Two types of changes occurred. Firstly, to increase face validity and the perception of usefulness of the system, the researcher made changes to the system based on qualitative feedback from the five raters. Secondly, since the second rater testing showed insufficient

PDF created with pdfFactory trial version www.pdffactory.com

reliability, the researcher had to assume that a random error had occurred. She concluded earlier in this chapter that the definitions may have been unclear (this was also suggested in the questionnaire completed after the first testing). She therefore reconsidered the problem types, focusing on simplifying them even further.

- Change Factor '0' to '1'. This implies that the remainder of the factors will be developed in their own right, and will not only be incorporated as Factor 0. (This initial idea to incorporate the childhood version into the existing PIE would have created validity and reliability issues for the PIE; see Prof. Karls' opinion in Table 6.2.)
- Shorten the descriptions under problem types, and focus on what indicators are needed for the social worker to identify the presence of the problem in question.
- Remove neurological complications from the problem type index to form part of Factor 3 (mental health) in post-doctoral developments.
- Split the conduct problem type into two types of behavioural maladjustments, namely oppositional deviant behaviour and conduct disturbance. The purpose of this is to differentiate between alarming behaviour and that of more serious nature (which has legal consequences). This is a change the researcher would first want to test against more opinions, since it may be unnecessary to list problems of a less serious nature.
- Remove the 'affliction' problem type (see first index in Figure 6.5) since it refers to emotional problems that will fit better with a mental health factor (post-doctoral development).
- Include 'goal-direction' problem type under the 'performance' problem type.

Since another change has been made to the ChildPIE©, the draft in Chapter 7 cannot be regarded as having been tested for reliability, but can be viewed as an improved version because of the interrater reliability studies done on the previous drafts. Chapter 8 will give recommendations on further development of the ChildPIE©.

6.7 Summary

This chapter described how the researcher obtained information through qualitative feedback and through interrater reliability. After implementing suggested changes and responding to problems highlighted by the first pilot study, an overall improvement in

PDF created with pdfFactory trial version www.pdffactory.com

reliability was shown in the second pilot study. A pilot study gives the researcher a chance to test her procedures on a smaller scale. In this study it did provide the researcher with an opportunity to adjust aspects in her application procedure, and it provided her with information to use to refine the ChildPIE©, which is the goal of the Adapted Design and Development Model.

The less threatening pilot studies provided the researcher with the opportunity to first reflect on the difficulties in development and in reliability testing before conducting large scale testing. What she would have done differently in retrospect is to have made use of an external coder or a software program to objectify her operationalisation process. Since the definitions of the categories are so crucial in the accurate use of the ChildPIE©, the researcher would have done well to have external validation for her decisions with regard to the inclusion and the selection of indicators.

It is expected that a development of this magnitude will be submitted to frequent changes, and the researcher was encouraged by the response it has elicited at this early stage. The interest shown thus far and the specific suggestions for improvement not only suggest that there is a strong possibility of further support, but also shows that the social workers exposed to the ChildPIE© so far, have had sufficient understanding to have insight into what would make the system more useable or applicable.

Overall, then, reliability will be improved through clearer definitions. For this study, the definitions for the problem types will be revised and, in the continued development following this study, more expertise will be needed to adjust the system to suit current practice. The researcher will need to pay closer attention to the raters' understanding of the definitions, and ensure that the case studies used to implement the system are not ambiguous.

The next chapter presents the refined ChildPIE©: its instructions for use, its design, and its definitions. But first Figure 6.6 on the next page gives an illustration of how the validity and reliability were handled in every phase of the Adapted Design and Development Model, with suggestions as to how the insufficient reliability should be addressed. Figure 6.6 provides an overview of how the next steps fit into the design and development process. The horizontal bars represent the different phases, with the

PDF created with pdfFactory trial version www.pdffactory.com

major actions presented in blocks. The vertical bar shows that the reliability was found not to be sufficient, and the blocks on the right of this bar list possible actions that could help to increase the reliability of the ChildPIE©. These blocks on the right form the basis of the recommendations given in Chapter 8. Figure 6.6 thus illustrates, step-by-step, the process followed in the development of a valid and reliable classification system.

PDF created with pdfFactory trial version www.pdffactory.com

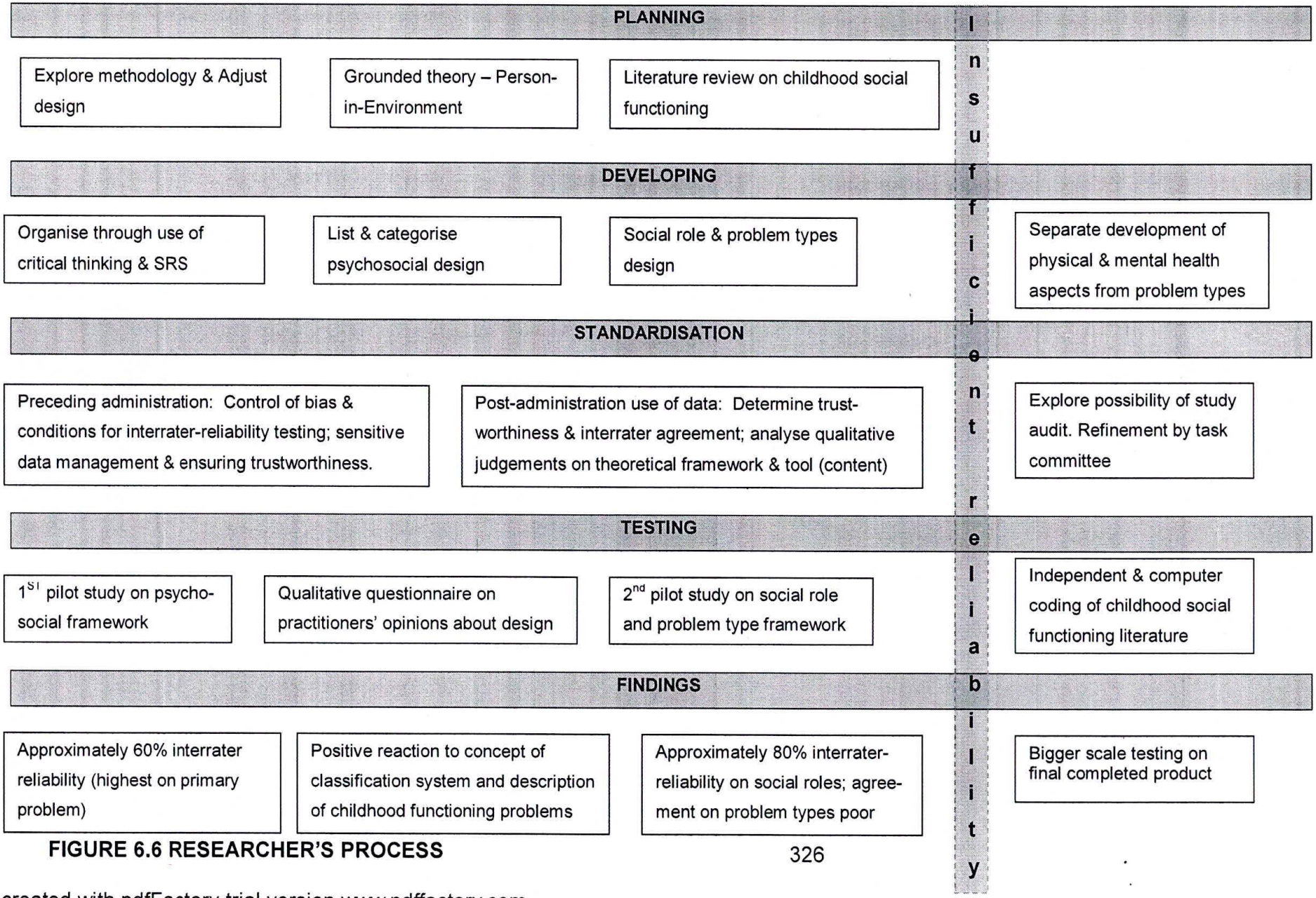


FIGURE 6.6 RESEARCHER'S PROCESS

PDF created with pdfFactory trial version www.pdffactory.com

Chapter 7
The ChildPIE©

Just because something doesn't do what you planned it to do doesn't mean it's useless.

- Thomas A. Edison (1847 - 1931) -

7.1. Introduction

This chapter is the product of the accumulative development of this study. The previous chapters helped to shape the design of the ChildPIE© and the test of its integrity. This chapter presents the results of all the actions described up to this point in the study. The chapter describes how and why the system should be used. A draft of the ChildPIE© has been provided, and the definitions that describe the categories included.

The development shown in this chapter is the first factor of the ChildPIE© classification system for childhood social functioning problems. Subsequent development is planned in order to make it a comprehensive system (see Chapter 8). The first factor of the ChildPIE© has as its aim to offer descriptions around the seven identified broad categories of development, routine, behaviour adjustment, performance, socialisation and parenting.

The content of this chapter will eventually become the first part of the user manual (the other parts are the definitions of the factors to be developed at post-doctoral level). This chapter involves the presentation of the end product – the culmination of the intention of this study – the ChildPIE©.

The researcher will give initial instructions for the use of the ChildPIE© by professionals who need to classify the social functioning problems in children. An illustration of the ChildPIE© is then provided, followed by the definitions needed to be able use the classification system. Where changes suggested by the results in the previous chapter have already been integrated, the text is highlighted in green. These changes were mentioned in the previous chapter, but some of the changes are further elaborated on for the purpose of describing aspects of the adapted ChildPIE©.

PDF created with pdfFactory trial version www.pdffactory.com

7.2. Instructions for use

- The words in the system are supported by a definition. The user must have a good understanding of each definition before selecting an option.
- First select the role in which the child is presented with a social functioning problem, and then use the indexes to describe the nature of the problem.
- Factor 1 represents the social functioning problems of the child in relation to others – it assesses how well the child is functioning in those relationships.
- The block on the top right-hand corner allows the user to fill in the administrative details needed for filing and referencing.
- Use the primary, secondary and relevant codes for multi-problem cases in order to prioritise three classifications of the problems.
- The alphabetical letters will help you to indicate the developmental stage the child is in, since this influences intervention decisions (see sections 7.4.2.1 and 7.4.3 below).
- As far as possible the parent, and /or other professionals must be consulted.

7.3. Benefits for practice

What the practitioner gains from using the ChildPIE© is that it helps to clarify the child's unique problems and helps the social worker to become aware of the problems and prioritise them with regard to their intensity and importance. It helps the social worker to rely less on abstractions as the use of the ChildPIE© gives her an objective tool to measure her own assumptions against. Having to select a suitable category allows for deeper analysis than simply what is most obvious. In Chapter 1, the researcher motivated for the possible benefits of developing a classification system for social functioning problems in children. Some of the foreseen benefits given in Table 1.1 (in Chapter 1) hold true in the case of the ChildPIE©. The proposed benefits such as the numerical value, which can assist social workers with their monthly statistics, offer a more empirical way of describing their caseloads. The streamlining of the referral process allows for a framework that can be used to screen which children will benefit most from involvement in programmes.

PDF created with pdfFactory trial version www.pdffactory.com

How well the ChildPIE© will perform will depend on its adoption by practitioners, and this depends on their seeing the value the ChildPIE© can add to their treatment of children. The only limitation to the value ChildPIE© will have for the profession is how reliable the system is perceived to be. Proving reliability is therefore one of the most important requirements for the adoption of the ChildPIE© in practice.

7.4. Use by practitioners

ChildPIE© has been developed for use by social workers, students, and social auxiliary workers. In cases where other professionals such as child care workers might operate from a person-in-environment perspective, and lack an alternative classification system, it would be possible to broaden ChildPIE's use by including them. This will be clarified in later developments, and as the system is presented to experts in the field.

In Chapter 5 some of the underlying principles of the ChildPIE© design were summarised. It is essential that users understand these principles together with the instructions given earlier in this chapter. The most important principle of ChildPIE© is that it should be utilised as a tool to classify the child's social functioning in a language that can be understood by other social workers. The practitioner should use all she knows about the client and social functioning problems to support the ChildPIE© assessment. Before attempting a ChildPIE© assessment, the user must be sure that he/she understands the system. To grasp the benefits of having a unifying practice and theoretical language, the social work profession must first be open to the adoption of classification systems such as the PIE and the ChildPIE©.

It is necessary to illustrate the system that has been referred to throughout this thesis, first as the 'new technology' and now as the end product of the study: the ChildPIE©. A one page summary of the social functioning categories is given in Figure 7.1, followed by the definitions that describe the items in the ChildPIE©.

PDF created with pdfFactory trial version www.pdffactory.com

7.5. The ChildPIE©

Child's Name: _____
Child's D.O.B.: _____/___/_____
Caregiver's Name: _____
Contact number: _____
Interview date: _____/____/_____
Evaluator:

FACTOR 1: CHILD SOCIAL FUNCTIONING PROBLEMS

INDICATE CHILD'S DEVELOPMENTAL STAGE

A Infant to two years B Three to Six years C Seven to twelve years D Thirteen to eighteen years

01. FAMILIAL ROLES	CODE	PROBLEM TYPE	ABUSE TYPE	DURATION	STRENGTH	RECOMMENDED INTERVENTION
☐ Natural child	11					
☐ Surrogate child	12					
☐ Sibling	13					
☐ Caregiver (role reversal)	14					
☐ Relative	15					
☐ Other (specify)	16					
02. OTHER INTERPERSONAL ROLES	**CODE**	**PROBLEM TYPE**	**ABUSE TYPE**	**DURATION**	**STRENGTH**	**RECOMMENDED INTERVENTION**
☐ Playmate	21					
☐ Friend	22					
☐ Partner (girl/boyfriend)	23					
☐ Peer	24					
☐ Pupil	25					
☐ Member	26					
☐ Other (specify)	27					
03. SPECIAL LIFE SITUATION ROLES	**CODE**	**PROBLEM TYPE**	**ABUSE TYPE**	**DURATION**	**STRENGTH**	**RECOMMENDED INTERVENTION**
☐ Client	31					
☐ Special care recipient	32					
☐ Juvenile	33					
☐ Other (specify)	34					

TYPE OF SOCIAL INTERACTION PROBLEM

01 Milestone delay 02 Routine
03 Inhibition 04 Pro-sociability
05 Performance 06 Frustration
07 Loss 08 Opposition / Defiance
09 Conduct disturbance 10 Other (specify)

TYPE OF ABUSE

1 No Maltreatment evident
2 Ineffective discipline
3 Inappropriate exposure
4 Neglect
5 Emotional insult & threats
6 Intimidation by peers
7 Physical harm
8 Sexual Violation

DURATION OF PROBLEM

1 More than five years
2 One to five years
3 Six months to one year
4 One to six months
5 Two weeks to one month
6 Less than two weeks

COPING STRENGTHS

1 Outstanding 2 Above average
3 Adequate 4 Somewhat inadequate
5 Inadequate 6 No coping strengths

PRIORITY CODE:
P-Primary S-Secondary R-Relevant

© 2005 ChildPIE Rika Swanzen

FIGURE 7.1 THE CHILDPIE©

PDF created with pdfFactory trial version www.pdffactory.com

7.6. Category definitions

The uniqueness of classification systems from other forms of measurement automatically implies that the new technology also requires a different type of operationalisation. The end result would be the name of a category, and this name would then represent a thorough (but short and concise) description of the concept in question. The name itself is not the same as an item that needs to carry with it the full meaning of what is being tested. Responsibility for the correct implementation of the classification system lies in proper training and a clear manual, which serves as a quick and easy reference and reminder of what the categories represent. To optimise the correct use of the ChildPIE©, ensuring validity and reliability, depends on both the integrity of the tool and how well the manual is understood.

A very important guideline set for this study, was to avoid the term 'disorder', since this implies existing requirements for a definite cluster of symptoms that have been studied extensively. The 'symptoms' relevant to social work differ from most of these requirements, and because social work resists the medical disease-oriented model, this is even more reason to avoid the classification of disorders. So although some of the literature was borrowed from diagnostic criteria, all was filtered through the person-in-environment framework, and inclusion was only relevant with regard to the effect it has on the child's ability to interact socially with others and his environment. This was done to comply with the criteria set out in step 6 of Chapter 2. Where problems fall outside this ChildPIE© framework, referral is suggested since it implies that the problem area does not form part of social work practice. The necessity for referral will be clearer through the use of this classification system, since there is more descriptive language regarding the concerns of social work. Furthermore, the referral will offer the psychiatrist, psychologist, occupational therapist, or physiotherapist a clear and concise picture of what the social worker has found outside of her field of expertise; reducing the need for and time spent on reassessment at a cost to the child and his family.

During the meeting with James Karls (see Chapter 6, Tables 6.1 and 6.2), it was proposed

PDF created with pdfFactory trial version www.pdffactory.com

that the format of the definitions for the manual should be such that, when the user reads it, she must first know what is meant by the definition and then be given an example. In support of this proposal, Karls gave an example of a statement that does not explain a theory: 'aggression exists when a child commits acts harmful to others'. The researcher has implemented this suggestion in presenting the definitions described in the rest of this chapter. She indicates typical cases in which the problem occurs, but is still careful to give a practical case example to illustrate the problem. The researcher believes that the system needs more exposure in order to establish clearly the ways in which each role and type can be used in practice. Once these have been established, it will be possible to provide real examples as part of the description. She will, however, give one practice example towards the end of this chapter, as this example formed part of the case studies used for the pilot studies. This illustrates how the ChildPIE© can be applied in practice.

7.6.1 Childhood social roles

As discussed in Chapters 5 and 6, the researcher utilised the framework of the adult PIE, which meant that she adapted concepts from the literature on the social functioning of the child, to reflect the interactional role they would occupy when a social functioning problem occurs. The roles identified and described next are the result of the laborious operationalisation process, the implementation of suggested changes and a number of the researcher's own ideas and creativity. Chapter 6 showed high reliability for the social role types in the second rater study, so the researcher did not change the definitions after the last test in order to protect the reliability of this part of the system.

Karls and Wandrei's (1994) identified four major categories of roles, namely family roles, other interpersonal roles, occupational roles, and special life situations roles (see Chapter 5). The sub-roles needed to be adjusted for the child, and these are the new definitions that formed part of a manual which the respondents referred to when they applied the ChildPIE© to case studies (see interrater reliability tests in the previous chapter). The researcher cannot include the first manuals because of space constraints. She has only included the adjusted definitions in this chapter. The terms used to describe the subcategories and definitions were all motivated by terms found in the literature survey

PDF created with pdfFactory trial version www.pdffactory.com

(Chapter 4), directed and clarified by the indicators the researcher identified in Chapter 5. The researcher will cross-reference the definitions to show where they came from using brackets and in purple after each definition. The researcher also indicated in Figures 5.4 to 5.10 (Chapter 5) whether the indicators could be found as a problem type or a social role.

Note that the categories and subcategories identified in Chapters 4 and 5 (see Figure 5.3 in Chapter 5), have been absorbed into terms that firstly had to fit within a social role or a problem type or abuse type index, and secondly had to reflect language that would help the social worker immediately identify its meaning. Although the terms used may look different in the actual system, they still reflect the seven broad categories and subcategories that were identified as the descriptors of childhood social functioning. In training social workers in the use of the ChildPIE©, the childhood social functioning framework will still be used as the conceptual background of the system. The indicators identified in Figures 5.4 to 5.10 in Chapter 5 were used to develop the definitions of each social role or problem type index. The social roles identified for children are described next.

Family roles are social roles that are played out in the context of a family setting in which people are linked by blood, the law, or formal or informal arrangements (Karls and Wandrei, 1994: 25). Within the family, individuals are socialised, protected, and nurtured so they can develop skills necessary for their well-being and survival according to their status in the family. For the child these would include:

- **Natural child role** – this refers to his/her role as the son or daughter of his/her mother and father. This role is influenced by socialisation processes and is frequently assessed in terms of obedience and the need for discipline. A child will manifest a problem in this role when he does not submit to parental authority and does not comply with family rules, or when he resists family rituals and exhibits behaviour that is hurtful to the rest of the family. Problems in this role negatively affect his/her social functioning, since it will be difficult to protect the child from harm in the environment, and he/she would not learn the skills necessary for functional relations such as respect, self-control, cultural identity, security, independence, and so on (Parenting, [definition of family], behaviour management).

PDF created with pdfFactory trial version www.pdffactory.com

- **Surrogate child role** – this specifies the role a child has to assume in a family where all members are not biologically related. One or both the natural (biological) parent roles have been substituted, so that possible roles include stepchild, foster child, adopted child, and where donor eggs or sperms were used to conceive a child. In the technical sense, the family meets all the requirements of a nuclear family consisting of spouse-, parental-, and sibling subsystems, but the child is also related to others who are not part of the family he/she lives with. Being related to someone who the child does not share everyday life with is relevant for the child's sense of belonging and identity formation. It also implies challenges for the family in adjusting to each other and in combining more than one family's values, interests, expectations, demands, and problems. Problems in this role involve the incorrect handling of dynamics typical of reconstructed families. In most cases parents who remarry are unprepared for the intensity of family battles, and struggle to find middle ground for diverse needs and divided loyalties (Parenting: disrupted family system, Stress: statutory intervention).

- **Sibling role** – this denotes his/her role as brother or sister, and involves biological siblings as well as adopted and stepsiblings. This role is influenced by family atmosphere and involvement of parents as role models. It can be affected by disability in a sibling, by differences in gender, and by values attributed to the child by other family members. Birth order influences the expectations held for each child in the family, and this can support or detract from perception of fairness and experiences in sharing, trust, mutual activities, and assertiveness. Each psychological position holds liabilities in the child's development. Problems in this role would be an unnatural amount of anger and hatred by the sibling; feelings of rejection, isolation, and scapegoating; and behaviour towards a brother or sister that puts him/her at risk. Failure to thrive in this initial relationship with those closer in age than parents, inhibits the development of pro-social behaviour such as empathy, altruism, sharing, negotiation, accommodation, sacrifice, and so forth (Parenting: relations within the family).

PDF created with pdfFactory trial version www.pdffactory.com

- **Caregiver role** – this alludes to cases where the child is forced to take up a caring role, either by dysfunction within the parental subsystem, such as substance abuse or mental illness, or by the absence of the parental subsystem in the case of abandonment and death. In the light of the HIV/AIDS epidemic, this refers particularly to child-headed families, where the eldest child in the home has become the caregiver after the death of the only remaining adult who provided and cared for the family. Indirectly it can also point to single parent households, where the parent allows the child to take up the role of the 'missing' parent. Typically these children may lack other sex role models and may have never known the other parent. The danger exists that the needs of the child are not viewed as important, in the face of the huge struggle for survival. Problems arise because heading a household requires skills that children are not expected to have developed. It robs a child of his/her developmental process, and forces the weakly protected family into disarray. It could lead to early experiences of hopelessness, disillusionment, depression, and no opportunity for self-development by the care-giving child (Parenting: disrupted family system).

- **Relative role** – this signifies the extended family relationships the child has, including that of grandchild, cousin, niece/nephew, and aunt/uncle. Grandparents offer the first safe place outside the parental home. In some cases grandparents may live with the nuclear family or even look after their grandchildren. Problems exist when the child does not experience a close relationship with extended family members. Lacking another family member that loves the child unconditionally can stunt the process of differentiation. Problems can also be caused by differences in viewpoints on parenting, religion, cultural practices, etc. The risk for confrontation increases and the family lacks a social support system from the extended family they are at odds with. As children mature their systems become larger and they learn more about relating to others. The extended family is therefore a crucial system for learning skills in social interaction, especially because, although related, these families have different backgrounds and viewpoints. The child is then confronted with people with similarities as well as differences (researcher's own synthesis of concepts to differentiate this role from nuclear family roles – comparative to adult PIE).

PDF created with pdfFactory trial version www.pdffactory.com

- **Other** – this category points to informal roles attributed to the child by himself or other members of his family. These can be roles the child previously occupied where ties still exist, such as being the stepchild of the second husband who the mother has since also divorced; a foster parent the child stayed with before she/he was reintegrated with the biological family; or a 'big-brother' role where he is accepted by another child as serving a significant other role.

Other interpersonal roles are social roles that are also played out in interpersonal relationships between individuals, but these persons are not members of the same family. They interact with each other because of physical proximity or common interest (Karls and Wandrei, 1994: 25). For the child these would include:

- **Playmate role** – is the first social relationship an older infant has with other children close in age. It applies to children under the age of four, since friendships only develop after the age of four. Before this children play alone or show parallel play. They may play next to other children, but are focused on their own activity and not on social interaction. They show interest in other children, however, as evidenced by instances where one infant will start crying when he/she hears another cry, or by an initial form of copying behaviour where the infant will try and simulate what she/he sees another child doing. Problems in this role that will impact future relationships with peers can be noticed this young in behaviour such as severe separation anxiety, lack of interest in other children and play activities, and in aversive behaviours such as biting, pinching, yelling, etc. and tactile sensitivity that makes it difficult for the child to touch objects or be touched by other people (Socialisation: play).

- **Friend role** – conveys the first social relationship with a peer where genuine interest in each other is evident, usually occurring after the age of four. Friendship is a dynamic, reciprocal relationship between two individuals. As children become friends, they negotiate boundaries within which both partners function. Among preschool and younger school-aged children, friendship expectations centre on common pursuits and concrete reciprocities, while later on they centre on mutual understanding, loyalty, and trust; expecting to spend time together, share interests and engage in self-disclosure.

PDF created with pdfFactory trial version www.pdffactory.com

Friendships furnish children with socialisation opportunities not easily obtained elsewhere, including experience in conflict management and sharing. Problems in this role would become visible in a child who isolates him/herself, who tends to engage in bullying behaviour, and who over-identifies with older children or adults (Socialisation, friendships).

- **Partner role** – implies a romantic relationship with someone with the presence of sexual attraction. It coincides with sexual maturity during early adolescence. Although boy/girlfriend relationships can occur earlier, these do not usually have the same impact and hardly cause social interaction problems. With the start of adolescence, however, the teenager's self-esteem, gender identity development, physical and emotional well-being, and relationship-building skills are all involved and affected by the romantic involvement. The quality of this role will be evaluated in terms of exclusivity, the amount of jealousy, presence of abusiveness, and the extent to which emotional security needs are met. Problems in this role relate to sexual promiscuity and the dangers of contracting sexually transmitted diseases or becoming pregnant, as well as an increase in risk for suicidal behaviour and eating problems resulting from intense emotional upheaval and disillusionment (Stress: teenage pregnancy and abortion, considered PIE's definition).

- **Peer role** – represents the interactions of near same-age children with the absence of positive emotional involvement. These children are merely in close physical proximity on a regular basis and may share in some common activities, but with no mutual attraction or interest. These typically involve the child in his church, school, aftercare, and sport settings. It also includes the neighbour's child or the children of the parents' friends with whom he has situational play experiences. Since children do not usually control their daily routine they will be subjected to contact with children who are not their friends or partners. Children simultaneously participate in two distinct cultures: the culture of the adults and their peer culture. Children co-construct their peer culture as they interact with each other, and it helps the child to identify a shared identity. Problems in this role will involve any type of rejection the child initiates or receives on the basis of his personality, disability or illness, as well as experiences with racism and

PDF created with pdfFactory trial version www.pdffactory.com

stigma. Imitation of peers who model negative behaviour also constitutes a problem in this role (Socialisation: peer group).

- **Pupil role** – expresses the relationship of the child to his tutors, be it in pre-school (day-mothers, playgroup, crèche, kindergarten, and nursery school), primary school, secondary school (high school), Sunday school, or boarding school. This relationship is closely related to the teacher's perception of teachability, educational outcome, and manageability in class. The quality of this relationship is mostly linked to academic achievement. Activity level, attention span, cognitive ability, temperament traits, behaviour trends, problem-solving, motivation, achievement, and goal-directedness are all relevant aspects of performance in this role. A pupil's achievement should be viewed in the context of his being a thinker, leader, follower, or agitator (achievement temperaments). Characteristics of the teacher as well as school policies and practices influence the child's response to his school experiences. Problems in this role will be visible in expressions of hopelessness, excessive stress, and disabling frustration. A more obvious indicator of trouble in school performance would be school grades, although this by itself is hardly a reliable measure for the social functioning of the child. Poor participation in school activities and constant negative feedback to the child regarding her/his adjustment in the education system, shapes his/her character in the formative years of her/his life. Another indication of problems in this role involves activities that compete for the time the child should spend on schoolwork and the child's time being over-scheduled (Socialisation: school relations).

- **Member role** – involving voluntary affiliation and participation with a group of individuals associated for a common purpose and adhering to mutually agreed-upon beliefs or regulations. The responsibilities and expectations of the role vary according to the purpose and structure of the group, which can be organised for political (youth protests), religious (including cult activity), social (community involvement or gangsterism), or recreational (sport and culture) reasons. Problems in this role relate to interference caused by involvement in the particular group with other areas of functioning. Rituals and expectations that form part of membership to the group may demand rebelliousness and unquestionable surrender. The child then does not learn

PDF created with pdfFactory trial version www.pdffactory.com

to differentiate between the social group and his/her family system, but rather becomes dependent on another system to describe her/his behaviour (researcher's own synthesis of concepts to differentiate this role from others – comparative to adult PIE).

- **Other** – this category refers to the roles related to school, church and neighbourhood, not specifically mentioned here, especially leadership roles that encompass a lot of the child's time and effort. Examples of these are headgirl or headboy, captain of a sport's team, member of a debating society, chairperson of the chess association, etc.

Special life situation roles are roles people may voluntary or involuntary assume throughout the course of their lives. They are time-limited, situation-specific roles people assume in addition to or in place of their usual roles (Karls and Wandrei, 1994: 26). Children may occupy any of the following of these roles:

- **Client role** – assumes all those instances where the child is receiving professional treatment. This could be through referral for statutory intervention in the case of child maltreatment, or private referral for therapeutic intervention in the case of developmental delay, adjustment problems, and medical treatment to restore chemical imbalances or improvement of functioning through physical therapy. Problems in this role would involve the child being uncooperative in the treatment process, or would involve the guardian's perception that there is poor rapport and a lack of trust between child and therapist. The child can indirectly sabotage treatment attempts through the increase of problem behaviour or pleading with parents to withdraw them from therapy. In most cases, however, children more readily adjust to change than adults as a result of having fewer established patterns. Parents may be defensive about their role in maintaining the problem and may be antagonistic towards the professional (compared with PIE).

- **Special care recipient** – encompasses the client role, except for the fact that the child is admitted to an institution to receive special care for a prescribed period of time. The specialised care role includes inpatient centres for drug rehabilitation, special schools

PDF created with pdfFactory trial version www.pdffactory.com

for disabilities such as deafness, blindness, autism, mental retardation, severe behaviour difficulties and so on, as well as hospitals for long-term and chronic treatment of mental health problems, and terminal illnesses such as AIDS and cancer. Problems in this role will entail resistance to treatment or initial compliance only to be released from the special care institution. This applies particularly in the case of teenagers who manipulate their way out whilst planning to run away in order not to be re-institutionalised. With regard to special care for disabilities, the child may have difficulty adjusting to the centre's routine and activities, and may become too old for the centre as he becomes a teenager, needing a transfer, which then means further adjustment problems. In cases where a child needing special consideration is incorporated into mainstream schools, problems such as ridicule and being ostracised, as well as risk of injury are of concern. (Based on physical and neurological problems that were removed from this study to address later as Factors 3 and 4 – the need for this role will exist in the final product, especially with regard to the HIV/AIDS epidemic, so the researcher retained it).

- **Juvenile role** – this indicates the time-frame situation a child finds himself in after being convicted of a crime and incarcerated in juvenile detention. This could only happen after the age of 10, when the child is seen by the justice system as having criminal responsibility. Problems with this role involve the safety of the child among other juveniles that may be more violent and abusive, poor prognosis for rehabilitation, and the effects that fear, uncertainty and strict routine will have on the well-being of the child. Because the child is still young, reintegration into society is a big concern. The child misses out on education and mainstream life, which adversely affects his functioning and future possibilities. Socialisation in this late stage of childhood comes from others in prison and from prisoners who model worse criminal behaviour than the child was originally charged with. The concern in the latter case would be the extent to which the child is open to these external influences (Behaviour adjustment: conduct disturbances).

PDF created with pdfFactory trial version www.pdffactory.com

- **Other** – the roles in this category involve unusual roles children occupy for a short time that differ from their everyday, more usual roles, and which are not covered by the previous categories.

7.6.2 Indexes

The indexes are the blocks below the role categories that represent further descriptions (with codes) to be used to identify the dynamics at work in the specific social role problem. By listing options in index form, the researcher attempts (as did the developers of PIE) to provide standardised terminology for describing the most commonly observed characteristics of frequently occurring social functioning problems. The social worker should keep in mind that the social role functioning problem and the types of problems within this role describe the child's difficulty and not the other person in the relationship.

7.6.2.1 Developmental stages

In the child's life there are critical stages of transition into a new age category that have significance with regard to developmental tasks. These tasks have to be successfully completed to prepare the child for the next stage. This places new demands on the child's role performance. The ChildPIE© divides the stages in the child's development into the following categories: baby and toddler stage (infant to 2 years), the pre-school stage (3 to 6 years), the school stage (7 to 12 years), and the teenage and adolescent stage (13 to 18 years). The social worker is given the option to include this information in the classification code (as illustrated in section 7.4.3), since the child's age impacts directly on discerning age-appropriate childhood problems. The researcher has deliberately listed these stages at the top of the classification system (instead of at the bottom as with the other indexes) in order to orientate the user to first identify the child's developmental stage, before identifying the social roles the child has a problem with. This mechanism was included in the ChildPIE© in an attempt to counteract a typical misuse of classification systems, that is, having a client focus without regard for the context in which the problem occurs. This index came from the broad category of Development (see Chapter 4).

PDF created with pdfFactory trial version www.pdffactory.com

7.6.2.2 Problem types

Problem types describe the kind of interactional difficulty that is occurring or has occurred between the client (child) and another person. It is assumed that a relationship is now strained, disrupted, or broken (Karls and Wandrei, 1994: 16 *manual*).

Some problem types were given names that differed from the concepts identified and described in Chapters 4 and 5. The reason why the category name will be different here, is the researcher's consideration of the fact that the problem type should describe the problem in social interaction terms (see Annexure 1 – advice from email correspondence with Karls) and the importance of using language that is friendly and familiar for social workers, to increase the face validity of the system. In selecting a particular word, the researcher is hoping to provide a term that can easily be related to the definitions, so that it is easy for the user to remember after it has been explained once. This is one way in which to make the system easy to administer.

Since the problem types did not show sufficient interrater reliability, the researcher needs to elaborate on her decisions regarding the problem types. The changes resulting from the interrater testing and expert feedback (see Chapter 6) involved splitting conduct problems into oppositional defiance and conduct disturbance, since there is adequate reason to differentiate between the two. The researcher considered removing goal-direction since it describes reasons for behavioural problems and can be included partly under the performance problem type and partly under oppositional defiance problem type. Being presented with a child with behaviour problems and understanding his reasons for this would mean both categories were applicable, which is obviously not desirable for a classification system – it should be mutually exclusive. In the first case study, presented in the second rater test, previous problems with regard to schoolwork were explained in the context of a custody battle. One rater said it was a loss issue, with conduct as a secondary problem, while the second said a performance problem, and the third said affliction as primary but goal-direction as a secondary problem. The researcher assumes that there is a reliability issue surrounding these problem types. The researcher also suspects that the respondents decided collectively on the social role and problem types. For instance, if the

PDF created with pdfFactory trial version www.pdffactory.com

problem seems to be performance, it fits the pupil role. This is why the instructions at the beginning of the chapter are important. The social worker must first decide in what role the child should be placed, and then describe what type of problem he/she is experiencing in this role. When the researcher attempted to incorporate the description of goal-direction under performance, she realised that she would run the risk of making the performance type unreliable if it were to incorporate two different responses to be observed in the child. As a result of the frustration caused by the thwarting of goal-directed activities, the researcher changed the name to frustration as the child's response and will present this to the task committee in the post-doctoral refinement and development stage, for their opinion.

The researcher is of the opinion that not enough recognition for family dynamics were given, and initially wanted to include another problem type. The dynamics under parenting are, however, included under the abuse types as inappropriate discipline; under the inhibition problem type as a reaction to dysfunctional attachment; and under the descriptions of family roles. The role the family plays in socialisation is covered under the pro-social behaviour problem type. A category still missing, though, is one that refers to the aspects surrounding disruption in family life – more specifically the child's reaction to the social interaction taking place. In splitting oppositional defiance from conduct disturbance, the researcher believes an opportunity was created to look at defiance as a rebellious act in itself, but also as a reaction to certain family dynamics occurring around the child. Since categorised headings in Chapter 4 included disrupted family systems as affecting the parents' management of the child's behaviour (since the focus of Factor 1 of the ChildPIE© is on the child and not the parents), it makes sense to combine these aspects under a heading that describes the child's reaction: oppositional defiance. The researcher could have used 'rebelliousness', but she is of the opinion that this word triggers negative associations, laying the blame on the child for wilfully resisting what is good. Oppositional defiance sounds more professional.

One of the researcher's conclusions regarding the low reliability of the problem types in the second rater study was that the definitions were too long to be easily understandable (especially when first used by the rater). The researcher shortened the definitions, using

PDF created with pdfFactory trial version www.pdffactory.com

the indicators in Chapter 5 as guiding points. The definitions are now much shorter, and where they are still rather long, two or more subcategories are combined under one classification. The different (refined) problem types are described next. Again the cross-referencing of the broad and subcategories will be done in brackets.

- **Milestone delay problem type** includes perceptual, physical, cognitive, emotional, and social development that is behind age-appropriate norms. The child learns through, movement, his/her senses, and contact with others. Any aspect that blocks the occurrence of any of these three aspects will limit the child's chance for growth and maturity. Through movement brain development is stimulated and through mental operations the child learns about objects, space, time and causality. Further development of intuition, operational and abstract thinking prepares the child for interacting with his social environment. Sensitivity should exist for differences in symbolic learning tools in different cultures. A problem in this area will include a delay in development in any of the five areas mentioned above, as well as problematic development of mental operations needed to prepare the child for social interaction (Development: milestones and cognitive development).

- **Routine problem type** supports the belief that lack of routine creates problems in social functioning. Routine is designed to teach the child the habits necessary for survival in society, to provide a safe predictable environment, and to ensure that the child is rested, nourished, and well cared for. A disturbance in any single area of the child's routine is no cause for concern. The parent-child relationship is under strain when the child fails to adopt routines of eating, grooming, and sleeping. Night waking, because of physical discomfort or emotional atmosphere, and the difficulties associated with settling the infant back to sleep, as well as nightmares and sleepwalking, do produce disturbed nights for both child and parents, which leads to exhaustion and a decreased capacity to handle the stress accompanied by constant caretaking. The failure to achieve bladder or bowel control in accordance with developmental norms may reflect a lack of routine. After five (for bladder continence) and four years (for bowel continence) concerns are raised with regard to life events, and contextual and physical causes. Chronic constipation, rectal inertia, and 'overflow

PDF created with pdfFactory trial version www.pdffactory.com

incontinence', may be evidence of parental punitive measures with potty-training. Eating disturbance centres around the quantity and quality intake of food with reference to signs of starvation and binging in the older child. A problem in this category will involve disturbance in more than one area of the child's routine, which may indicate environmental stressors or mismanagement of the establishment of norms for the child by the parent, such as a lack of responding to cues, punitive measures, and poor communication. The risk for the healthy development of the child necessitates intervention in this area (Routine).

- **Inhibition problem type** encompasses the cluster of behaviours displayed by the child, which indicates a disruption in early bonding experiences (in the first two years). The child displays disbelief that she/he will be kept safe and that others can be trusted. Without a secure base from which to explore he will show intolerance to stimulation, he will not seek out comfort and won't offer comfort to others either, and he lacks confidence in the autonomous self. In teenage relationships the adolescent with inhibition problems will show distrust in the relationship's ability to withstand the stress of negotiating needs and wants and cannot tolerate it if the partner fails to provide for his needs. As part of this problem type, but presenting as the opposite of detachment, is the disinhibited type of attachment disorder, where the young child will indiscriminately show affection to strangers. The manifestation of problems with intimacy in adolescent children mostly centres around sexual behaviour. Adverse outcomes associated with adolescent pregnancy and childbearing have serious socioeconomic and personal consequences for young mothers, because of a reduced probability of high school graduation and higher rates of poverty. With the unwanted pregnancy psychosomatic symptoms of insomnia, somatic complaints, anxiety, and suicidal ideation, as well as an intense preoccupation with the problem of ending the unwanted pregnancy, present themselves. Where the teenager opts for abortion, psychological symptoms, mainly of guilt, mourning, and self-accusation, do appear, although it does not affect subsequent sexual behaviour. Disinhibited as opposed to inhibited children are those characterised by a lack of fear and high degrees of approach and social interaction. A problem in this area will involve the child's display

PDF created with pdfFactory trial version www.pdffactory.com

of inappropriate social connections that can result in a promiscuous or inhibited style of interacting with others (Parenting: bonding, Stress: teenage pregnancy, abortion).

- **Performance problem type** points to the internal drive the older child needs to develop a sense of accomplishment and confidence in his abilities. Achievement deals specifically with the question of why people engage in transactions with their environment. Associated with every achievement-related action is the possibility of success (consequent emotion is pride) and the possibility of failure (consequent emotion is shame). The strengths of these anticipated emotions determine whether an individual will approach or avoid achievement-oriented activities. It is natural for the child to want to avoid failure and will seek out those activities with the highest probability for success. The positive feelings gained from a sense of achievement have a positive influence on the child's social interaction with others. The child needs encouragement, someone believing in his competence, and the ability to attribute successes to his own attempts, to be motivated to achieve. Social comparison and competition are healthy milestones in this process. Closely related to achievement is the capacity for problem-solving and expectation acts as a stimulus for problem-solving. Expectation consists of the constructs of hope (where the world and human nature consist of possibilities) and optimism (an attitude associated with an expectation about social or material future as socially desirable, to his advantage or for his pleasure). Hope offers faith and optimism provides a positive explanatory style in which the child habitually explains to himself why things happen – both stop hopelessness and makes the child more outgoing and his positivism contagious. For a child to develop this important buffer, he needs to have learned that his actions matter and that he can exert some control over outcomes. Intelligence and talent do play a role, but the focus of social work intervention is the psycho-social motivation behind learning, and not IQ or school-readiness testing (Performance).

- **Frustration problem type** symbolises the major developmental task of developing life goals, which form the motivating force behind behaviour and are the vehicle through which a person obtains satisfaction in life. The child must start to develop a sense of what he wants and he must be able to assess the degree to which his desires are met.

PDF created with pdfFactory trial version www.pdffactory.com

This is accompanied by the strive for self-actualisation and a need to be involved in virtuous activities. Hindered goal-attainment leads to frustration – a condition of being thwarted in the satisfaction of a motive or the realisation that the goal to which one is committed is unattainable. Frustrations depend heavily on factors such as age, personal characteristics, life situations, and the society in which the child lives, as well as factors such as physical illness or disability that constitute obstacles to goal-attainment. Frustration can lead to aggression, fixation and regression in the child. Gradual exposure to frustration will help the child develop frustration tolerance, and this is influenced by the severity and length of the exposure, the child's age at the time of the exposure and the possibility of avoidance. Long-standing frustration can lead to apathy and discouragement. Problems in this area will involve instances where the child's goals are thwarted, resulting in frustrated reaction of which the most extreme form is apathy, and it will be relevant in cases where the child shows low frustration tolerance or where the frustrating situation is too much for the child to manage at his age (Performance, frustration).

- **Pro-sociability problem type** expresses the requirement put to children to learn values such as helpfulness, sensitivity, altruism, generosity, and kindness. By three years of age children, regardless of cultural or socioeconomic backgrounds, can accurately identify happy and unhappy responses in other people. The accuracy of perception of other's feelings, thoughts and motives increases between the ages of 6 and 12 years. This is the beginning of reciprocity, which strengthens the individual's ability to relate to the group. With the transition to formal operational thinking during adolescence, the individual for the first time is intellectually capable of the reciprocity, relativism, and objectivity which represents the most advanced stage of social development. A problem in this area will involve parents abdicating their responsibility to model positive, non-discriminative attitudes towards others, to control access to negative external influences, and stimulating appropriate role-taking behaviour. The problem manifests itself in children lacking inhibitory control, internalisation of what they are being taught and compliance whereby they choose to abide by the normative code upheld to them. Gender roles do influence pro-social behaviour, with girls seeming more cooperative and boys more competitive. A problem in this area is

PDF created with pdfFactory trial version www.pdffactory.com

further implied when the child does not develop social interest, which would diminish the child's feelings of inferiority, alienation, and isolation. Specific needs met through social interest are the need for praise and recognition (Socialisation, pro-social behaviour, elements, and gender role identity).

- **Loss problem type** describes the life situation that causes the child an excessive sense of loss, requiring a period of mourning. All types of loss create the need for adjustment, and therefore cause transitional stress in the child. Other ways in which a child loses his parent include statutory intervention by the social worker, leading to foster home placement, special care institutionalisation and adoption. The child selectively accumulates memories in his first 6 to 8 years of life that determine how he gives meaning to what happens to him. An understanding of this is necessary to determine mistaken beliefs that exacerbate the situation. A child needs guidance through the grieving process and in order to resolve losses acceptably; he should enjoy a secure relationship with the person who is leaving or gone; he should receive prompt, accurate information about what has happened and should be allowed to ask all sorts of questions, which adults answer as honestly as possible, acknowledging when they don't know; and he should be allowed to participate in the family grieving, both publicly and privately. If the child has easy access to a trusted parent or adult who can be relied upon for comfort and a continuing relationship, the process will be easier on the child. A teenager prefers to receive comfort from his friends rather than from other adults. Loss of control over gratification and relief of suffering can lead to feelings of helplessness, which can involve withdrawal, lack of hope and pessimism. A problem in this area will refer to a child experiencing stress through having to adapt to losing something familiar that is crucial to his sense of security. It will also indicate when the child's grieving process has been blocked or handled inappropriately, leading to a negative mood in the child (Stress, early recollection, statutory intervention, grieving, hopelessness).

- **Oppositional behaviour type** represents behaviour in the child that opposes the expectation of the adult. Typical oppositional behaviours are temper tantrums, lying, aggressiveness and devotion to a cult. The child intends to make his objections

PDF created with pdfFactory trial version www.pdffactory.com

known or attempts to avoid the consequences of his behaviour. Changing dynamics in a family can demand too much adjustment of the child which causes the child to resist affection or discipline measures from caregivers. Children who experience the need to belong are easy prey for poor external influences. A defiant child creates greater risk of his becoming involved in more serious conduct disturbance. All misbehaviour stems from discouragement in the child. Negative goals involve gaining attention, power, seeking revenge in hurting others to protect themselves from further hurt, and proving inadequacy which gains them pity. When children develop positive behavioural goals, these involve gaining attention through involvement and contribution, gaining autonomy and self-responsibility – believing they can make responsible decisions and have age-appropriate power and resources, striving for justice and fairness, and avoiding conflict by accepting other's opinions. An early understanding of goals and causes behind deviant behaviour can help with early intervention to prevent the development of more serious conduct disturbances. A problem in this area would therefore include the early warning signs of resisting parental authority with any of the four goals that stem from discouragement in the child (Behaviour adjustment: oppositional defiance, Parenting: disrupted family system, Performance: goal-directedness).

- **Conduct disturbance problem type** represents a number of more serious behaviour problems presented by the child. Conduct disturbances differ from oppositional defiance in that the child is now rebelling against lawful expectations placed on his conduct. Conduct problems include school attendance problems, running away/street children, substance abuse, stealing/theft, vandalism, and serious assault. Risk factors for developing conduct problems are family dysfunction, parental mental illness and criminality, low socio-economic class, and institutional care. A juvenile delinquent is a young person between the age of 10 (criminal responsibility) and 17 who has been prosecuted and found guilty of an offence. Factors in the interaction the child has with others that predispose him to conduct problems are competition, stereotyping, expectations, poverty, abuse, low religiosity, poor coping, poor role models, inadequate opportunity, no attachments, poor socialisation, anger and anxiety. A problem in this area will imply that the child is engaging in behaviour that is illegal

PDF created with pdfFactory trial version www.pdffactory.com

which presents great risks for his health, safety, freedom and adjustment in relationships (Parenting: behaviour management, conduct disturbance).

Consideration should be given to what specific cultures' 'symbolic tools' are, and social workers should avoid imposing their cultures' 'material' on the children they assess. This serves as a guideline in the use of the ChildPIE©. Of more importance is that, since cultural influences impose opportunities or constraints on the developing mind, the social worker should be aware of any inappropriate cultural influences on the developing mind of the child.

- **Other**. This option serves as an opportunity for the social worker to include other problem types, only when the practitioner has ensured that she understands the definitions well and has therefore found a case that cannot fit into one of the provided types.

The indexes discussed next formed part of the development of this study, but it should be noted that, although the respondents used these indexes in the pilot studies, the researcher did not use the scores for the interrater reliability testing (see Chapter 6).

7.6.2.3 Child abuse types

Child abuse is a social problem with negative effects such as school problems, behaviour problems, depression, anxiety, and post-traumatic stress disorder. It is further associated with negative psychological outcomes such as aggression, emotional unresponsiveness, depression, suicidality, personality disturbances, and low self-esteem. Research also suggests that early family experiences exert an important influence on the development of future parenting skills. The consistent and problematic effects of child maltreatment on the child's ability to negotiate stage-salient developmental tasks include severe disturbances in several domains of adaptive functioning, such as the development of a secure attachment to the primary caregiver, affect and physiological self-regulation, the development of autonomy and a sense of self, and the establishment of peer relationships. Furthermore,

PDF created with pdfFactory trial version www.pdffactory.com

sexual victimisation has implications for the probability that teenage girls will resort to multiple and extreme forms of weight regulation practices.

It is therefore obvious that abuse severely affects childhood functioning and deserves a separate index to describe the type of abuse the child is exposed to. In every case of social role functioning, the abuse the child is exposed to needs immediate intervention to safeguard the child. The researcher chose not to merely have 'abuse' as a problem type. The reason for this is that she predicts that it would be used in the majority of cases and that it would obscure the more intrinsic dynamics of the child's presenting problem. To separate it out into different types gives this index the form of external, environmental stressor that has been introduced into the child's life by adults. In the case of abuse, the child's innocence is used to force on him something he cannot even comprehend. With other attributes that cause problems in relationships such as hyperactivity, the child brings that attribute into the relationship – it was not forced on him from the outside. The respondents of the pilot study agreed with this use for the index.

The original PIE does not have another index that brings another dimension to the social role and problem type. It does have a severity index, which the researcher is not including in the ChildPIE©. The severity index in the PIE has as its function to differentiate the instances when the changes and transitions of everyday life become extensive, rapid, and problem-producing (Karls and Wandrei, 1994: 35 *manual*). The researcher goes from the premise that, especially with children, the social work profession is geared towards early intervention, and she is therefore of the opinion that a severity index may be redundant in the case of childhood functioning. It differs slightly with adults in the sense that they exercise more choice in the matter of receiving treatment. A further argument is that when any abuse is present it immediately indicates that the problem is severe enough to indicate the need for immediate intervention.

1 **No maltreatment evident** – is used to indicate that the social worker is not aware of any abuse that plays into the dynamic of the child's social role functioning.
2 **Ineffective discipline** – points to the fine line between appropriate discipline and abusive power assertion. Inappropriate disciplining expects the slavish following of

PDF created with pdfFactory trial version www.pdffactory.com

authority, meeting perfectionistic goals, demanding mature adult behaviour, or proof of obedience. Appropriate discipline is the establishment of behavioural norms and boundaries to assist the child's adjustment to his environment, character forming and guiding the development of a life philosophy that considers other people's rights and needs. With ineffective discipline the child is merely the recipient of parental frustration and anger, and not the student in learning about life. The parenting style should also fit the developmental stage of the child.

3 **Inappropriate exposure** – is an option suggested by respondents of the pilot study to refer to behaviour by the parent that exposes the child to dysfunctional and unhealthy behaviour, or otherwise allowing the child to be exposed to such behaviour. It implies a form of passive abuse where the parent neglects his socialising responsibility. The parent does not control the child's access to negative influences in and outside the house (e.g. free access to television all day). Apart from this, the parent also introduces unhealthy examples of functioning such as over-indulging in substances which carries a high risk for developing dependency and domestic violence.

4 **Neglect** – involves the chronic lack of attention to a child's basic needs for food, clothing, shelter, medical care, education, and supervision, as well as inattention to emotional security, affection, encouragement, and stimulation. In its most severe from neglect would lead to abandonment. Sensitivity towards poverty is a requirement in the assessment of neglect.

5 **Emotional insult and threats** – emotional abuse involves the continual scapegoating and rejection of a specific child by his caretakers. Severe verbal abuse, berating, severe yelling, and excessively high demands are present, and can even involve psychological terrorism where a child is, for instance, locked up in dark cellars or threatened with physical harm. Meeting the child's emotional need is a prerequisite to personality development and psychological well-being. The tell-tale signs of emotional abuse are difficult to detect, but some kind of disturbance in the child's behaviour is a usual symptom.

6 **Intimidation by peers** – A child can also be abused by other children, either of the same age or a little older. Bullying is a form of aggression in which there is an imbalance of power between the bully and the victim, and it occurs largely within the

PDF created with pdfFactory trial version www.pdffactory.com

context of the peer group. Bullying, which may be direct (e.g. name-calling) or indirect (e.g. gossip), covers a wide range of behaviours from social exclusion to physical assaults, as well as emotional intimidation that may stir up intense and overwhelming feelings in the victim. All areas of these victimised children's lives may be affected – academic, social, emotional, psychological, and physical health. Boy and girl victims of all ages suffer from feeling anxious, socially eccentric, unsafe, depressed, and lonely. Victimisation's impact is exacerbated by a cycle whereby the emotional, physical, and social effects leave victimised children more vulnerable to further peer maltreatment. The fact that victimisation and self-perceived peer social competence influence each other, suggests a vicious cycle in which low self-regard and abusive treatment by others are mutually reinforcing. Pupils in special education are more likely to be victimised, as are those with chronic medical conditions.

7 **Physical harm** – means that the parent or caregiver is responsible for or allows injury to come to the child. It involves any physical injury or anything else that jeopardizes the well-being or life of a child and includes violent methods of discipline such as beatings that cause lacerations, abrasions, bone or skull fractures, or intentional burning.

8 **Sexual violation** – includes any sexual, exploitative activity with children, whether it involves physical contact or not, by a person who uses his superiority in terms of age, physical strength or position in relationship to the child, to meet his or her own emotional and sexual needs. Sexual abuse of children includes parent-child incest initiated by one or both parents; a child being forced into sexual activity by stepparents, relatives, or family friends; the rape of a child by a stranger; and sexual manipulation such as prostitution or pornography as well as sadistic cruelty. Special attention must be given to signs of Rape Trauma Syndrome – it is an acute phase and long-term reorganisation process that occurs as a result of forcible rape or attempted forcible rape. This syndrome of behavioural, somatic, and psychological reactions is an acute stress reaction to a life-threatening situation. Rape is defined as the carnal knowledge of a teenager by an assailant by force and against her/his will as a violent act using sex as a weapon.

PDF created with pdfFactory trial version www.pdffactory.com

7.6.2.4 Duration of the problem

The duration index indicates the length of the problem. It alerts the practitioner to the degree of urgency for intervention, as well as providing a measure of the prognosis for problem resolution while also considering the client's ability to cope. A client with good coping skills and a recently developed problem has a higher probability for problem resolution than one with a chronic problem and poor coping skills (Karls and Wandrei, 1994: 36 *manual*). The researcher used the same values for the duration index; what these values represent, is self-explanatory.

7.6.2.5 Coping strengths

In the MiniPIE (PIE manual) Karls and Wandrei (1994: 37) see coping index as consisting of the social worker's rating of the client's ability to solve problems, capacity to act independently, and his or her ego strength, insight, and intellectual capacity. According to these authors social work intervention is most needed when the client lacks adequate coping skills. According to the *Dictionary of Social Work*, coping can be defined as a process whereby a person successfully deals with a problem and life situations, which indicates goodness of fit (Terminology Committee for Social Work, 1995: 15).

One of the key concepts in childhood social functioning identified in the conceptual framework at the end of Chapter 3 is temperament. For the researcher this concept is more meaningful when looked at as a reference point for coping in children. If the child's coping strengths need to reflect inner mechanisms that will help the child cope with external pressures, temperament traits which have been apparent since birth, can give an indication of how likely the child is to cope with stressful situations. To assess strengths the social worker would need to identify inherent traits that exist despite the child's circumstances, which can be used to strengthen and empower the child. In other words, one would want to know what already exists that can be built upon during the intervention process. This part of the ChildPIE© classification system does however not receive further attention as part of this doctoral study, and will be subjected to further developments at post-doctoral level.

PDF created with pdfFactory trial version www.pdffactory.com

7.6.2.6 Priority code

Because we work with multi-problem families, in most cases there will be more than one problem seen as important by the social worker during assessment. For this reason the researcher included a new code, namely the priority code, to identify problems as either primary (perceived as the biggest problem, and needing immediate attention, constituting a crisis); secondary (second most serious that would need immediate follow-up attention after crisis has been diverted); and relevant (an underlying problem that needs definite long-term intervention). During her pilot study, the sample found this code highly applicable to practice as it allows for a bigger chance for the real problem to be treated thoroughly. Using this code would mean that the same ChildPIE© can be used for all the child's problems and the code would be followed by a "P", "S", or "R".

The inclusion of this code deviates from the residual category of 'mixed' provided in PIE. The researcher found that the respondents had a problem with using this category in a previous study, since the description is then still unclear as it cannot explain which ones are included under 'mixed' (except for an accompanying report which will obliterate the purpose behind the use of a coded classification system). In the pilot study, respondents came up with the idea of utilising the format of priority coding that was used for the purpose of data gathering during the interrater test. To have priority coding as part of the eventual system will allow for a differentiation between aspects of the child's problems according to priority ratings. To intervene in the child's problems the practitioner has to start with one problem which can receive priority while the other related issues are also classified so as not to lose sight of their implications on the child's 'here-and-now' state.

7.6.3 Coding

The coding procedure works in a similar way to that of the original PIE: the descriptions in the indexes have a numerical value which is placed next to the social role that has been selected. By filling in the codes in the spaces provided, the social worker ensures a thorough assessment of not only the role that presents problems, but also the dynamics

PDF created with pdfFactory trial version www.pdffactory.com

affecting it. By using numerical values to identify these dynamics, the social worker works towards using numbers (and letters) to describe a complex problem instead of writing long reports. By using apposite classifications that have pre-existing descriptions, two social workers who both use the ChildPIE© will be able to refer to a code of only 7 numbers and 2 symbol characters in length, which will explain all relevant aspects regarding the child for the purpose of intervention. The structure and format of the coding are illustrated in Figure 7.2. The lower case ('small') letters will be explained below, but the meaning of the capital letters can be found in the top and last indexes in Figure 7.1. They have also been described in previous sections.

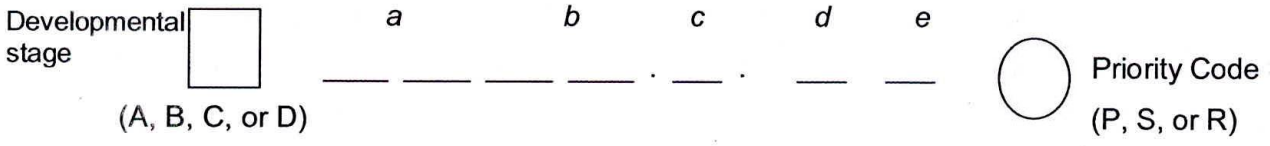


FIGURE 7.2 CHILDPIE© CODING

a = Social role; it can range between – 11to 16 for *familial roles*
– 21to 27 for *other interpersonal roles*
– 31 to 34 for *special life situation roles*

b = Problem type; it can range from 1 to 10

c = Abuse type; it can range from 1 to 8

d = Duration of the problem; it can range from 1to 6

e = Coping strengths; it can range from 1 to 6

Each space will get one of the numbers indicated by the small letters (depending on choice of role, problem, abuse, duration and coping type. In the final development of the ChildPIE©, an assessment summary will be developed similar to that of the adult PIE, that will have as its purpose to help the social worker transfer the codes from the system into one line and to join the classifications of the different factors.

PDF created with pdfFactory trial version www.pdffactory.com

7.7 Intervention plan

At this stage of development the option to write the recommended intervention down as part of the assessment, serves the purpose of guiding the social worker's thinking towards treatment and not merely assessment. At a later stage the researcher intends to develop a supporting intervention model. This can also be categorised and coded, and can later be included in the coding of the classification. This would also offer more focused intervention, geared at addressing the specific identified problems.

Snyder (1997: 536) gave his main criticism of the PIE as being identical to his criticism of the DSM-IV, claiming that neither assessment tool has much to say about methods of treatment. Perhaps the profession should consider abandoning the age-old link between knowledge and practice, and between diagnosis and treatment, and consider the now more pragmatic link between reimbursable assessments and third-party payer treatments. In the current social work milieu where social workers in private practice are expected to use ICD-10 codes (International Classification of Diseases) for medical fund reimbursements, the need to offer some form of classification for third party payments for treatments is already required. The PIE and ChildPIE© assessments certainly would call for more social work intervention, and one would assume that social workers would want to adopt their own system of classification instead of using that of another discipline.

7.8 A practical illustration

The researcher thought it appropriate to present the two case studies on which there was agreement by all three respondents in the second pilot study. These applications of the ChildPIE© on real cases in practice will offer an illustration of how the system can be used. The case studies also illustrate how the problem type with the child's social role can be combined with an abuse type.

> J. is two-and-a-half years old. She is a very active toddler and is prone to take things and break them. She seems to get no discipline from her parents who spoil her. She is crazy about her father and does not want to be separated from him. She sleeps with the couple in their bed. Her father often walks naked in the house and seems not to realise that this can negatively influence J.'s development. When she is with her grandparents she also runs

PDF created with pdfFactory trial version www.pdffactory.com

around naked in the house and asks the grandfather to inspect her naked body. The mother worries about this behaviour. This behaviour has occurred since her second birthday when she also seemed to have become excessively active. She does not respond to guidance from authority figures. She has proved to be very intelligent and seems able to negotiate what she wants.

All three raters saw this as a problem occurring in the Natural child role (code 11) and as a Routine type problem (code 02). Inappropriate exposure (code 03) was also indicated as a form of abuse. The Relative role (code 15) can also be considered as a secondary area in which intervention may be needed with regard to the grandparents and the setting of boundaries that refer to Ineffective discipline (code 2) of the type of abuse index.

M. is 19 months old. In the past year the mother has found caring for the child more and more difficult. The child is still only taking in fluids as her only source of nutrition, she seems to be underweight and seem to lack age-appropriate stimulation. She has insect bite marks and a case of flu. M. shows clingy behaviour towards her father and is hesitant to go to strangers.

All three respondents chose the Natural child role (code 11) and the Milestone delay problem type (code 03). The researcher did not test agreeability on the rest of the indexes but all of the respondents also indicated Neglect (code 4) as an abuse problem type. In both these cases Inhibition (code 01) can be considered as a secondary problem type with a reference to attachment behaviour that may be of concern.

7.9 Summary

This chapter presented the core of this study – the ChildPIE©, which is the accumulation of four years' of development. The writing process was an opportunity to rethink the design and to adjust the plan. Since the goal of the ChildPIE© is to describe the social functioning problems of children, it has to be clearly understandable and directly applicable. There is still more to be done before one can say with confidence that this is a reliable system.

In Chapter 8 the researcher will reflect on what was learned from the developmental process, and will give some indication of the next steps required in the further development of a classification system for childhood social functioning that can be disseminated into practice.

PDF created with pdfFactory trial version www.pdffactory.com

Chapter 8
Conclusions & Recommendations

Five senses; an incurably abstract intellect; a haphazardly selective memory; a set of preconceptions and assumptions so numerous that I can never examine more than minority of them - never become conscious of them all. How much of total reality can such an apparatus let through?

- C. S. Lewis -
(English essayist, juvenile novelist, & Christian apologist, 1898-1963)

8.1 Introduction

The quote provided in step 12 of Chapter 2 by Reid (1994) is significant in understanding the form of this chapter. Reid states that developmental research differs from conventional research in that the conclusions derived from the conventional study are hoped to influence future practice, whereas modifications proposed in development research are incorporated directly into the intervention under development. This chapter thus reflects on what has been learned and accomplished through the developmental process, as well as on what the next steps should be.

The preceding chapters involved the implementation of the steps of the Adapted Design and Development Model set out in Chapter 2. All these steps guided the researcher towards the development of a new technology which was designed, named, tested, and refined as a result. This chapter brings it all together and gives an idea of what development on the ChildPIE© is planned next.

The researcher learned the following in the course of the development process:

- Validity and reliability require control of various aspects during different times in the developmental process, i.e. even control over the decision of which articles or books to use as literature.

PDF created with pdfFactory trial version www.pdffactory.com

- Breaking the development down into a step-by-step process, and not trying to deal with all aspects at once improves the chances of ensuring the validity and reliability of each part.
- Continuous objective feedback from others is essential – a number of people in the field are more informed on different aspects than you are.
- A good research study has to re-adjust itself according to obstacles along the way in order to remain feasible, even if it means changing course a few times.
- Her own experience and judgement played a significant role in the flow of the study. This study was a training tool for the researcher in exercising confidence in her own opinion and ability to put forth a valid argument.
- Despite striving for a comprehensive study that simultaneously narrows down the operationalised terms for inclusion, the study still showed poor integration at times. It was difficult to consider so much information on childhood social functioning and then reduce it to a one-page system that will represent all the information through an understanding of the selected terms.
- A high level of scientific precision is required to develop a classification tool for any profession, and this becomes the researcher's life's work. Each category should exclude the others (a case example should not be able to fit into more than one category). This is extremely difficult to accomplish, and demands that the user's judgement, knowledge of the system, experience and training are all brought into play.

Next in this chapter the researcher will give conclusions on the development process in this study, and will then present recommendations on how to improve the integrity of the ChildPIE©.

8.2 Conclusions on the development

In Chapter 2, a number of steps were described in shaping the design process. Since the purpose of these steps was to ensure that each part of the process contributed to the development of a valid and reliable tool, the researcher needs to evaluate how the requirements for the most important steps were met. The steps in Chapter 2 were the

PDF created with pdfFactory trial version www.pdffactory.com

methodological steps to accomplish the goal and objectives set out in Chapter 1. The researcher's goal in this study was to develop a classification with which to categorise childhood social functioning problems. This meant developing a conceptual framework in terms of which to direct the inclusion of and decision-making about the literature, designing a system in accordance with certain requirements, and testing the first draft. The techniques and competencies needed to accomplish this are evaluated in the following sections.

8.2.1 Method of information gathering

The researcher commented throughout this thesis on what she views as social work's unifying construct as well as how she arrived at the concepts used as the foundation for the development. How she decided what to include and how she checked for biases all ensured that the content of the classification system would have probability for validity. Cooper's (1989) statement regarding the literature review (step 6 of Chapter 2) is relevant to the experience in this study. The findings of different studies are very complex and the instinct for uncovering variables that influence a relation are important in the synthesis process. This study was definitely an exercise in the uncovering of relations among different concepts. Not only did the researcher have to be vigilant about what content she chose to include, she also had to put the information into a new framework for assessing social functioning in children. This proved successful, and was adequate for the purposes of this study.

8.2.2 Design and development competencies

The competencies the researcher needed to conduct a design and development study were outlined in Chapter 2, step 12. The researcher wanted to evaluate herself on these at the end of the study. Most of the competencies she developed in the course of the study were through study guidance and experience. The researcher mastered the theoretical and conceptual background of what was set out in this study. The measure of reliability established by this initial design shows competency in synthesising diverse concepts into an integrated whole. She was able to at least tentatively conceptualise

PDF created with pdfFactory trial version www.pdffactory.com

the problems relevant to social functioning in children. The researcher used a structured plan in approaching information sources (highlighted at the beginning of Chapter 4). She also showed a lot of innovation in transforming the information and conceptual framework into a classification system. She further submitted her intervention to pilot testing with subsequent revision of the system. The ability to apply multiple methodologies was a challenge for the researcher, and only towards the end of her study could she conceptualise how all the parts came together. Following the completion of this thesis (which is the first form of communication), she will continue to focus on how to gain support from practice and how to communicate her research results. The researcher also learnt that to communicate the intricacies of her study involves the delivering of focused and concise arguments.

8.2.3 Meeting measurement criteria

In step 3 of the Adapted Design and Development Model, the researcher explored what would be required of a classification system with regard to being a measurement technology and with regard to assessing children. The two summaries at the end of step 3a and step 3b (in Chapter 2), can be used in determining whether the criteria for measurement tools have been met by the ChildPIE© system. The first summary at the end of step 3a gives requirements for the system as a measurement tool, and the one at the end of step 3b gives requirements for the system as a classification tool. In the researcher's opinion, the following criteria of a measurement tool have been met through the ChildPIE© system, even if only in part:

- It helps to describe childhood social functioning problems more clearly and accurately.
- It assists in determining the intensity and duration of the occurrence of events.
- It provides clearer feedback to the client, thereby supporting empowerment.
- It facilitates practice decisions and can enhance the effectiveness of practice efforts.

In Table 2.1 (Chapter 2), Roestenburg (2003) emphasised that the accountability issues in classification systems centre around sufficient training in and uniform application of

PDF created with pdfFactory trial version www.pdffactory.com

the system. The limited time provided for training in and administering of the ChildPIE© during the pilot tests was explained in Chapter 6. Inadequate training may be regarded as a reason for limited reliability. If the training is not clear, the respondents apply the system in different ways, and therefore have poor interrater agreement. Apart from focussing on more effective training, the researcher also needs to ensure that the user guidelines are very specific and clear. This will also increase the likelihood of uniform application. With regard to the summary at the end of step 3b, the researcher is of the opinion that the ChildPIE© meets the following requirements for classifying children:

- It alerts the social worker to the combination of factors, such as role functioning, social interaction problems, and the occurrence of abuse.
- The conceptual framework, categories, and indicators (Chapters 3 to 5) provide the social worker with broader knowledge on childhood social functioning, thereby enabling more effective use of the ChildPIE©.
- The reference to coping skill helps the social worker to label the child not only in terms of his problems, but also in terms of his strengths.
- The respondents of the study could identify with the ChildPIE©.
- It is simple and user-friendly.
- One of the user guidelines suggests the involvement of a parent/guardian in the assessment, since the child lacks sufficient abstract reasoning to be included in the assessment.
- The ChildPIE© is a tool for collecting and ordering relevant information that can produce a comprehensive social functioning assessment of the child client.

As a classification system depends a lot upon the manner in which it is used, clear instructions should be developed. Complying with instructions for use depends on the user and not the system. Therefore some control over the test conditions will always lie with the perceptions and judgement of the social worker, and this will inevitably have an effect on reliability. Within the domain of this study, however, the most important criteria for a measurement technology were met.

PDF created with pdfFactory trial version www.pdffactory.com

8.2.4 Meeting validation criteria for a classification system

A further framework in terms of which to evaluate the ChildPIE© was provided by the validation process undergone by the adult PIE. The researcher evaluated the ChildPIE© against the criteria set out by Karls and Wandrei with regard to the validation of a classification system (see step 14 in Chapter 2). The ChildPIE© has met their validation criteria in the following ways:

- The first criterion was *acceptability*, which indicates that users agree that the categories and their definitions have face validity, and that they encompass the language of the profession. Although the sample was small and their feedback cannot be generalised to the rest of the profession, this feedback was positive with regard to acceptability, which supports further exposure of the ChildPIE© to practice.
- The second criterion was *feasibility*, which indicates that the system is understandable and easily applied. Again there was initial support to assume likely feasibility of the ChildPIE©.
- The third criterion, *coverage*, is achieved when there is goodness of fit of the system in practice, and since clients did not fall into the residual category of 'other', the researcher is positive in this regard. None of the three raters made use of the residual category within the social role or problem type categories. It may therefore be assumed that the raters found available options for all 25 case studies (they did not feel there was a problem that was not covered by the ChildPIE©). Of course this does not mean that there will never be a problem the social worker cannot find an option for, but it does give some positive feedback about the integrity of the content at this early stage of development.

The researcher presents concluding comments on the reliability and validation of the system as well as the other criteria in the following sections.

8.2.5 Finding a unifying construct

The reliability of the ChildPIE© will have little significance if social workers do not adopt

PDF created with pdfFactory trial version www.pdffactory.com

the system. Practitioners' adoption of the system depends on the extent to which they believe the system reflects and assists with the aims of the profession. In the course of this study, the researcher adequately illustrated that person-in-environment may be regarded as the unifying construct for social work. She can further conclude that the ChildPIE© system does in part (in Factor 1) reflect a person-in-environment approach, and that the system has a likely chance of being adopted by practitioners. The positive response from the respondents (see Chapter 6) provides encouraging support for assuming a likelihood of the adoption of the ChildPIE© may exist.

8.2.6 Validation guidelines

According to Karls and Wandrei's (1994) criteria for a classification system, the validation of a system is a measure of its usefulness, and reflects how well it measures what it is supposed to measure. The validation process at this early stage of the development focused on ensuring that the content of the classification system was based on information gained in a structured, controlled way. For this a number of strategies were used, i.e. Grounded theory-, literature review- and Systematic Research Synthesis principles (steps 5 and 6, Chapter 2), as well as the validation techniques summarised under the 'a to z'. The former principles served well in the collection and organisation of the data gained from the literature. The validation techniques served as a good guideline for handling the data, although it was easily applied throughout all the decision-making required for this development. To illustrate this, the researcher discusses some of the aspects related to the validation process she adhered to.

The researcher found that the constant comparison that forms part of Systematic Research Synthesis was difficult to verify. A considerable number of topics had to be included in the development of a classification system, so she considered different aspects of them, and decided to include those which related to the purpose of the technology. This mental process was made evident through cross-referencing between chapters and sections.

Extensive use of a variety of resources increased the integrity of the concepts in the

PDF created with pdfFactory trial version www.pdffactory.com

development. The researcher used articles and books, both recent and older, classical sources, formal and informal information, international and local publications, and literature from different disciplines. She kept a look out for opposing or contradictory explanations, and the replication of findings among studies. She made use of feedback obtained at various points in the developmental cycle. The researcher also reflected on the assumptions and co-occurrences found in the literature study in her summary at the end of Chapter 4.

With the search for adequate information resources comes the risk of too much information. The researcher struggled with data overload. This became a real challenge while trying to establish a sound theoretical understanding of the concepts to be used in the development of the new technology. An overload of information carries the risk of losing focus, but the practical guidelines for the literature study were adhered to by the researcher, and the study concentrated on aspects related to the child's social functioning. This was confirmed through the comparison with two other frameworks that contained similar concepts to those used for the ChildPIE©. Constant clarification through study guidance served an auditing and review function.

With regard to verification strategies (see 'a to z' in step 14 of Chapter 2), the researcher continuously had to re-evaluate her decision to include certain literature both to avoid overload and not to focus simply on the most common or noticeable aspects of childhood social functioning. She used different information channels and redirected her search whenever new conclusions were drawn. She kept her bias in check, and assumed that literature from certain professions might be of value (such as the diagnostic terms used in psychiatry). The researcher examined the research method through which results and conclusions were obtained to justify the validity of each literature source. By using the questions at 'z', she strengthened the conclusions drawn from literature. The researcher showed a preference for literature in which 'classical' authors were cited, and for the literature in which theoretical concepts were discussed. The researcher sought out articles that produced new evidence on previous findings, since the questioning of results is part of validation and therefore necessary in research.

PDF created with pdfFactory trial version www.pdffactory.com

The threats to validity related to the gathering process, discussed as part of step 6 in Chapter 2, included the fact that not all studies pertinent to the topic of interest have been included, and that individuals or elements in the case studies are not representative of all individuals or elements in the target population. Based on feedback from panel discussions with colleagues in social work practice and education as well as her study promoter, the researcher is confident that she can judge the comprehensiveness of the literature search to be adequate. Referring back the discussion on pilot studies at the beginning of Chapter 6, a broad overview of literature on the topic of the study was an important part of this study. She is also confident that she investigated research done on different population groups (although not always on the same elements being researched – she could therefore not make comparative conclusions). It was her task to conceptualise the content of the new technology in such a way that it can be seen as a-cultural (free of cultural association in order to be applicable across a number of different cultures), as is the case with the adult PIE.

With regard to the handling of data (from the interrater test), the researcher experienced the effect of missing data. In the second pilot study the participants did not so readily provide responses on the 'relevant' choice. This narrowed down the responses that could be compared to see whether there was overall interrater agreement. Because the sample was so small, one rater's non-response on a case study made it impossible to get a strong interrater agreement. In some cases the raters couldn't choose between two options, and this apparent discrepancy in information exposed mistakes in reasoning by the respondent as well as a lack of clarity in the case study as to what the presenting problem was. The fault in reasoning can be addressed through clear instruction. However, having different opinions on the child's most serious problem will, in the opinion of the researcher, remain a reality with regard to validity in social work measurement.

Overall the researcher is satisfied with the steps she took in ensuring validity. Her measures were sufficient for the purpose of this study.

PDF created with pdfFactory trial version www.pdffactory.com

8.2.7 Limitations of the study

Even though Chapter 6 showed how valuable information was gained through reliability testing, some limitations were also evident. According to Karls and Wandrei's (1994) reference to the reliability of a classification system, the system should indicate how well practitioners using the system agree with each other on the identification of the categories. This relates to the function of the new technology, implying that, if the ChildPIE© is reliable, it will produce the same category code if the assessment is repeated on the same child (provided other influences are controlled). If the ChildPIE© is reliable, a change in findings in different assessments will indicate a change in the child's social functioning. The pilot tests in this study created a controlled environment on small scale, and the initial results show promise that what the ChildPIE© measures is not the result of random occurrences. Instead the system has shown that it is able to measure a certain concept consistently. Although the perceived reason for insufficient reliability in one part of the system (unclear definitions in problem type) has been addressed through refinement (in Chapter 7), the new system has not yet been tested. Concern therefore still exists with regard to the overall reliability of the ChildPIE©.

An oversight with regard to the reliability testing in this study is that, although the case studies were diverse enough to cover most of the options, the researcher did not analyse whether all of the social role options were used by the raters. Although social role may have a high reliability, it became clear with hindsight that some of the roles were not selected, and it is not certain how their reliability compares with the roles that were chosen. At face value all the roles were selected by the three raters, but two of the roles were selected by only one rater, and five roles were selected by only two of the raters. Absolute interrater agreement was lacking with regard to these roles. This shows that more in depth analysis on a number of ratings is needed to prove reliability.

8.2.8 Discrepancies in process

Some discrepancies challenged the researcher's logical reasoning during the process of development. Having an a-theoretical classification system to avoid criticism of the new

PDF created with pdfFactory trial version www.pdffactory.com

classification system, while at the same time having to build a theoretical framework from which the classification can be designed. She settled this discrepancy for herself by understanding that the development of a theory is a necessary step in the total design and development process. Concepts must be derived from somewhere and should be perceived as valid (proven theories). Through an operational process the theory is translated into observable definitions. These definitions take form in a system like the ChildPIE©, but are placed in the system in such a way that they are worded in an a-theoretical manner.

Another seeming discrepancy is what differentiates diagnosis from classification (see step 3b, Chapter 2). A classification does not offer a cause-and-effect relationship but merely a description of the dynamics of the problem. The researcher felt that, to understand the interactional dynamics of social relationships, she had to look at the cause of the problem. This was resolved on the basis of Karls' argument (see Table 6.2) about not using the word 'cause' since it implies a relationship. This study was based on the assumption that, when describing (classifying), you must take care not to explain why but rather to state what is. The researcher is of the opinion that she approached the definitions of the ChildPIE© effectively in this manner.

It can be concluded that the study systematically met the requirements set out in the steps of the Adapted Design and Development Model. The aims of the study were achieved, with the result that it contributes to social work practice through the development of a new technology that will not only help the social worker describe social functioning problems in children, but also provide a unifying language for social workers dealing with children. The successful implementation in practice will, however, depend on further development, and these recommendations are presented in the following section.

8.3 Recommendations

The recommendations for this study arose from the realisation that the researcher has completed all of the development that needs to be done on the ChildPIE© to make it a

PDF created with pdfFactory trial version www.pdffactory.com

reliable tool for use in social work practice. Specific attention should now be paid to a few aspects resulting from this study, and these are discussed below.

The following recommendations apply to the refinement of the ChildPIE©:

- The development of Factors 2, 3 and 4 of the ChildPIE© to include the assessment of the child on environmental, mental- and physical health aspects.
- Selection and contracting of a task committee based on expertise and available time to further refine the ChildPIE©, and to provide endorsement for the system's use in practice.
- External and objective review of the system by the task committee and/or objective coder/computer coding. Their task would involve considering the adequacy of the social roles and problem types of Factor 1 (as obtained through the operational and design process – Chapter 5), and to refine the definitions used in this study (Chapter 7).
- Contact with the developers of PIE and exploration of future networking options.
- Further development of a user-friendly manual in consultation with practitioners.
- Large scale replication of the pilot studies done in this study on the completed product and writing a proposal for funding.
- Publications to report on the progress of the ChildPIE© and to gain of support for its application.
- Planning of training workshops and establishment of a certification process.

These are the next steps recommended for further development of the ChildPIE©. The researcher also recommends that social workers in practice should, as far as possible, start implementing aspects of the ChildPIE© for it to gain exposure from practice, in order to learn how to increase the fit between the system and practice.

PDF created with pdfFactory trial version www.pdffactory.com

Should negotiations about the future of ChildPIE be completed and the final development drafted and standardised, the next step for the researcher would be to have the system accredited by the Council for Social Services in South Africa. Acquiring practice interest accreditation for Continuous Professional Development (CPD point value) can be used as the motivating force. The last phase of the research design (marketing and dissemination) will then need attention.

8.4 Value of the ChildPIE©

The researcher highlighted the use and benefits of the ChildPIE© in the previous chapter, which provided support for the description of the ChildPIE© system. Of even more significance than this description is the practical value the system adds to the availability of measurement technology for social workers. The ChildPIE© was developed to address the need for a comprehensive assessment that social workers in various settings can use, not only to assess the child in social work language, but also to communicate in a time efficient manner. The ChildPIE© calls for a refocus on the assessment of childhood social functioning. More importantly, it should join social workers in a common pursuit for clearer classifications of childhood social functioning problems that will lead to more focused and effective practice interventions. In using the ChildPIE© as a tool for gathering information on social functioning problems, the face of research, needs assessment, and programme development in social work can be changed.

8.5 Summary

From the start of this thesis the researcher showed the need for a unifying construct for social work and showed what this construct should be. It is only fitting to end the thesis by agreeing with Turner (1983) as well as Karls and Wandrei (1994) in their argument that a classification system should be a conceptual tool that helps the social worker to apply the profession's rich and extensive body of knowledge, and that social work will only gain parity with other major people professions when it adopts its own system to do this. Karls and Wandrei (1994: 18) made the point that the creation of DSM and

PDF created with pdfFactory trial version www.pdffactory.com

psychiatry's promotion of it as a universal classification system required millions of dollars and a great expenditure of energy by psychiatry, with accompanying defections by various practitioners. However, as a result of that effort, almost all mental health workers use the system, and the status of psychiatry has been greatly enhanced.

Karls and Wandrei (1994) also argue that the future of PIE is linked to the readiness and willingness of social work practitioners, administrators, and educators to take the difficult step of learning and implementing a new or unfamiliar way of identifying client problems. This is, by association, also true for the ChildPIE©.

No part of the four-year process which compiled this study was wasted, since the researcher learned from the 'failed' attempts as she could never have learnt from a textbook, how to successfully accomplish what she set out to do. As with any new project, it was hard to imagine at first how much she had undertaken, and it is with ambivalence that she now ends this part of the development in order to embark on finding new participants, fresh resources, and more knowledge on the chosen topic.

The ChildPIE© has done well in meeting the requirements set out in this study and the advice of the co-developer of the adult PIE, but more importantly, it has done well in meeting the needs of practitioners. The call for accountability in practice and clearer descriptions of client problems were recognised. In the last step described in Chapter 2, Corrigan, *et al.* (1994), state that implementation of a new development is facilitated when innovations can be phased in with evidence of incremental success along the way. This is how the developers of PIE started its implementation, and this is also how the ChildPIE© will be phased into practice. Since science is tentative (see definition in glossary of terms), the new childhood social functioning classification system is a tentative theory, not invalid, or even unproven, just tentative. The value of the first partial attempt at a classification system to identify social functioning problems in children can therefore not be questioned.

The researcher is of the opinion that the South African social work climate is ready for this transition since the focus is currently on ecometrics (see Chapter 1). The

PDF created with pdfFactory trial version www.pdffactory.com

profession will benefit significantly it supports developing technologies by implementing them. Therefore researchers and sponsors should join resources in contributing to the standardisation of these new technologies. More importantly, an integration of practice principles in social work is required. As discussed in Chapter 3, an integrated approach to social work will provide continuity in a constantly changing world, and will allow for an evaluation of the impact of various core components on one another. In the researcher's opinion these two benefits are currently sought after within the field of social work. The adoption of a classification system for social work will accelerate the integration of the profession's members and its principles.

This study set out to prove that there can be a unifying construct of person-in-environment in social work. As stated in Chapter 3, one of the obstacles to finding an integrated approach in social work, is the tendency to accept theories and methods without questioning them. The person-in-environment approach to practice formed part of social work from its early beginnings. A classification system that helps identify person-in-environment problems is therefore ideally suited for social work. The improvement of such a system by extending its use to include the classification of these transactional problems in children, further supports the adoption of this system.

The ChildPIE© is a new technology, and all technologies must be standardised to allow for their safe use. Time, energy and money will have to be spent in order to bring the ChildPIE© from its current tentative state to maturation. The researcher is committed to this endeavour as a result of her belief in the professional ideals and objectives which social work upholds.

PDF created with pdfFactory trial version www.pdffactory.com

GLOSSARY OF TERMS

1. Accessibility

With regard to social development (see definition), accessibility is needed In terms of physical, geographical conditions, time, language and need (Department of Social Services, 2004: 8).

2. Accommodation

Piaget's sensorimotor theory sees that parallel to assimilation (see definition), and complimenting it to bring about an *adaptive relationship*, is the function of accommodation. The assimilation of sensorimotor elements to a given schema (see definition) would not bring about behavioural changes and would therefore not result in adaptation. This process by which the schema changes to conform to the assimilated reality condition guarantees that a pattern of behaviour is not disrupted when the organism encounters new objects or stimuli which can almost but not quite be assimilated to the schema. Whatever is or can be assimilated to a schema is called the *aliment* for that schema (Wolff, 1960: 24).

3. Accountability

It refers to organisations' and social workers' compliance with all legislative, policy, and financial regulations (Department of Social Services, 2004: 8).

4. Adlerian theory

Adlerian theory provides an explanation of how people form their personalities, how they interact with others, how they are motivated, and how they become maladjusted. The assumption underlying Adlerian counselling theory is that people are indivisible, social, decision-making beings whose actions and psychological movement have purpose. Each person is seen as an individual within a social setting, with the capacity to decide and to choose. People are seen as socially embedded, goal directed, subjective, and creative being who must be viewed from a holistic perspective (Kottman, 1995: 9-10).

PDF created with pdfFactory trial version www.pdffactory.com

5. Adulthood

In understanding the process of maturating to reach the above milestone, Bocknek (1986) provides the following explanation for adulthood:

- Adult implies a developmental sequence in which the growth process has been completed
- Maturity involves variables such as stability, differentiating organisation, intimacy and generativity (Ericson) with *psycho-social functions of parenthood and teaching, self-actualisation, a healthy grasp of reality and competent choice*

6. Analysis

Analysis is seen as the dissection of a person's behaviour to discover his underlying driving forces and wishes (Plug, et al, 1991: 22).

7. Anomy

Social instability caused by erosion of standards and values. Alienation and purposelessness experienced by a person or a class as a result of a lack of standards, values, or ideals: "We must now brace ourselves for disquisitions on peer pressure, adolescent anomie and rage" (Charles Krauthammer – www.dictionary.com).

8. Aspect

The perception a person holds with regard to a matter, or one or the other side of the matter as seen from a certain viewpoint (Plug, et al, 1991: 29).

9. Assessment

According to Hepworth and Larsen (1990: 193) assessment is the process of gathering, analysing, and synthesizing salient data into a formulation that encompasses the following dimensions:

PDF created with pdfFactory trial version www.pdffactory.com

- The **nature of the client's problems**, including special attention to *developmental needs and stressors associated with life transitions* that require major adaptations.
- **Coping capacities** of clients and significant others, including *strengths, skills, personality assets, limitations, and deficiencies.*
- **Relevant systems involved** in client's problems and the nature of *reciprocal transactions* between clients and these systems.
- **Resources that are available or are needed** to remedy or ameliorate problems, and the
- **Client's motivation** to work on their problems.

The nature of the assessment process varies according to the practitioner's specified role, which is largely determined by the setting in which the social worker functions.

10. Assimilation

With Piaget's theory on cognitive development, sensorimotor experiences are registered in the schema (see definition) by the invariant function of assimilation. Psychological assimilation is the tendency of every behaviour pattern or of every psychological state to conserve itself and, toward this end, to take its functional alimentation from the external environment. It is the reproductive assimilation that constitutes the schemata, the latter acquiring their existence as soon as a behaviour pattern (regardless of its simplicity) gives rise to an attempt at spontaneous repetition and thus become schematised (Wolff, 1960: 23).

11. Asymmetrical / complementary interactions

An interpersonal relationship wherein both persons accept the structuring of the relationship of the other in order for their behaviour to fit with or compliment the other, for example the relationship between tutor and pupil (Plug, et al, 1991: 183).

12. A-theoretical

Unrelated to or lacking a theoretical basis (www.dictionary.com).

PDF created with pdfFactory trial version www.pdffactory.com

13. Atrophy

The deterioration of organs, nerves, and cells, which usually stems from malnutrition, inactivity, injury of nerves, or lack of oxygen to the nerves (Plug, et al., 1991: 33).

14. Community

There are three levels at which the term community may be used, namely:

- Geographical communities representing people within a defined geographical boundary
- Functional communities referring to specific groups which exist within geographical communities, such as women, or youth.
- Communities with common interest made up of defined specific groups across geographical boundaries, for example members of a savings club (Van Rooyen and Bennett, 1995: 17).

15. Community development

Community development refers to the process and method that is aimed at enhancing the capacity of communities to respond to their own needs and improving their capacity for development, through community mobilisation, strength based approaches and empowerment programmes (Department of Social Services, 2004: 15). Community development is perceived as a complex process made up of two essential elements (Department of Social Services, 2004: 15-16):

The participation of people in efforts to improve their level of living, developing a sense of ownership of the process, taking initiative and contributing meaningfully to joint planning, decision-making and implementation / evaluation

The mobilisation and provision of resources, and the creation of access to opportunities that encourage initiative, self-help and initiatives for mutual benefits

16. Concepts

Concepts are the basic building blocks of theory. They are abstract elements representing classes of phenomena within the field of study (Turner, 1986 IN Rubin & Babbie, 1993: 45).

PDF created with pdfFactory trial version www.pdffactory.com

17. Conceptualisation

The process by which to understand a specific thing through forming thoughts about it, and by finding and manipulating a description. and explanation of the concepts. Concept formation differs slightly in that it refers to the process by which a person forms or acquires his own concepts through education and experience (Plug, et al, 1991: 185 & 37).

18. Conduct Disorder

Conduct disorder (CD) is characterised by persistent dissocial, aggressive, or defiant behaviour representing serious violations of age-appropriate norms or the basic rights of others. *The diagnosis of CD depends on social judgement and, by implication, is a relational problem – aberrant relationships with animals, peers or authority*. Although the relationship is the cornerstone of CD, the relationship as experienced by the child is often overlooked (Slabber, 1999: 7, 13).

19. Conflict resolution

Conflict usually refers to disputes and disrupted relations between individuals or groups who have incompatible or rival purposes, value-based norms, needs, feelings, opinions, interests or desires (Chetkow-Yanoov, 1997: 16).

20. Construct

A concept that is defined formally with reference to relations between empirically observed things. It is also an idea or abstraction that exists of two poles which allows for classification and prediction of events, for example good-bad, strange-familiar (Plug, et al, 1991: 187).

21. Culture

Culture generally refers to the distinctive body of customs, beliefs, and institutions

PDF created with pdfFactory trial version www.pdffactory.com

characteristic of a racial, ethnic, religious or national group. Social factors such as socio-economic status and client variables such as sexual orientation and age are also important in classifying problems and could be included in a broader definition of culture (Lopez and Nunez, 1987: 270).

22. Delinquency

Delinquency is a broad and heterogeneous concept. It reflects diverse antisocial acts such as theft, burglary, robbery, vandalism, drug use, and violence. Technically, the term "juvenile delinquency" is a legal concept that involves juveniles breaking the law. On the other hand, most delinquent acts are not detected, and consequently the more general term "delinquency" is almost synonymous with antisocial behavior (Liu, 2004).

23. Dementia

An organic brain syndrome characterised by loss of intellectual ability and eventual impediment of his social and work functioning. It includes poor memory, poor abstract thinking and judgement, disturbance of higher cortical functions, and personality changes (Plug, et al., 1991 59).

24. Depression

A depressive illness is a whole-body illness, involving the body, mood, and thoughts. It affects the way a person eats and sleeps, the way he or she feels about themselves, and the way they think about things. Five to six percent of the population will have a depressive disorder during the course of their lives, and nearly two-thirds do not get the help they need. Treatment can alleviate the symptoms in over 80% of cases. Major depression is manifested by a combination of symptoms that interfere with the ability to work, sleep, eat , and enjoyment of once pleasurable activities (Depression and Anxiety support group, 1998: 1,2).

PDF created with pdfFactory trial version www.pdffactory.com

25. Development

Development is the process by which organisms grow and change over the course of their lives (Shaffer, 1996:4). .

Chanpler (1997) defines a stage of development as an age period when certain needs, behaviours, experiences, and capabilities are common and different from other age groups. Each stage of development has certain tasks associated with it. These tasks focus energy toward certain goals. For example, one of the main tasks of an adolescent is establishing independence. The goal might be leaving home and starting a career after high school. For eight-year-olds, a developmental task is to develop a sense of accomplishment from the ability to learn and apply skills. This could focus their energy on the goal of hitting a baseball or reading a more advanced book.

According to Leinet (1998) at each stage of development the child is learning in several areas at the same time. A toddler is learning to walk (physical), learning colours (intellectual), is uncomfortable with strangers (social), expressing feelings of independence (emotional), and becoming aware of adult disapproval for misbehaviour (moral).

26. Developmental social welfare

Developmental Social Welfare focuses on social protection, the maximisation of human potential and on fostering self-reliance and participation in decision-making. It also stresses services that are family oriented, community-based, and integrated (United Nations, 1987 IN Department of Social Services, 2004: 12). Related concepts are: appropriateness, efficiency, effectiveness, empowerment, equity, participation, partnership, self-reliance, social integration, sustainability, transparency and universal access.

Appropriateness implies responsiveness to social, economic, cultural and indigenous and political conditions (Department of Social Services, 2004: 8).

Efficiency and effectiveness imply the achievement of objectives in a most cost-effective manner (Department of Social Services, 2004: 8).

PDF created with pdfFactory trial version www.pdffactory.com

Empowerment refers to power relations being shifted towards people achieving greater control and influence over decisions and resources that impact on the quality of their lives through increasingly interdependent relationships (Department of Social Services, 2004: 8).

Equity means expenditure of resources based on need, priorities, and historical imbalances (Department of Social Services, 2004: 8).

Participation implies that people should be fully engaged in their own process of learning, growth and change, starting from where they are and moving at their own pace (Department of Social Services, 2004: 7).

Partnership is the collective responsibility of government, civil society and the business sector to deliver services (Department of Social Services, 2004: 9)

Self-reliance means people should be connected to each other and with their environment in ways that make them more effective in their individual and collective efforts toward a better life, including development of leadership, decision-making, planning, and so on (Department of Social Services, 2004: 7-8).

Social integration involves policies and programmes, which promote social justice (Department of Social Services, 2004: 9).

Sustainability means the achievement and long-term maintenance of desired goals (Department of Social Services, 2004: 9).

Transparency means access to information, openness of administrative and management procedures (Department of Social Services, 2004: 8).

Universal access implies that social development services are available to all vulnerable groups. No individual or group is denied access either because of lack of resources or lack of knowledge of how to access services (Department of Social Services, 2004: 8).

27. Diagnosis

PDF created with pdfFactory trial version www.pdffactory.com

Diagnosis is associated with symptoms, disease, and dysfunction, and because of its focus on what is wrong with a client it is not seen as complimentary to social work theory (Hepworth and Larsen, 1990: 193).

28. Early childhood inclusion

Early childhood inclusion refers to legislation amendments allowing for the inclusion of disabled and developmentally at risk children in a meaningful early intervention system. It is the existence of planned participation between children with and without disabilities in the context of children's educational / developmental programs. Inclusion replaces terms such as mainstreaming and integration. This inclusion is not limited to schools but extend to the participation of children with disabilities and their families in typical activities found in their neighbourhoods and communities (Guralnick, 2001: 3-4).

29. Evaluation

Evaluation in the helping process has a direct link with the attainment of goals. Goals involve growth or changes that have no limits, and judgements must be mutually made about when a satisfactory degree of change has been attained. Evaluation then enables social workers to test the efficacy of interventions and to monitor their own success, failures, and progress in achieving favourable outcomes (Hepworth and Larsen, 1990: 36&37).

To Rothman and Thomas (1994: 267) evaluation in intervention research meant an empirical inquiry directed toward determining the effects of the intervention, including its effectiveness.

30. Foster care

Foster care is the statutory substitute care within a family circle for children who cannot be cared for by their own parents in the short, medium or long term, while services are continued to the parents in order to return the children to their care within a specific period. A foster parent is a person, other than a parent or guardian, in whose care a foster child is placed under the Child Care Act, 74 of 1983. A foster child is a child who, in accordance with legislation, is placed in the care of a foster parent (Van der Westhuizen, 2001: 8)

PDF created with pdfFactory trial version www.pdffactory.com

31. Generalising assimilation and differentiation

The process by which new aliment is incorporated into a global schema so as to create disequilibrium, and eventually to construct a series of derivative sub-organisations is called the function of generalising assimilation. As the consequence of generalising assimilation a global schema undergoes *differentiation* and the newly acquired schemata as well as the original schema will operate separately or in conjunction in the more highly differentiated mental organisation. During the early years of sensorimotor development, generalisation is the consequence of environmental variations imposed on the passive organism rather than the result of the organism's active generalising tendency (Wolff, 1960: 26).

32. Human needs

Human needs are those resources people need to survive as individuals and to function appropriately in their society. Needs differ according to situations and developmental stages. Human needs usually include the following:

- Sufficient food, clothing, and shelter for physical survival
- A safe environment and adequate health care for protection from and treatment for illness and accidents
- Relationships with other people that provide a sense of being cared for, of being loved, and of belonging
- Opportunities for emotional, intellectual, and spiritual growth and development, including the opportunity for the individual to make use of their innate talents and interests
- Opportunities for participation in making decisions about the common life of one's own society, including the ability to make appropriate contributions to the maintenance of life together (Johnson and Schwartz, 1994: 4).

33. Informal settlements

Informal settlements are those where no formal structures or development of services had taken place, and where no plans had been authorised or passed for that particular area or

PDF created with pdfFactory trial version www.pdffactory.com

community. Seen in this light it is not synonymous with squatter settlements (Van Rooyen and Bennett, 1995: 17-18).

34. Item

An item is any single indicator that enables a practitioner to assign a number to a client in a systematic way in order to represent some property of the client with respect to that specified variable. It is the smallest possible device for gathering information and consists of one statement, one question, or one stimulus that is used to obtain needed information (Hudson, 1982: 138).

35. Inter-personal

A term referring to the processes whereby one or more persons are involved, for example relationships among group members (Plug, et al, 1991: 161)

36. Intra-personal

A term referring to the process that occurs within an individual (Plug, et al, 1991: 163)

37. Item analysis

Involves establishing certain characteristics of potential items of a test or inventory, like difficulty value, correlation with total test score, and discrimination index. On the basis of the results of item analysis, item selection is executed (Plug, et al, 1991: 166).

Item difficulty is reflected by the proportion of respondents that were able to answer the item correctly. The *discrimination index* refers to the quantitative measurement of how well a test item distinguishes between persons that differ with regard to the aspect being measured (Plug, et al, 1991: 166 & 67).

38. Measurement

PDF created with pdfFactory trial version www.pdffactory.com

"Measurement is the assignment of numbers to events or objects according to rules that permit important properties of the objects or events to be represented by properties of the number system" (McBurney, 1994: 69).

The rules by which the numbers are assigned to the events determine how useful the measurement is (McBurney, 1994: 69).

Questionnaires, indexes, or scales are all instrument types used for measuring (De Vos and Fouche, 1998: 82).

39. Mutual assimilation and accommodation and integration

In Piaget's theory on cognitive development the function by which two or more behaviour patterns coordinate to form a new pattern of higher complexity is called **mutual assimilation and accommodation**. Its effect is the ***integration*** of schemata into super-ordinate organisations. Two schemata which have differentiated from one global schema, or two originally independent schemata which have each assimilated the sensorimotor components of two or more simultaneously active circular reactions, will remain in disequilibrium until they have been integrated as a new super-ordinate organisation (Wolff, 1960: 27).

40. Neonatal

A term referring to the period shortly after birth and the first two to four weeks of the child's life (Plug, et al., 1991: 234).

41. Operasionalisation

A methodological approach that attempts to remove unclear and ambiguous terminology from scientific language by demanding that the meaning of all concepts are made clear through operational definitions. Operational definitions then are definitions that link the meaning of the concept to the procedures used to measure, test, or discern that particular aspect (Plug, et al, 1991: 252).

PDF created with pdfFactory trial version www.pdffactory.com

42. Paradigm

A paradigm is a fundamental model or scheme that organises our view of something. Although a paradigm doesn't necessarily answer important questions, it tells us where to look for the answers, and where you look largely determines the answers you'll find (Rubin & Babbie, 1993: 45)

43. Perceptual Motor development

The obtaining of information by the brain through the senses as a result of motor movement (Sassè, 1990:27).

44. Perinatal

A term referring to the period just before, during, and after the birth of a baby (Plug, et al., 1991: 271).

45. Prenatal

A term referring to the period from conception until birth (Plug, et al., 1991: 282).

46. Psychopathology

A branch of psychology that studies abnormal behaviour and mental illness (Plug et al., 1991: 296).

47. Psychosocial

Term pointing to cases that are both psychological and social, in other words where both the individual and other people are involved.

PDF created with pdfFactory trial version www.pdffactory.com

48. Psycoticism

A personality dimension which can be identified through factor analysis and which is related to tendencies towards psychotic behaviour (Plug, et al, 1991:297).

49. Random error

The part of the value of a variable that can be attributed to chance (McBurney, 1994: 126).

50. Recognitory assimilation

With Piaget's theory on cognitive development the eventual phase of learning involves the flowing process: Once a global schema is differentiated and its derivatives integrated, the infant may encounter a familiar object – i.e., an object to which his behaviour is already adapted. He will respond to the object but no circular reaction will be set into motion and the behaviour pattern remains essentially unchanged. Such a single response which is not followed by a self-initiated repetition is explained by the assumption that the encounter has not created a need to function (the behaviour is already adapted to that particular stimulus), and that the assimilation of the aliment to the schema is already in equilibrium with the schema's accommodation to it. This is called **recognitory assimilation**, because the response implies a kind of recognition which constitutes the basis for later complex recognitions and discriminations. Recognitory assimilation does not lead to repetition of behaviour and does not induce a new disequilibrium and does not lead to further differentiation (Wolff, 1960: 27-28).

51. Reflex and REM sleep

A Reflex is an involuntary motor reaction to stimuli during early infancy (Shaffer, 1996: 160 & Trawick-Smith, 1997:128). REM sleep is a state of active or irregular sleep in which the eyes move rapidly beneath the eyelids and brain-wave activity is similar to the pattern displayed when awake (Shaffer, 1996:163).

PDF created with pdfFactory trial version www.pdffactory.com

52. Schemata

Piaget postulated the existence of flexible mental organisations – the *schemata* – in order to account for the influence of all previous experiences of a particular behaviour pattern on the form of that pattern in the present. The schema is the primary unit of mental organisation where past experiences are stored and makes the partial determinants of present behaviour. This implies that an inherent mental organisation exists before the organism has experienced the external environment and he experiences the environment in terms of this existing organisation (Wolff, 1960: 21-22).

53. Science

Science is a way of obtaining knowledge by means of objective observations. Objectivity sets science apart from what is not science and this is why scientists place importance on proper research methods. Because science is an empirical enterprise, it follows that new evidence is constantly being discovered that contradicts previous knowledge. Science is tentative – it never claims to have the whole truth on any question. Technology has the goal of making something work, whereas science has the task of understanding why it works (McBurney, 1994: 8-10).

54. Social / community support systems

A person's social support system refers to the nurturing environment in which vital needs are met. This environment should in essence provide in the following (Hepworth and Larsen, 1990: 248-249):

- Attachment, provided by close affectional relationships that give a sense of security and sense of belonging.
- Social integration, provided by memberships in a network of persons that share interests and values.
- The opportunity to nurture others, which provides incentive to endure in the face of adversity.
- Validation of personal growth, which promotes self-esteem, provided by family and colleagues.
- A sense of reliable alliance, provided primarily by kin.

PDF created with pdfFactory trial version www.pdffactory.com

- ❖ Help and guidance, provided by informal advisors in resolving difficulties that arise.

55. Social development and social development approach

Social Development is a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development. The goal of social development is the promotion of social welfare. Welfare is used in the broadest meaning to connote *a condition of social well being which occurs when social problems are satisfactory managed, social needs are met and social opportunities are created* (Midgeley, 1995 IN: Department of Social Services, 2004: 11).

Social development approach uniquely integrates economic and social objectives. It not only recognises the critical importance of economic and social development in raising standards of living but also actively seeks to harness economic development for social goals (Department of Social Services, 2004: 11).

56. Social functioning

Social functioning means the role performance of an individual in its entirety at all levels of his existence, in interaction with other individuals, families, groups, communities and situations in his environment (Social Service Professions Act 110 of 1978 IN Department of Social Services, 2004: 14).

57. Social Indicator

Roestenburg (1999: 15) quotes the definition by the US Department of Health, Education, and Welfare of 1969, in describing social indicators to be a statistic of direct normative interest, which facilitates concise, comprehensive, and balanced judgements about the condition of major aspects of society.

The normative nature implies that indicators are not merely value-free descriptions of reality, but measurements of increases and decreases in societal conditions, thus making it restrictive since norms can change in time and might be influenced by pressures from subgroups or influential subjective opinions (Roestenburg, 1999: 31).

PDF created with pdfFactory trial version www.pdffactory.com

58. Social services

Social services refer to the broader and comprehensive range of services relating to social welfare services and community development provided in a continuum to ensure sustainability of intervention efforts Department of Social Services, 2004: 12).

59. Social Welfare

For Friedlander (1961) social welfare implies the organized system of social services and institutions, designed to *aid individuals and groups to attain satisfying standards of life and health, and personal and social relationships that permit them to develop their full capacities and to promote their well-being in harmony with the needs of their family and the community* (Roestenburg, 1999: 15).

Classification of welfare service delivery occurs in terms of the levels of intervention and in terms of the nature of services (Department of Social Services, 2004: 19).

The levels of intervention are (Department of Social Services, 2004: 19-20):
Prevention – strengthen and build the capacity and self-reliance of client.
Early intervention (non-statutory) – use developmental and therapeutic programmes to ensure those at risk are assisted before statutory services are required.
Statutory intervention / residential or alternative care – client becomes involved in court case or is no longer able to function adequately in the community.
Reconstruction and aftercare – services to enable client to return to family and community as quickly as possible.

The core services rendered by the social service sector are grouped into the following 5 categories (Department of Social Services, 2004: 22-24):
Promotion and prevention services
Rehabilitation services
Protection services
Continuing services
Mental health and addiction services

PDF created with pdfFactory trial version www.pdffactory.com

60. Social work

Social work means a professional service performed by a social worker aimed at the improvement in the social functioning of people (Social Service Professions Act 110 of 1978 IN Department of Social Services, 2004: 14).

61. Standardisation

Standardisation is the procedure whereby a test is prepared for use. This involves the finalisation of the outlay of the test, specifying the way in which it should be applied, testing it on a large group from the population for which the test is intended, the calculation of norms, and establishing the validity and reliability of the test (Plug, et al, 1991: 346).

62. Statements

A theory comprises of several types of statements. One type of statement and *axiom*, is a fundamental assertion – taken to be true – on which theory is grounded. A *proposition* is a conclusion drawn about the relationships among concepts, based on the logical interrelationships among the axioms. Hypotheses are specified expectations about empirical reality, derived from propositions (Rubin & Babbie, 1993: 45).

63. Symmetrical / egalitarian interactions

An interpersonal relationship in which both persons display similar behaviour with each other, which implies that neither of them accepts the other's structuring of the relationship. The relationship is therefore competitive (Plug, et al, 1991: 326).

64. Syndromes

Central to the concept is the sense of a unique constellation of signs and symptoms which occur together frequently enough to suggest an underlying disease process. Syndromes form useful working rules to deal with the complexity of symptomatology (Walsh, 1991:19).

PDF created with pdfFactory trial version www.pdffactory.com

65. Task

Any action or series of actions related to an (exercise), with a specific goal and which constitute an aspect of this (exercise). Task analysis will then be the systematic study of the worker's task or tasks and the situation in which it is conducted (Plug, et al, 1991: 358).

66. Theory

Social scientific theory has to do with what is, not what should be. Scientific theory cannot settle debates on value. Social scientist cannot agree on what is right or wrong, only on some measures of aspects related to human science. In the way a stopwatch cannot tell us who is the fastest runner unless we agree that speed is the critical criterion, social scientist need to agree on what are the common criteria when measuring human behaviour. Social science can assist in knowing what is and why. A theory is a systematic explanation for tge observed facts and probalistic relationships that relate to a particular aspect of life (Rubin and Babbie, 1993: 18 & 45).

67. Thesis

The term thesis is commonly used to refer to a scholarly paper as a presentation of an argument in support of a proposition as a way of focusing your writing. An argument is a set of reasons in support of a proposition. A thesis can be seen as a written report, a scientific writing aiming to persuade as well as to inform. Good report writing include clarity (say exactly what mean as directly as possible), brevity (does every word, phrase and sentence contribute to the paper), and felicity – pleasingness of style (McBurney, 1994: 331-333)

68. Validity

Construct validity – the property of a test that actually measures the constructs it is designed to measure and no others.
Face validity – the idea that a test should appear superficially to test what it is supposed to test.

PDF created with pdfFactory trial version www.pdffactory.com

Content validity – the idea that a test should sample the range of behaviour represented by the theoretical concept being tested.
Criterion validity – idea that a test should correlate with other measures of the same theoretical construct.
(McBurney, 1994: 123)

69. Variable

A variable is a concept's empirical counterpart. Where concepts are in the domain of theory, variables are a matter of observation and measurement, and therefore require more specificity than concepts (Rubin and Babbie, 1993: 45). A quantitative variable varies in amount whereas a categorical variable varies in kind (McBurney, 1994: 65).

PDF created with pdfFactory trial version www.pdffactory.com

BIBLIOGRAPHY

Archer, J. (1992) *Childhood Gender Roles: social context and organisation* IN: McGurk, H., (Ed), 1992, **Childhood social development**, U.K.: Lawrence Erlbaum Associates Ltd Publishers

Bailey, K. D. (1987) **Methods of Social Research** (third edition), New York: The Free Press

Benjamin, W. J., Schneider, B.H., Greenman, P.S., and Hum, M. (2001) **Conflict and childhood friendship in Taiwan and Canada** IN: Canadian Journal of Behavioural Science 33 (3): 203 - 212

Blackburn, M.L. (2000) **America's grandchildren living in grandparent households** IN: Journal of Family and Consumer Sciences 92 (2): 30 - 37

Bocknek, G. (1986) **The Young Adult: development after adolescence**, New York: Gardner Press

Borba, M., 1999: **Six ways to help foster kids express anger constructively!**, Foster Parent Community: http://www.fosterparents.com/borba.html

Borke, H. (1978) *Piaget's View of social interaction and the theoretical construct of empathy*, IN: Siegel, L.S. and Brainerd C.J. (Eds) 1978, **Alternatives to Piaget: critical essays on the theory**, New York: Academic Press, Inc.

Botha, A. Van Ede, D.M. en Piek, J.P. (1990) *Die kleutertydperk* IN: Louw, D.A. (1990) **Menslike Ontwikkeling**, (2nd edition) Pretoria: Haum-Tersiêr

Brandell, J. R. and Ringel, S. (2004) **Psychodynamic Perspectives on Relationship: Implications of New Findings from Human Attachment and the Neurosciences for Social Work Education** IN: Families in Society 85 (4): 549-557

PDF created with pdfFactory trial version www.pdffactory.com

Brechin, A. (1998) *Introduction* IN: Brechin, A., Walmsley, J., Kats, J., and Peace, S. (1998) **Care Matters: concepts, practice and research in health and social care**, London: SAGE Publications

Brooks-Gunn, J. and Paikoff, R. L. (1992) *Changes in Self-Feelings during the transition towards adolescence* IN: McGurk, H., (Ed), 1992, **Childhood social development**, U.K.: Lawrence Erlbaum Associates Ltd Publishers

Brown, B and Christie, M (1981) **Social learning practice in residential childcare**, Oxford: Pergamon Press

Burk, D. I. (1996) **Understanding friendship and social interaction** IN: Childhood Education 72 (5): 282-286

Carson, R.C. and Butcher, J.N. (1992) **Abnormal Psychology and Modern Life (ninth edition)**, New York: Harper Collins Publishers Inc.

Cassidy, J. (2001) **Truth. Lies, and intimacy: An attachment perspective** IN: Attachment & Human Development 3(2): 121-155

Cegelka, W.J. (1982) **The competencies needed by persons responsible for classifying children with learning disabilities** IN: Journal of Special Education (16)1

Chen, X., Chen, H. and Kaspa, V. (2001) **Group social functioning and individual socioemotional and school adjustment in Chinese children** IN: Merrill - Palmer Quarterly, 47 (2): 264-300

Chetkow-Yanoov, B. (1997) **Social work approaches to conflict resolution: Making fighting obsolete**, United States: The Haworth Press

Claassen, B & Claassen, M, (1999). **Kinders - 'n Seën of 'n vloek? 'n Bybelse perspektief op Kinderopvoeding**. Paarl: Paarlse Drukkery

PDF created with pdfFactory trial version www.pdffactory.com

Collier, A.F., McClure, F.H., Collier, J., Otto, C., and Polloi, A. (1999) **Culture-specific views of child maltreatment and parenting styles in a pacific-Island community** IN: Child Abuse & Neglect 23 (3): 229-244

Conduct Management (2005), **Child and Adolescent Behavioural Toolbox** www.conductmanagement.com

Cooper, H.M. (1989) **Integrating research: a guide for literature reviews (second edition)**. California: SAGE Publications

Cooper, P. (2002) **Baby Stimulation** IN: Medical essentials: Essential health information tearsheets, Department of Pediatrics & Child Health, University of Witwatersrand

Cooper, P. (2002) **Developmental Milestones** IN: Medical essentials: Essential health information tearsheets, Department of Pediatrics & Child Health, University of Witwatersrand

Corrigan, P. W., MacKain, S. J., and Liberman, R. P. (1994) *Skill training modules – a strategy for dissemination and utilization of a rehabilitation innovation* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Crone, J.E. (1984) **Getting started as a residential childcare worker? A guide for beginners**, New York: Child Welfare League of America, Inc.

Davies, C., (1998) *Caregiving, carework and professional care* IN: Brechin, A., Walmsley, J., Kats, J., and Peace, S. (1998) **Care Matters: concepts, practice and research in health and social care**, London: SAGE Publications

Department of Social Development (1997) **The White Paper on Social Welfare**

Department of Social Services (2004) **Service delivery model for developmental services** (2nd draft)

PDF created with pdfFactory trial version www.pdffactory.com

De Vos, A.S. (1998) *Combined quantitative and qualitative approach* IN: De Vos, A.S. (Ed), 1998. **Research at grassroots. A primer for the caring professions**, Pretoria: Van Schaik

De Vos, A.S. (1998 *b*) *Intervention research* IN: De Vos, A.S. (Ed), 1998. **Research at grassroots. A primer for the caring professions**, Pretoria: Van Schaik

De Vos, A.S. and Fouchè, C.B. (1998) *General introduction to research design, data collection methods and data analysis* IN: De Vos, A.S. (Ed) 1998 **Research at grassroots. A primer for the caring professions**, Pretoria: Van Schaik

De Vos, A.S. and Fouchè, C.B. (1998*b*) *Data analysis and interpretation: univariate analysis* IN: De Vos, A.S. (Ed) 1998 **Research at grassroots. A primer for the caring professions**, Pretoria: Van Schaik

De Vos, A.S., Schurink, E.M., and Strydom, H. (1998) *The nature of research in the caring professions* IN: De Vos, A.S. (Ed) 1998 **Research at grassroots. A primer for the caring professions**, Pretoria: Van Schaik

Dietz, C.A. and Craft J.L. (1986) *Family dynamics of incest: A new perspective* IN: Turner, F. J. (1983) **Differential diagnosis and treatment in social work** (3rd edition), New York: The Free Press

Dittmar, S. S. (1997), *Overview: A functional approach to measurement of rehabilitation outcomes* IN: Dittmar, S.S., Gresham, G.E., Granger, C.V. (1997) **Functional Assessment and Outcome Measures for the rehabilitation health professional**, Maryland: Aspen Publishers, Inc.

Draucker, C.B. (1992) **Counselling survivors of child sexual abuse**, London: SAGE Publications Ltd

Eamon, M.K. (2001) **The effects of poverty on children's socioemotional development: An ecological systems analysis** IN: Social Work 46 (3): 256-277

PDF created with pdfFactory trial version www.pdffactory.com

Erickson, B.H. and Nosanchuk, T.A. (1992) **Understanding data (second edition)**, Buckingham: Open University Press

Faul, A.C. (1995) **Scale development in social work**, Aucklandpark: Rand Afrikaans University (doctoral thesis)

Faul, A.C. and Hudson, W.W. (1999) **Scale developments for research and practice** South Africa: Perspective Training College

Fawcett, S. B., Suarez-Balcazar, Y., Balcazar, F. E., White, G. W., Paine, A. L., Blanchard, K. A. and Embree, M. G. (1994) *Conducting Intervention research – the design and development process* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Fayo, S. (2001) **The baby slaughter continues unabated** IN: The Herald Online www.theherald.co.za/colarc/stalk/st280602.htm

Fayo, S. (2003) **Figures suggest South African morals improving** IN: The Herald Online www.theherald.co.za/colarc/stalk/st130704.htm

Forness, S, R. and Kavale, K. (1994) *Meta-analysis in intervention research – methods and implications* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Fouchè, C. and Delport, R. (1999) **Exploring the concept 'social development': a qualitative analysis** IN: Social Work Practitioner – Researcher p 127-138

Frankel, K. A. and Bates, J. E. (1990) **Mother-Toddler Problem Solving: Antecedents in Attachment, Home Behaviour, and Temperament** IN: Child Development 61: 810-819

Furth, H.G. and Kane S.R. (1992) *Children constructing society: a new perspective on children at play* IN: McGurk, H., (Ed), 1992, **Childhood social development**, U.K.: Lawrence Erlbaum Associates Ltd Publishers

PDF created with pdfFactory trial version www.pdffactory.com

Gauvain, M. (2001) **Cultural tools, social interaction and the development of thinking** IN: Human Development 44 (2/3): 126-144

Gerdes, L. C. and Van Ede, D. M. (1990) *Volwassenheid* IN: Louw, D.A. (1990) **Menslike Ontwikkeling**, (2nd edition) Pretoria: Haum-Tersiêr

Germain, C.B. (1979) **Social Work Practice: People and Environment: An ecological perspective**, New York: Columbia University Press

Goldstein, E.G. (1980) *Knowledge base of clinical social work* IN: Ewalt, P.L. (Ed) 1980 **Towards a definition of clinical social work**, Washington: NASW

Gudjonsson, G.H. and Sigurdsson, J.F. (2000) **Differences and similarities between violent offenders and sex offenders** IN: Child Abuse & Neglect 24(3): 363-372

Gullotta, T.F. (1996) *Dysfunctional behaviour: a cautionary statement* IN: Blau, G.M. and Gullotta, T.F. (Eds) 1996 **Adolescent dysfunctional behaviour: causes, interventions, and prevention**, USA: Sage Publications

Guralnick, M.J. (Ed) 2001 **Early childhood inclusion: Focus on change**, Maryland: Paul. H. Brooks Publishing Co.

Hag, F. (1998) **Children run households in Rwanda** IN: Inter Press Service: Feb 24: 1

Halliday-Boykins, C. A. and Graham, S. (2001) **At both ends of the gun: Testing the relationship between community violence exposure and youth violent behaviour** IN: Journal of Abnormal Child Psychology 29 (5): 383-403

Harrison, J., (1997) **Understanding Children** (2nd edition), Australia: ACER

Hartman, A. and Laird, J. (1983) **Family-centered social work practice**, New York: The Free Press

PDF created with pdfFactory trial version www.pdffactory.com

Hartup, W.W. (1992) *Friendships and their developmental significance* IN: McGurk, H., (Ed), 1992, **Childhood social development**, U.K.: Lawrence Erlbaum Associates Ltd Publishers

Havenga, F.H. (2002) **The effect of Satanic Ritual Abuse on the victim** IN: Substance abuse & the occult Seminar presented by Act-Up Support

Hayes, R. M., (1994) *Information science methods for knowledge retrieval – basic approaches and emerging trends* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Hepworth, D.H. and Larsen, J.A. (1990) **Direct Social Work Practice: Theory and Skills (third edition)**, California: Wadsworth Publishing Company

Hersov, L. (1985) *Faecal Soiling* IN: Rutter, M. and Hersov, L. (ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Hersov, L. (1985) *School Refusal* IN: Rutter, M. and Hersov, L. (ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Hetherington, E.M. (1989) **Coping with family transitions: winners, losers, and survivors** IN: Childhood Development 60: 1-14

Holloway, S. D., Suzuki, S., Yamamoto, Y, Behrens, K. Y. (2005) **Parenting Self-Efficacy Among Japanese Mothers** IN: Journal of Comparative Family Studies 36 (1):61-78

Itano, N. **Women-Africa: famine, AIDS devastating Malawi women** IN: Global Information Network Jul 26, pg. 1

Jewett-Jared, C. (1994) **Telling children about loss: helping children cope with separation and loss** (2nd edition), Boston: Harvard Common Press

PDF created with pdfFactory trial version www.pdffactory.com

Johnson, H.C. (1983) *Working with stepfamilies: Principles of practice* IN: Turner, F. J. (1983) **Differential diagnosis and treatment in social work** (3rd edition), New York: The Free Press

Johnson, L.C. and Schwartz, C.L. (1994) **Social Welfare: A response to human need** (3rd edition), Needham Heights: Allyn and Bacon

Karls, J.M., Lowery, C.T., Mattaini, M.A., and Wandrei, K. E. (1997) **The use of the PIE (person-in-environment) system in social work education: an article review on the PIE's ability to capture transactional phenomena and its use of role theory** IN: Journal of Social Work Education 33 (1): 49-59

Karls, J. M. and Wandrei, K. E. (1992) **A new language for social work** IN: Social Work 37(1): 80-85

Karls J.M. and Wandrei, K.E. (1994) *PIE: A system for describing and classifying problems of social functioning* IN: Karls, J.M. and Wandrei, K.E. (1994) **Person-in-environment System: The PIE classification system for social functioning problems**, Washington DC: NASW Press

Karls, J. M. and Wandrei, K. E. (1995) **Person-in-Environment** IN: Encyclopedia of social work (19th edition), NASW Press: Washington DC (p 1818-1827)

Karls, J. M. and Wandrei, K. E. (1997) **PIE (Person-In-Environment)- a system for describing and classifying the common problems of the clients of social workers** IN: New Technology in the Human Services, 9 (3): 28-34

Katz, L.G. (2005), Assessing the Development of Pre-schoolers, retrieved from: http://www.practicalparent.org.uk/childdevelopment.htm

Kauffman, J. M. (1999) **comments on social development research in emotional and behavioral disorders** IN: Journal of Emotional & Behavioral Disorders: 7 (3) Database: Academic Premier 10634266

PDF created with pdfFactory trial version www.pdffactory.com

Kemp, S., Whittaker, J. K. and Tracy, E. M. (1997) **Person-environment practice: the social ecology of interpersonal helping**, New York: Aldine de Gruyter

Kerfoot, M & Butler, A. (1988) **Problems of Childhood and Adolescence**. London: MacMillan Education Ltd.

Kochanska, G., (1993) **Toward a synthesis of parental socialisation and child temperament in early development of conscience** IN: Child Development 64: 325-347

Kochanska, G., (1995) **Children's temperament, mother's discipline, and security of attachment: multiple pathways to emerging internalisation** IN: Child Development 66: 597-615

Kondrat, M.E. (2002) **Actor-centered social work: Re-visioning "person-in-environment" through a critical theory lens** IN: Social Work 47(4): 435-449

Kottman, T. (1995) **Partners in play: An Adlerian approach to play therapy**, Alexandria: American Counselling Association

Lahey, B.B. and Loeber, R. (1994) *Framework for a developmental model of oppositional defiant disorder and conduct disorder* IN: Routh, D.K. (Ed.) 1994 **Disruptive Behaviour Disorders in Childhood**, New York: Plenum Press

Lantz, J.E. (1987) **An introduction to clinical social work practice**, Illinois: Charles C Thomas Publisher

Leach, P. (1989) **Baby & Child: From birth to age five**, (3rd edition), New Zealand: Penguin Books

Leigh, K & Leigh, M., 1999: "**Foster love, what to expect when becoming a foster parent**". http://www.fosterlove.com/foster/professional_parenting.htm

Leinet, F., 1998: **Advocacy in education** http://www.fosterparenting.ca/employment.shtml

PDF created with pdfFactory trial version www.pdffactory.com

Lindahl, K.M. (2001) *Methodological Issues in Family Observational Research* IN: Kerig, P.K. and Lindahl, K. M. (2001) **Family observational systems: resources for systemic research**, New Jersey: Lawrence Erlbaum Associates, Inc.

Liu, J. (2004) **Childhood Externalizing Behavior: Theory and Implications** IN: Journal of Child and Adolescent Psychiatric Nursing 17 (3): 93-104

Lopez, S. and Nunez, J.A. (1987) **Cultural considerations in selected diagnostic criteria and interview schedules** IN: Journal of abnormal psychology 96(3):270-272

Louw, D.A. en Louw, A.E. (1990) *Die neonatale fase en babajare* IN: Louw, D.A. (1990) **Menslike Ontwikkeling**, (2nd edition) Pretoria: Haum-Tersiêr

Louw, D.A., Schoeman, D.M., Van Ede enWait, J. (1990) *Die middelkinderjare* IN: Louw, D.A. (1990) **Menslike Ontwikkeling**, (2nd edition) Pretoria: Haum-Tersiêr

Manion, I., Firestone, P., Cloutier, P., Ligezinska, M., McIntyre, J. and Ensom, R. (1998) **Child extrafamilial sexual abuse: predicting parent and child functioning** IN: Child Abuse & Neglect 22(12): 1285-1304

Marshall, C. and Rossman, G.B. (1995) **Designing qualitative research (second edition)**, London: SAGE Publications

Mason, J. B. (1990) *Social work with individuals and families* IN: McKendrick, B. W. (Ed) 1990 **Introduction to Social Work in South Africa**, Pretoria: HAUM Tertiary

Massey, R.F. (1986) **What/who is the family system?** IN: The American Journal of Family Therapy 14(1): 23-40

Matchinda, B. (1999) **The impact of home background on the decision of children to run away: the case of Yaounde city street children in Cameroon** IN: Child Abuse and Neglect 23(3): 245-255

McBurney, D. H. (1994) **Research Methods** (third edition), U.S.A.: Brooks/Cole Publlishing Company

PDF created with pdfFactory trial version www.pdffactory.com

McKendrick, B. (1990) *The development of social welfare and social work in South Africa* IN: McKendrick, B. W. (Ed) 1990 **Introduction to Social Work in South Africa**, Pretoria: HAUM Tertiary

McKendrick, B. (1990b) *The South African social welfare system* IN: McKendrick, B. W. (Ed) 1990 **Introduction to Social Work in South Africa**, Pretoria: HAUM Tertiary

Medora, N. P. and Von der Hellen, C. (1997) **Romanticism and self-esteem among teen mothers** IN: Adolescence 32 (128): 811-825

Midgley, J. (2001) **South Africa: the challenge of social development** IN: International Journal of Social Welfare 10: 267-275

Minnesota Classifications and Codes for Children and Youth, Social Work (1977), Minnesota Systems Research, Inc. (developed under DHEW Maternal and Child Health Training Grant no. MCT-001036-02)

Mishna, F. (2003) **Peer Victimization: The Case for Social Work Intervention** IN: Families in Society 84(4): 513

Monahan, D. J. (2002) **Teen pregnancy prevention outcomes: Implications for social work practice** IN: Families in Society 83(4): 431-440

Mullen, E. J., (1994) *Design of social intervention* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Muller, R.T., Goebel-Fabbri, A.E., Diamond, T. and Dinklage, D. (2000) **Social support and the relationship between family and community violence and exposure among high risk adolescents** IN: Child Abuse & Neglect 24(4): 449-464

NASW (1973), **Standards for Social Service Manpower**, Washington DC: National Association of Social Workers, Inc.

Nel, M., 2001: "*Pants on fire*" IN: Your Baby, 64: 73-75

PDF created with pdfFactory trial version www.pdffactory.com

Nichols, M.P. and Schwartz, R.C. (1995) **Family Therapy: Concepts and Methods** (third edition), Boston: Allyn & Bacon

O'Hagan, K. (1993) **Emotional and psychological abuse of children**, Buckingham: Open University Press

Oosthuizen, R. (1999) **An evaluation of the PIE classification system in psychiatric social work** (Masters Dissertation), Auklandpark: Rand Afrikaans University

Ottenbacher, K. J. (1997) *Methodological Issues in Measurement of Functional Status and Rehabilitation Outcomes* IN: Dittmar, S.S., Gresham, G.E., Granger, C.V. (1997) **Functional Assessment and Outcome Measures for the rehabilitation health professional**, Maryland: Aspen Publishers, Inc.

Palmer, R. B. and Liddle, H. A. (1996) *Adolescent drug abuse: contemporary perspectives on etiology and treatment,* IN: Blau, G. M. and Gullotta, T. (Eds), 1996, **Adolescent Dysfunctional Behaviour: causes, interventions, and prevention** California: SAGE Publications

Parliamentary Bulletin no 8 (1996) **Termination of Pregnancy Bill**, ANC: www.anc.org.za/ancdocs/pubs/whip/whip08.html

Plug, C., Meyer, W.F., Louw, D.A., and Gouws, L.A. (1991) **Psigologie-woordeboek** (tweede uitgawe), Johannesburg: Lexicon Uitgewers

Poggenpoel (1998) *Data analysis in Qualitative research* IN: De Vos, A.S. (Ed) 1998, **Research at grassroots. A primer for the caring professions**, Pretoria: Van Schaik

Potgieter, R. (1993) **RP-model in kinderassessering** Kursus handleiding

Potgieter, R. (2004) **Diagnosis and syndromes in children with trauma** Seminar hosted by (South African Association for Social Workers in Private Practice) SAASWIPP, Gauteng

PDF created with pdfFactory trial version www.pdffactory.com

Raffaelli, M., Koller, S.H., Reppold, C.T., Kuschick, M.B., Krum, F.M.B., Bandeira, D.R., and Simoes, C. (2000) **Gender differences in Brazilian street youth's family circumstances and experiences on the street** IN: Child Abuse & Neglect 24(11): 1431-1441

Ramsay, R. (1994) *Conceptualizing PIE within a holistic system of social work*, IN: Karls, J.M. and Wandrei, K.E. (1994) **Person-in-environment System: The PIE classification system for social functioning problems**, Washington DC: NASW Press

Reid (1994) IN: Rothman, J. and Thomas, E. J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.
Remudaranch for anorexic and bulimic disorders www.remudaranch.com/index.asp

Roberts, R. (1990) **Lessons from the Past: Issues for Social Work Theory**, London: Tavistock / Routledge

Roditti, M. G. (2005) **Understanding Communities of Neglectful Parents: Child Caregiving Networks and Child Neglect** IN: Child Welfare 84 (2): 277-299

Roestenburg, W.J.H. (1999) **South African Social Welfare Indicators** Doctoral thesis, Aucklandpark: Rand Afrikaans University

Roestenburg, W.J.H. (2003) **Assessment Technology in Social Work**, Study Guide, Aucklandpark: Rand Afrikaans University

Rothbart, M.K. and Ahadi, S.A. (1994) **Temperament and the development of personality** IN: Journal of Abnormal Psychology 103(1): 55-66

Rothman, J. (1994) *Planning of intervention research* IN: Rothman, J. and Thomas, E. J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Rothman, J., Damron-Rodriguez, J., and Shenassa, E. (1994) *Systemantic research synthesis – conceptual integration methods of meta-analysis* IN: Rothman, J. and

PDF created with pdfFactory trial version www.pdffactory.com

Thomas, E. J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Rubin, A. and Babbie, E. (1993) **Research methods for social work** (second edition), California: Brooks/Cole Publishing Company

Russell, G. F. M. (1986) *Anorexia and Bulimia Nervosa* IN Rutter, M. and Hersov, L. (Ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Saleebey, D. (2004) **"The Power of Place"1: Another Look at the Environment** IN: Families in Society 85 (1): 7-17

SANCCFW (South African National Council for Child and Family Welfare), 1987, **A guide to Foster care practice in South Africa**, Johannesburg: The Natal Witness (Pty) Ltd

Sassè, M. (1990) **If only we'd known: Early childhood and its importance to academic learning** (5th edition), Australia: National Library of Australia

Sartorius, N (1990) *Sources and Traditions of Psychiatric Classification: Introduction* IN: Sartorius, N., Jablensky, A., Reiger, D.A., Burke, J.D. and Hirschfield, R.M.A. (Eds) 1990 **Sources and Traditions of Classification in Psychiatry**, New York: Hogrefe & Huber Publishers

Schaffer, H. R., (1992) *Joint involvement episodes as context for development* IN: McGurk, H., (Ed), 1992, **Childhood social development**, U.K.: Lawrence Erlbaum Associates Ltd Publishers

Scherer, M. J. and Cushman, L. A. (1997) *A functional approaches to psychological and psychosocial factors and their assessment in rehabilitation* IN: Dittmar, S.S., Gresham, G.E., Granger, C.V. (1997) **Functional Assessment and Outcome Measures for the rehabilitation health professional**, Maryland: Aspen Publishers, Inc.

Schurink, E. M. (1998) *Designing qualitative research* IN: De Vos, A.S. (Ed) 1998, **Research at grassroots. A primer for the caring professions**, Pretoria: Van Schaik

PDF created with pdfFactory trial version www.pdffactory.com

Schwartz, L. Linzer and Kaslow, F.W. (1983) *Religious Cults, the Individual and the Family* IN: Turner, F. J. (1983) **Differential diagnosis and treatment in social work** (3rd edition), New York: The Free Press

Shaffer, D. (1985) *Enuresis* IN: Rutter, M. and Hersov, L. (ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Shaffer, D.R. (1996) **Developmental Psychology: Childhood and Adolescence** (4th edition), United States of America: Brooks/Cole Publishing Company

Slabber, M. (1999) **Silencing through madness: issues of power and control in the psychiatric diagnoses of conduct disorder,** Short Master's Dissertation; Aucklandpark: Rand Afrikaans University

Smit, G.J. (1991) **Psigometrika**, Pretoria: HAUM – Tersiêr

Sourander, A., Helstelä, L., Helenius, H., and Piha, J., (2000) **Persistence of bullying from childhood to adolescence – a longitudinal 8-year follow-up study** IN: Child Abuse & Neglect 24(7): 873-881

South African Council for Social Service Professions (SACSSP) (2001) *Newsletter*: 20(2): 1-16

South African Depression and Anxiety Support Group (1999) **Compliance is the key to treating depression** IN: Depression and Anxiety Update 3(2): 7,9

South African Depression and Anxiety Support Group (1999) **Mental Illness Advocacy in the 21st Century (Gamian Conference)** IN: Depression and Anxiety Update 3(2): 8,9,11

South African National Council for Child and Family Welfare (SANCCFW), (1987) **A guide to foster care practice in South Africa**. Johannesburg: SANCCFW

PDF created with pdfFactory trial version www.pdffactory.com

Statistics South Africa © (2005) **Stages in the Life Cycles of South Africans**, Pretoria: Census 2001 http://www.statssa.gov.za/census01/html/C2001Stages.pdf

Steinberg, D. (1985) *Psychotic and other severe disorders in adolescence* IN: Rutter, M. and Hersov, L. (ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Stoneman, Z. (2001) *Attitudes and beliefs of parents of typically developing children* IN: Guralnick, M.J. (Ed) 2001 **Early childhood inclusion: Focus on change**, Maryland: Paul. H. Brooks Publishing Co.

Stouthamer-Loeber, M. (1995) **Data collection and Management: a practical guide**, California: SAGE Publications

Strean, H.S. (1983) *Reconsiderations in casework treatment of the unmarried mother* IN: Turner, F. J. (1983) **Differential diagnosis and treatment in social work** (3rd edition), New York: The Free Press

Strelau, J. (1998) **Temperament: a psychological perspective**, New York: Plenum Publishing Corporation

Strydom, H. (1998) *The pilot study* IN: De Vos, A.S. (Ed) 1998, **Research at grassroots. A primer for the caring professions**, Pretoria: Van Schaik

Swanepoel, H.M. and Wessels, P.J. (1992) **'n Praktiese benadering tot die wet op Kindersorg**, Pretoria: DIGMA Publikasies Bpk

Teevan, J. J. and Dryburgh, H. B. (2000) **First person accounts and sociological explanations of deliquency** IN The Canadian Review of Sociology and Anthropology, 37 (1): 77-94

Terminology Committee for Social Work (1995) **New Dictionary of Social Work**, Cape Town: CTP Book Printers

PDF created with pdfFactory trial version www.pdffactory.com

Terre, L. and Burkhart, B. R. (1996) *Problem sexual behaviours in adolescence* IN: Blau, G. M. and Gullotta, T. (Eds), 1996, **Adolescent Dysfunctional Behaviour: causes, interventions, and prevention** California: SAGE Publications

Tesch, R. (1991) *Software for qualitative researchers: analysis needs and program capabilities* IN: Fielding, N.G. and Raymond, M.L. (editors) 1991, **Using computers in qualitative research**, London: SAGE Publications

Thomas, E.J. (1994) *Evaluation, advanced development, and unilateral family therapy experiment* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Thomas, E.J. and Rothman, J. (1994) *Afterword – competencies for intervention research* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Thomas, E.J. and Rothman, J. (1994) *An integrative perspective on intervention research* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Thompson, K.M., Wonderlich, S.A., Crosby, R.D., and Mitchell, J.E. (2001) **Sexual victimisation and adolescent weight regulation practices: a test across three community based samples** IN: Child Abuse & Neglect 25: 291-305

Trawick – Smith, J. (1997) **Early Childhood Development: A Multicultural Perspective**, United States of America: Prentice-Hall, Inc.

Turner, F. J. (1983) **Differential diagnosis and treatment in social work** (3rd edition), New York: The Free Press

Ullmann, A. (1983) *Social Work Service to Abortion Patients* IN: Turner, F. J. (1983) **Differential diagnosis and treatment in social work** (3rd edition), New York: The Free Press *(Reprinted from Social Casework Vol. 53 October 1972)*

PDF created with pdfFactory trial version www.pdffactory.com

Ungar, M. (2002) **A deeper, more social ecological social work practice** IN: The Social Service Review 76(3): 480-498

Van Rooyen, C.A.J. and Bennett, T.R. (1995) **Entry into communities: An exploratory review** IN: Social work practice 2:17-22

Van Zyl, M.A. (1995) **'n Ekometriese model vir maatskaplike welsynbeplanning** IN: Die maatskaplikewerk-navorser-praktisyn 18 (1): 30-45

Veale, A. and Dona, G. (2003) **Street children and political violence: a socio-demographic analysis of street children in Rwanda** IN: Child Abuse & Neglect 27: 253-269

Veltkamp, L.J. and Miller, T.W. (1994) **Clinical handbook of child sexual abuse**, Madison: International Universal Press Inc.

Venter, M., 2000. *Bethany House Dissipline Protokol.* Pretoria: Child in Crisis

Voyat, G.E. (1982) **Piaget Systemised**, New Jersey: Lawrence Erlbaum Associates, Inc.

Wandrei, K.E. and Karls, J.M. (1997) **PIE (Person-In-Environment) – a system for describing and classifying common problems of the clients of social workers** IN: New technology in human services 9(3): 28-34)

Waters, E., Crowell, J., Elliott, M., Corcoran, D., Threboux, D. (2002) **Bowlby's secure base theory and social/ personality of attachment styles: Work(s) in progress** IN: Attachment & Human Development 4(2): 230-242

Weisz, A. N. and Black, B. M. (2001) **Evaluating a sexual assault and dating violence prevention program for urban youths** IN: Social Work Research 25 (2): 89-101

Welch, G. J. (1990) *An integrated approach to social work practice* IN: McKendrick, B. W. (Ed) 1990 **Introduction to Social Work in South Africa**, Pretoria: HAUM Tertiary

PDF created with pdfFactory trial version www.pdffactory.com

Whittaker, J. K., Tracy, E.M., Overstreet, E., Mooradian, J., and Kapp, S (1994) *Intervention design for practise – enhancing social supports for high risk youth and families* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Wittchen H-U and Essau, C.A. (1990) *Assessment of symptoms and psychosocial disabilities in primary care* IN: Sartorius, N. Goldberg, D, De Girolamo, G. Costa e Silva, J.A. Lecrubier, Y and Wittchen, H-U (Eds) 1990 **Psychological Disorders in General Medicine**, New York: Hogrefe & Huber Publishers

Wilson, S.L., (2001) **Attachment Disorders: review and current status** IN: The Journal of Psychology 135(1): 37-51

Wolfe, D.A. (1991) **Preventing physical and emotional abuse of children**, New York: Guilford Press

Wolff, P.H., (1960) **The developmental psychologies of Jean Piaget and psychoanalysis** IN: Psychological Issues 2(1), New York: International University Press, Inc.

Wolff, S. (1985) *Non-delinquent disturbances of conduct* IN: Rutter, M. and Hersov, L. (ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Worling, J.R. and Curwen, T. (2000) **Adolescent sexual offender recidivism: success of specialised treatment and implications for risk prediction** IN: Child Abuse & Neglect 24(7): 965-982

Youniss, J. (1992) *Parent and peer relations in the emergence of cultural competence* IN: McGurk, H., (Ed), 1992, **Childhood social development**, U.K.: Lawrence Erlbaum Associates Ltd Publishers.

Zhan, M. and Sherraden, M. (2003) **Assets, expectations, and children's educational achievement in female-headed households** IN: The Social Service Review 77 (2): 191

PDF created with pdfFactory trial version www.pdffactory.com

Sources referenced as part of the study but not quoted in this thesis

Adams, R. (1998) **Quality social work**, London: Macmillan Press Ltd

Allman, R. and Trenkel, S. (1995) **Praktiese Babasorg**, Pretoria: J.L. van Shaik Uitgewers

Ansay, S.J., 2001. *Integrating Family Visitation and Risk Evaluation: A Practical Bonding Model for Decision Makers.* IN: Family Relations, 50 (3): 220, 10p

Babb, L.A. and Laws, R, 1997: *Adopting and Advocating for the Special Needs Child: A guide for parents and professionals,* http://info.greenwood.com/books/0897894/0894898.html

Babb, L.A. and Laws, R, 1997: *Allegation Prevention,* http://www.fosterparenting.com/question.html

Babb, L.A. and Laws, R, 1998: *Foster parenting* http://www.fosterparemting.ca

Bain, K. (2000) **Australian psychologist speaks on Social Phobia to S.A. audience** IN: Depression and Anxiety Update 4(1): 1,3

Baldwin, E., 2001: *Stress in the foster home,* Foster Parent Community: http://www.fosterparents.com/index88emil.html

Banyard, V.L., (1997) **The impact of childhood sexual abuse and family functioning on four dimensions of women's later parenting** IN: Child Abuse & Neglect 21(11): 1095-1107

Barnard, J.S. en Cronje, A.P. (1973) **Remediërende onderwys in die praktyk**, Perskor: Johannesburg

PDF created with pdfFactory trial version www.pdffactory.com

Bemak, F. (2005) **Reflections on Multiculturalism, Social Justice, and Empowerment Groups for Academic Success: A Critical Discourse for Contemporary Schools** IN: Professional School Counceling 8 (5): 401-407

Berg, B.M. (1995) **Qualitative Research Methods of Social Sciences (second edition)** Boston: Indian University of Pennsylvania

Brown, R (MD), 1992: **Prepare for War**, (fifth edition), USA: Chick Publications

Burgess, A. Wolbert and Holmstrom. L. Lytle (1983) *Rape Trauma Syndrome* IN: Turner, F. J. (1983) **Differential diagnosis and treatment in social work** (3rd edition), New York: The Free Press

Capuzzi, D. and Golden, L. (1988) *Adolescent suicide and introduction to issues and interventions* IN: Capuzzi, D. and Golden, L. (1988) **Preventing adolescent suicide**, Indiana: Accelerated Development Inc.

Chanpler, J, 1995: **Attention Deficiency disorder**, http://www.fosterparenting.com/index1.html

Chanpler, J, 1997: **Developmental stages of a child**, http://www.wa.gov.dshs/fosterparents/training/chidev

Committee on Paediatrics (2000) **Identification and care of HIV exposed and HIV infected infants, children and adolescents** IN: Paediatrics 106(1): 148-152

Creswell, J.W. (1994) **Research Design: qualitative and quantitative approaches**, London: SAGE Publications

Creswell, J.W. (1998) **Qualitative enquiry and research design. Choosing among five traditions**, London: SAGE Publications

De Vos, A.S. and Fouchè, C.B. (1998) *Writing the research proposal* IN: De Vos, A.S. (Ed) 1998 **Research at grassroots. A primer for the caring professions**, Pretoria: Van Schaik

PDF created with pdfFactory trial version www.pdffactory.com

Department of Social Development (2001) **A draft national strategic framework for children infected and affected by HIV/AIDS**, Pretoria: http://www.welfare.welfare.gov.za/Services/AIDS/childaids.htm

Depression and Anxiety Support Group (2000) **The significance of Support Groups** IN: Depression and Anxiety Update 4 (1): 15

Doku, J. (1990) **Approaches to cultural awareness** IN Nursing Times 86(39):69-70

Doyle, C. (1997) **Working with abused children (second edition)**, London: MacMillan Press

Du Toit, L. (1975) **Jy kan spel**, Kaapstad: Universiteits Uitgewers

Edwards, R.L. (1997) **HIV/AIDS** IN: *Paediatrics*, Encyclopaedia of social work (19th edition) NASW Press

Ellis, A.W., (1993) **Reading, writing and dyslexia: a cognitive analysis** (second edition), U.K.: Lawrence Erlbaum Associates Ltd. Publishers

Fahlberg, V. (1988) **Fitting the pieces together**, London: British agencies for adoption & fostering

Fassler, D.G. and Dumas, L.S. (1997) *Help me, I'm sad* IN: **Discovering depression in your child** Depression and Anxiety Update 4(1): 2

Fox, A.V., Dodd, B., and Howard, D., (2002) **Risk factors for speech disorders** IN: International Journal of Language & Communication Disorders: 37(2): 117-131

Fusselman, W. (2004) *Today a reader, tomorrow a leader* IN Mason, J. L. (2004) **An enemy called average**, Colorado Springs: Nexgen

Garnier, C. and Latour, A. (1994) **Analysis of group process: cooperation of preschool children** IN: Canadian Journal of Behavioural Science 26 (3): 365

PDF created with pdfFactory trial version www.pdffactory.com

George, V. (1998) **Foster Care: Theory and Practice**, Great Brittian: Routledge

Gilliland, B.E., (1993) **Crisis intervention strategies** (2nd edition) U.S.A.: Brooks/Cole Publishing

Griesel, M.J en Jacobs, L.J., 1991. *Gesinsterapie*. Pretoria: Academica

Grovè, M.G. en Hauptfleisch, H.M.A.M. (1979) **Remediërende onderwys in die primêre skool**, Pretoria: HAUM Uitgewers

Hauser, S.T. (1988) **Temperament in clinical practice** (Book Forum) IN: American Journal of Psychiatry 145(10): 1304-5

Hersov, L. (1985) *Emotional Disorders* IN: Rutter, M. and Hersov, L. (ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Higgins, R. (1990) *Emotional and behavioural difficulties: Some general points* IN: Varma, V.P. (Ed) 1990 **The management of children with emotional and behavioural difficulties**, London: Routledge

Hill, P. (1985) *The diagnostic interview with the individual child* IN: Rutter, M. and Hersov, L. (ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Hodapp, R.M., (1998) **Developmental disabilities: intellectual, sensory and motor impairments**; USA: Cambridge University Press

Kander, J. (1983) **The Handbook of homecare for the sick child and the family**, South Africa: Blackshaws (Pty) Ltd.

Kerig, P.K., Fedorowicz, A.E., Brown, C.A. and Warren, M. (2000) **Assessment and Intervention for PTSD in children exposed to violence** IN: Geffner, R.A., Jaffe, P.G. and Sudermann, M. (Eds) *Children exposed to domestic violence: Current issues in*

PDF created with pdfFactory trial version www.pdffactory.com

research, intervention, prevention, and policy development, USA: The Haworth Maltreatment & Trauma Press

Kerig, P.K. (2001) *Introduction and overview: conceptual issues* IN: Kerig, P.K. and Lindahl, K. M. (2001) **Family observational systems: resources for systemic research**, New Jersey: Lawrence Erlbaum Associates, Inc.

Key, K.K. and DeNoon, D.J., **Zerit: Option for treating HIV infected children** IN: Disease Weekly Plus 2(3):24-25

King, C.A. and Kirschenbaum, D.S. (1992) **Helping young children develop social skills: The social growth program**, California: Brooks/Cole Publishing Co.

Kochanska, G., (1991) **Socialisation and temperament in the development of guilt and conscience** IN: Child Development 62: 1379-1392

Koppers, W. (Ed) 1994 **Ken die gevaartekens** IN: Salus 17(3): 124-125

Krefting, L. (1991) **Rigor in qualitative research: the assessment of trustworthiness** IN: The American Journal of Occupational Therapy 45 (3): 214-222

Krige, C., 2000: **Die laerskoolkind en disipline** IN: Ek en my kind, 23(4):22-25

Laws, R, (1994) **Parenting education,** http://www.fosterparenting.com/pastparent

Laws, R., (1997) **Training in child abuse and neglect,** http://www.fosterparenting.com/fyi.html

Marazitti, D. (2000) **OCD: An emerging disorder** IN: Depression and Anxiety Update 4(1): 5

Metha, A. and Dunham, H. (1988) *Behavioural indicators* IN: Capuzzi, D. and Golden, L. (1988) **Preventing adolescent suicide**, Indiana: Accelerated Development Inc.

PDF created with pdfFactory trial version www.pdffactory.com

Morbidity and Mortality Weekly Report (1998) **HIV infection: Detection, initial management and referral** IN: Supplement 47: 11-17

Morgan, M. (1995) **How to interview sexual abuse victims: Including the use of anatomical dolls**, California: SAGE Publications

Nghatsane, D.D.M. (1993) **Practical issues in community work revisited** IN Social Work Practice 3:6-10

Nel, Z. J. and Nel, J. B. S. (1993) **Ontwikkelingsnavorsing** Johannesburg: Consulto

Orr, J. (2000) **Information for foster parents** Course Notes, Pretoria: UNISA

Paul, R. and Kellogg, L. (1997) **Temperament in late talkers** IN: Journal of Child Psychology and Psychiatry 38(7): 803-811

Peat, M. (1997) **Attitudes and access: advancing the rights of people with disabilities** IN: Canadian Medical Association Journal 156 (5): 657 Ottawa: Mar 1, 1997.Vol.156, Iss. 5; pg. 657

Peck, M. Scott (1997) **Denial of the soul: spiritual and medical perspectives on euthanasia**, Sydney: Simin & Schuster

Peters, T. and De Clercq, H., (2003) **Symposia on the teacch method of intervention**: International Speakers from the Autism Training Centre in Belgium

Proctor, E.K., (1983) *New Directions for Work with Parents of Retarded Children* IN: Turner, F. J. (1983) **Differential diagnosis and treatment in social work** (3rd edition), New York: The Free Press *(Reprinted from Social Casework Vol. 57 (April 1976)*

Randall, P. and Parker, J., (1999) **Supporting the families of children with autism**, England: John Wiley & Sons

PDF created with pdfFactory trial version www.pdffactory.com

Roestenburg, W.J.H. (1993) **The development of an information model for the management of an employee assistance programme** Masters dissertation, Aucklandpark, Rand Afrikaans University

Rooney, R. H. (1994) *Disseminating intervention research in academic settings – a view from social work* IN: Rothman, J. and Thomas, E.J. (1994) **Intervention research: Design and development for human service**, Binghamton: Haworth Press, Inc.

Rothman, J, and Sager, J. S. (1998) **Case Management: Integrating individual and community practice**, Needham Heights: Allyn & Bacon

Rothman, J. C., (1999) **The self-awareness workbook for social workers,** Needham Heights: Allyn and Bacon

Sambrooks, J. E. (1990) *Behavioural approaches to the management of children with emotional and behavioural difficulties* IN: Varma, V.P. (Ed) 1990 **The management of children with emotional and behavioural difficulties**, London: Routledge

Sealy-Fisher, L. (1999) **The role of family in the treatment of Anxiety Disorders** IN: Depression and Anxiety Update 3(2): 2

Shaffer, D. (1985) *Brain Damage* IN: Rutter, M. and Hersov, L. (ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Shapiro, B.K., Palmer, F.B., Antell, S., Bilker, S., Ross, A., and Capute, A.J. (1990) **Precursors of Reading Delay: neuro-developmental milestones**, (Supplement) Baltimore: American Academy of Paediatrics

Silla, J., 2000: *Behaviour control with a behaviour plan for foster children*, FosterCareAgency.Org: http://www.fostercare.net/bcontrol.htm

Silla, J., 2000: *Children with problems*, FosterCareAgency.Org: http://www.fostercare.net/prob.htm

PDF created with pdfFactory trial version www.pdffactory.com

Silla, J., 2000: *Safety Guidelines*, FosterCareAgency.Org: http://www.fostercare.net/safe.htm

Silla, J., 2000: *Thoughts on stealing*, FosterCareAgency.Org: http://www.fostercare.net/stealing.htm

Smith, L.L., (1983) *Social work with epileptic patients* IN: Turner, F. J. (1983) **Differential diagnosis and treatment in social work** (3rd edition), New York: The Free Press

Snyder, N.R. (1997) **Person-in-Environment: The PIE Classification System for Social Functioning Problems** IN: Social Work 42 (5): 536

Steinhauer, P.D. (1991) **The least detrimental alternative**, Toronto: University of Toronto Press

Stevenson, O., (1977) **Someone Else's Child**, Brittian: Routledge & Kegan Paul

Strydom, G.J., (1978) **Vir persone wat belangstel in pleegsorg, aanneming of net verwaarloosde kinders** IN: Ek en my kind, 1(2):12-13

Swain, J. and French, S., (1998) *Normality and disabling care* IN: Brechin, A., Walmsley, J., Kats, J., and Peace, S. (1998) **Care Matters: concepts, practice and research in health and social care**, London: SAGE Publications

Szatmari, P., (1998) *Differential Diagnosis of Asperger Disorder* IN: Schopler, E., Mesibov, G.B., and Kunce, L.J. (Eds), 1998 **Asperger syndrome or high functioning autism?** New York: Plenum Press

Taylor, E. (1985) *Syndromes of Overactivity and Attention Deficit* IN: Rutter, M. and Hersov, L. (Ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Thom, D.P. (1990) *Adolessensie* IN: Louw, D.A. (1990) **Menslike Ontwikkeling**, (2nd edition) Pretoria: Haum-Tersiêr

PDF created with pdfFactory trial version www.pdffactory.com

Thomas, C. (1999) **Put insomnia to bed**, IN: Depression and Anxiety Update 3(2): 15

Titterington, L. (1990) **Foster parenting a comprehensive approach** IN: Child Welfare 69 (2): 157-166

Van der Westhuizen, M.A. (2001) **Identification of possible factors influencing the functioning of the foster family**, Unpublished master's dissertation – Rand Afrikaans University

Walsh, K.W. (1991) **Understanding brain damage: a primer of neuropsychological evaluation** (2nd edition), USA: Churchill Livingstone

Ward, J. (1997) **Specialized foster care: One approach to retaining good foster homes**, National Advocate Fall: http://www.fosterparents.com/index18sfc.html

Wentzel, J.A. (2001) **Foster Care – It's a different World,** http://www.fosterparents.com/jaw9h.html

Wentzel, J.A. (2001) **Reasonable expectations of foster kids**, Foster Parent Community: http://www.fosterparents.com/jaw1.htm

West, D. (1985) *Delinquency* IN: Rutter, M. and Hersov, L. (ed) **Child and Adolescent Psychiatry** (second edition), London: Blackwell Scientific Publications

Westmore, I. (1999) *Spiritual issues in anxiety disorders* IN: **ADAA Conference in San Diego** IN: Depression and Anxiety Update 3(2): 1,3,5

Wing, L. (1998) *The history of Asperger Syndrome* IN: Schopler, E., Mesibov, G.B., and Kunce, L.J. (Eds), 1998 **Asperger syndrome or high functioning autism?** New York: Plenum Press

PDF created with pdfFactory trial version www.pdffactory.com

EMAIL CORRESPONDENCE FROM JAMES KARLS

Swanzen

From: <Jmkarls@aol.com>
To: <swanzen@telkomsa.net>
Cc: <ramsay1@mail.agt.net>; <ramsay@acs.ucalgary.ca>
Sent: Monday, November 20, 2000 9:12 PM
Subject: Re: Dissertation on PIE

I am pleased to hear from you and will be glad to correspond with you on how to develop PIE in S.A. I enjoyed meeting Dr. Roestenburg and hearing his presentation. We were very pleased to hear of PIE application in S.A.noting your positive experience. Regarding the use of PIE with children and adolescence I'm sure you are aware that a PIE assessment of the parents sheds much light on the problems experienced by the child. It can also be used with older emancipated adolexcenets as it stands. Otherwise there is need to develop a child assessment system utilizing the PIE concepts. We have not had the resources to work on this but hope that we might some time in the future. On teaching PIE in S.A. we would be glad to assist you in developing workshops.The new software -CompuPIE by myself and associates and the Interactive Learning piece developed by Richard Ramsay in Canada - should help in conducting workshops and training programs. If you aren't acquainted with this material yet let me know. You can learn about CompuPIE at www.CompuPIE.org and I am ecing this message to Prof. Ramsay so he can tell you more about his software. You can of course copy the Mini-PIE without violating the copyright and use the encyclopedia article to introduce PIe in training sessions at low cost. There is no easy way to reproduce the Manual but you might want to develop reference copies for those who can't afford to purchase the manual. Please share what you thin of these comments and let me know if you want to acquire the software. If you can download the demnstration version and find it useful let me know so that we can discuss how we might work together furhter. Sincerely, James M. Karls, Ph.D. LCSW Clinic Associate Professor, University of Southern California

From: <Jmkarls@aol.com>
To: <swanzen@telkomsa.net>
Sent: Tuesday, November 28, 2000 10:20 PM
Subject: PIE in S.A.

Thanks for sharing your thoughts and info about yourself. Congratulations on pending parenthood. From what you have said I conclude you certainly have the spirit and the energy to proceed with training others in the PIE System. If you wish to go ahead with planning workshops and training sessions please do so. There is nothing to prevent an entrepeneur from initiating training sessions. Many social workers are teaching it without formal training or our endorsement and that's ok by us. In the USA it helps if you have an affiliation with a school of social work or your professional association. It improves your credibility.We think the system is straightforward enough that a smart teacher with the kind of motivation you exhibit can do a competent job. We can help if you have questions or run into difficulties. If you have a fax number please send it. We can send some materials via that method since some items are not in format to send by email. Are you acquainted with Pedro Rankin and Mike Weyers at the School for Psychosocial Behavioral Sciences at Potchefstroom? Mike has a copy of the PIE training CD developed by Dick Ramsay and may have a copy of the demo version of CompuPIE. If you know him or could otherwise borrow that CD you might get some good ideas on how to teach PIE using a computer. Tell us how your plans are shaping up and what you need to get lauanched.
On your question about what lead us to develop PIE: It springs from some of the same sentiment you describe in your relationship with psychology. In the US social work is required to use psychiatry's classification system (DSM) for a variety of reasons and so plays a secondary role in "treating" clients/patients. We require social workers to learn this system even tho we have a different philosophy and approach. I think social work's holistic approach is much more effective than psychiatry's disease model and so arose the task of developing a comparable system but one which gave social work's model primacy and also clarified social work's areas of expertise. This lead to the work we have done thus far. Best. JMKarls

PDF created with pdfFactory trial version www.pdffactory.com

James M. Karls
1315 Mission Ridge Road
Santa Barbara, California 93103
805 564 6988;fax 805966 2482
email:jmkarls@aol.com

January 25, 2001

Dear Rika Swanzen-

The holidays have come and gone and we are well into the new year. I had planned to send you the accompanying material to help in your training sessions. I generally ask trainees to read one of these (the encyclopedia article is most useful) before coming to the first session. It is relatively short (shorter than the book chapters) and gets most people into the concepts and language of PIE more easily than from a straight lecture. The main learning comes in applying the concepts to first video and the live cases (depending on how much time you have). For live cases I generally prepare presenters beforehand to make sure they don't get lost in detail or process. It helps to have the presentation done by someone who is already pretty PIE savvy.
I assume you were unable to download CompuPIE from the website so I'm enclosing the demo version. If you can get it to operate and find it useful let me know and we'll send a code number to make it permanent. To open the demo version use "demo" for the entry code when asked on the installation. Your brother should be able to figure this out. Since we've invested a substantial amount of money in the development of the software we hope to be able to get some compensation but I would be willing to waive the charges if you would promote it in your training sessions.

Let me know how things are going. Someday I should like to visit South Africa. Best wishes for the new year and for the birth of a happy healthy child.

Jim Karls

Swanzen

From: <Jmkarls@aol.com>
To: <swanzen@telkomsa.net>
Sent: Friday, January 25, 2002 6:55 AM
Subject: PIE in South Africa

I was pleased to hear from you that you hope to be able to be creative and function well work in your parent role as well as your occupational role. It does take a bit to raise a small child and pursue a career I hope you have a helpful partner. I'll try to answer some of your questions in your last email message. First the 911 disaster has awakened our citizens to the fact that we are not invulnerable. some have responded with anger and a desire for revenge. Others are pondering the political situation that brought this incident about. Like in a post traumatic case the feelings are now buried for most but the anxiety and fear of danger persists. The United States will not be quite the same again.
On your effort to utilize (PIE in your doctoral research: it appears you would really like to do a version of the PIE that would be applicable to children. At the time we were constructing the system we had hoped to have a system that would include children but our resources at the time precluded that. We thought that there would indeed be such a system desirable and have encouraged some of our correspondents to see what they could do. So far only a group of psychologists in the New England area have worked on it and I do not know how successful they have been. If you think you want to create a version of the PIE that would be used exclusively for children I think you could use the same design we developed for adults. For Factor I you could identify the common relationships that children have and the types of problems that occur. For Factor II you could identify the social institutions that exist in most societies to address the support of children. You could use most of the same categories that we have in PIE. And you could also include a listing of common childhood Mental health problems for Factor III and physical health problems for Factor IV. Showing the interaction between adults and children is difficult to do in a systematic way. that is why we left a section in the software for the assessor to describe in written terms their opinions about the case dynamics.
The selection of content for PIE was the result of some two years of debate amongst a group of practitioners and academicians. We opted for the system you see as being descriptive of a clients problem and with a minimum of imposition of any of the many theories of human behavior that our colleagues use. We think the system we have describes the common human situations in most cultures as witnessed by the fact that in the six years since the publishing of PIE many other countries with different cultures than the US have been able to adapt the system to their use (Korea, Japan, Hungary, Spanish speaker, French speakers, Greece, etc.)
I wish you well in your effort. From our point of view you are free to introduce the PIE system to you colleagues in South Africa. We are more interested in promoting a universal system for social work than in monetary gain. Keep me posted on your progress, James M. Karls

PDF created with pdfFactory trial version www.pdffactory.com

Swanzen

From: <Jmkarls@aol.com>
To: <swanzen@telkomsa.net>
Sent: Thursday, August 07, 2003 7:30 PM
Subject: Child PIE

I have returned to Santa Barbara and have had time to review your earlier messages and your project proposal. First the references: The encyclopedia reference is from the Encyclopedia of Social Work, publisher is NASW Press, Washington,D.C. 1995. The PIE article is in Vol3, pp 1818-1827. The New Technology article was 1997. To answer your question about the questionnaireused in field testing; I was unable to find the papers on this but I can tell you the method used: We had developed an early version of the system andin a format similar to the Mini-PIE. We asked the president of each NASW chapter to identify three senior social work practitioners who might participate in the test. These social workers were given written information about the system and instructions on how to use it in practice. they were asked to use the system on three cases and then to send us their critique of the system answering questions such as was the system clear and understandable, did it help sort out the problems the client/patient presented, did it lead to an intervention plan. Respondents were also asked to make recommendations to clear up points that; might be confusing. The information gained from this field test was used to refine the system and to produce a second version of PIE that was tested again in different parts of the U.S.A In the second field test groups of social work practitioners were first provided training in the system (a 6 hour workshop) and then were presented cases (video taped) which they were asked to assess using the PIE System. This process addressed concerns about inter rater reliability and began to address the need to verify validity of the system. Some of this is reported in the PIE Manual in the Chapter by Janet Williams who conducted much of our reliability and validity study.
As I read you proposal I think you have taken on an enormous task. I would be interested in hearing from you what the content of the ChildPIE System would be. I thin I had mentioned to you (or it is in some of our publications) that the task force had considered developing a PIE for children but for practical purposes (lack of funds and time) opted to focus on adults. I do think the PIE structure could be adapted to children but much work would need to be done to identify the social functioning problems of children at different ages. Environmental issues would also be different for children and so it would be necessary to examine the content of PIE's Factor II and determine how many of the items are relevant for children. PIE's Factors II and IV should pose little problem. Keep me posted on your progress JMKarls

Swanzen

From: "Swanzen" <swanzen@telkomsa.net>
To: "James Karls" <Jmkarls@aol.com>
Sent: Saturday, August 16, 2003 4:01 PM
Subject: Initial ideas

Truthfully I have begun to understand why the original PIE was developed by a whole taskforce. I do not think I have enough knowledge or expertise to do this by myself. At this point I use the feedback I get from the mandatory panel discussions in front of peers and colleagues. And having Dr Roestenburg who is a major force in guiding accreditation of standardized scales, I get very rich feedback from him in validating the system. The fact that he is excited gives me hope. My reasoning is to develop the initial draft for my doctorate on which I can improve on over the following few years. I am very aware that I only got to know about your PIE 14 years after it was initially developed. So I think I am relatively realistic.

My initial theoretical model for childhood social functioning is based on Van Zyl's (1995) definition of ecology that has two concepts namely *habitat* (the physical and social setting within a particular cultural setting) & *niche* (statuses or roles occupied by members of the community). The latter concepts forms the foundation for me, since a milestone in maturity involves finding one's role in society. From this I reason that it is not expected of children to take up roles in society until they are mature (which legally gets defined as 18 - morally and culturally it is seen differently of course). For this reason the roles of the PIE cannot be used, but is the ultimate statuses a child must grow into. The childPIE must therefore classify problems that can impede this maturity. At present I am looking into assessment aspects most social workers in S.A would include to get a comprehensive picture of the child's situation. There are three areas (or factors) of assessment: the child (intrapersonal aspects), the family system (primary and first system of the child responsible for learning interpersonal skills), and the broader community but with regard to support of the child's development - welfare (care to families in the community), health (aids, disabilities, physical illnesses - all impeding growth and maturity), and the educational system (referring to the advocacy function of social work to ensure inclusion of vulnerable and at risk children to have equal opportunity to become functional adults).

Well that is trying to put it in a nutshell. Two major underlying theories for developing a model that guides assessment and intervention is the case management model as described by Rothman & Sager (1998) and an Adlerian play therapy model by Kottman (1995). Since resource linkage is so integrate to case management (which combines one-to-one and community approaches) I will include an initial resource list for Gauteng services with the intervention model to be developed later. Like you know assessment's goal is to lead into intervention and so I thought I should provide the back-up to assessment in the form of an intervention model.

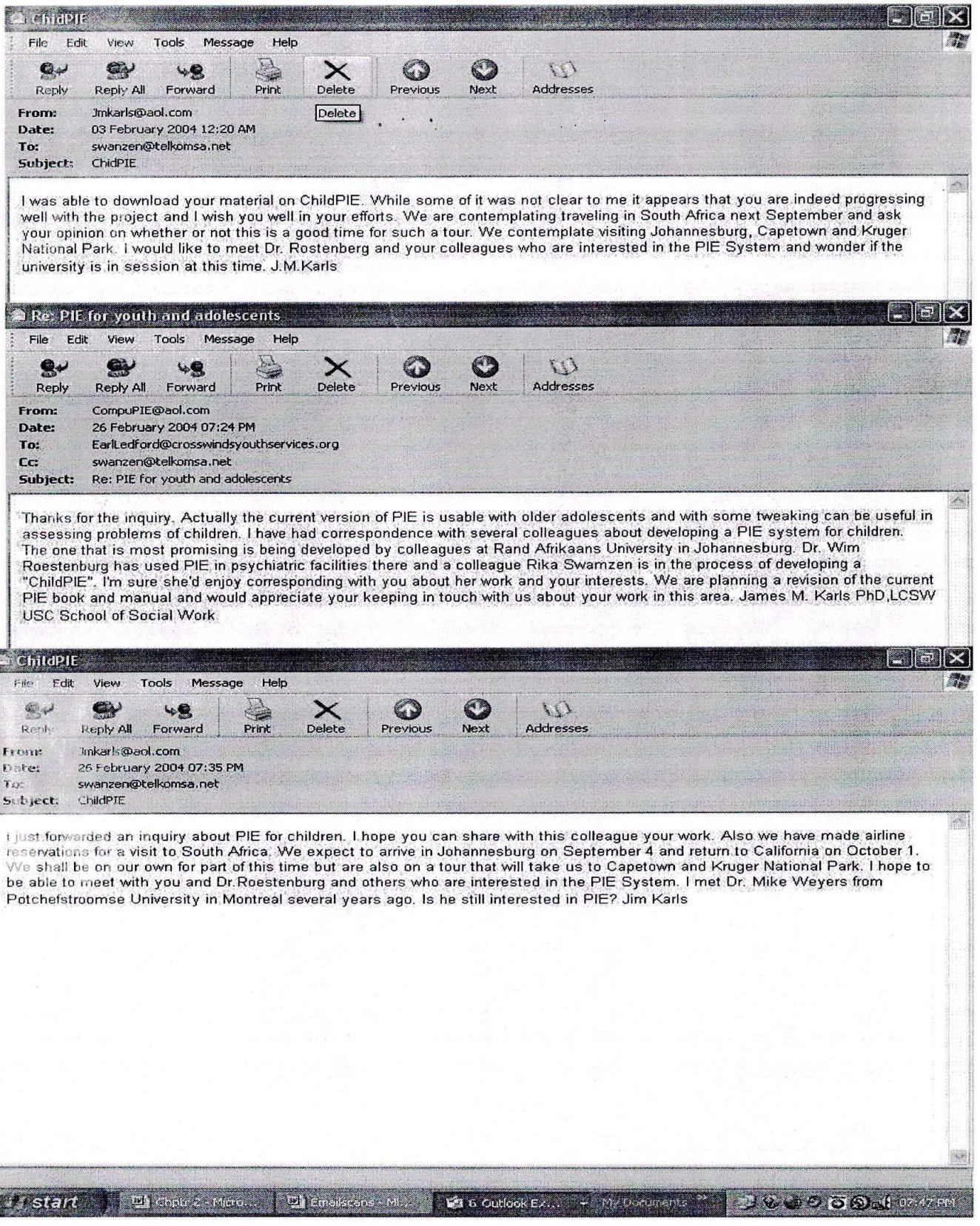
Some days I cannot picture actually being at the end of this and having such a product in my hands, but then I think everyone who ever developed something new must have started at a point where nothing fell into place yet.

Hope it makes some sense, and I would like to hear your thoughts on it.

Regards
Rika

PS. Sorry I only came back now, land line was dead for whole week.

PDF created with pdfFactory trial version www.pdffactory.com



PDF created with pdfFactory trial version www.pdffactory.com

Rika

From: "Rika Swanzen" <swanzen@telkomsa.net>
To: "Earl Ledford" <EarlLedford@crosswindsyouthservices.org>
Cc: "James Karls" <Jmkarls@aol.com>
Sent: 29 February 2004 12:41 AM
Attach: Categories.doc
Subject: Re: PIE - young adolescents and children

Hi

I've started my third year PhD this year and is inspired by the fact that the original PIE is so successful in the states after 10 years since its development. This off course implies that I am only in the beginning stages of the development and the development of the whole classification system falls even beyond the scope of my studies. I have thus far developed a research methodology through which I will develop the whole system and its validation and reliability testing (since I have no protocol for its development apart from the PIE - S.A. also differs in terms of focus areas with regard to service delivery to children); I have developed a theoretical model that underlines the system (this includes the case management model that focuses on psychosocial enhancement that directs the efforts of the social worker, and my own attempt at putting together what is meant with social functioning in children); and I am now at the operasionalisation phase. By the end of this year I hope to have done a validation study on the first part of the classification system for children

I divided the development into three parts, that will probably form three factors in the classification system, namely the child (intra-personal aspects - see attachment); family (first system of the child - assessing family functioning with a focus on aspects needed to provide in the developmental needs of children); and the community (heavy focus on the advocacy role of social worker with regard to schools - inclusion, disability, AIDS, etc.)

Panel discussions with colleagues here have proved positive. My reasoning in very simple terms used Van Zyl's definition of what ecology is, namely the study of the fit between an organism and his environment. Two related concepts are habitat (society, community the organism lives in) and niche (the statuses or roles the organism participates in - this is dependent on maturity) I therefore deducted that in assessing social functioning with children you have to look at what is crucial in their development to ensure that they take up these roles in adult life (which carries over to the PIE as is). I am attaching my first basic attempt at categorizing for you, but please treat it as a work in progress (also remember it is only one third of the total classification system). I am also sure it will stir more questions so feel free to ask me - there is a lot of literature backing these basic categories. Note that I am still looking at temperaments throughout childhood development as a way to identify strengths in the child, so it is not yet included. You will see that the lines in between the categories is at times diffuse - this indicates that it is not possible

PDF created with pdfFactory trial version www.pdffactory.com

to totally separate the one category from the other - certain behaviour does not only occur in one age category for example. To therefore understand the assessment for your age group, you will need to understand the previous building blocks that may not be in place. The literature is not anything new to social work with children - the way it is put together to allow for communication within the discipline as well as inter-disciplinary, is new. This is hoped to be an assessment framework that adds, assists, and compliments all other work in social work thus far.

Hope to here from you soon

Regards

Rika

----- Original Message -----
From: "Earl Ledford" <EarlLedford@crosswindsyouthservices.org>
To: <swanzen@telkomsa.net>
Sent: Thursday, February 26, 2004 9:52 PM
Subject: PIE - young adolescents and children

Rika Swanzen:

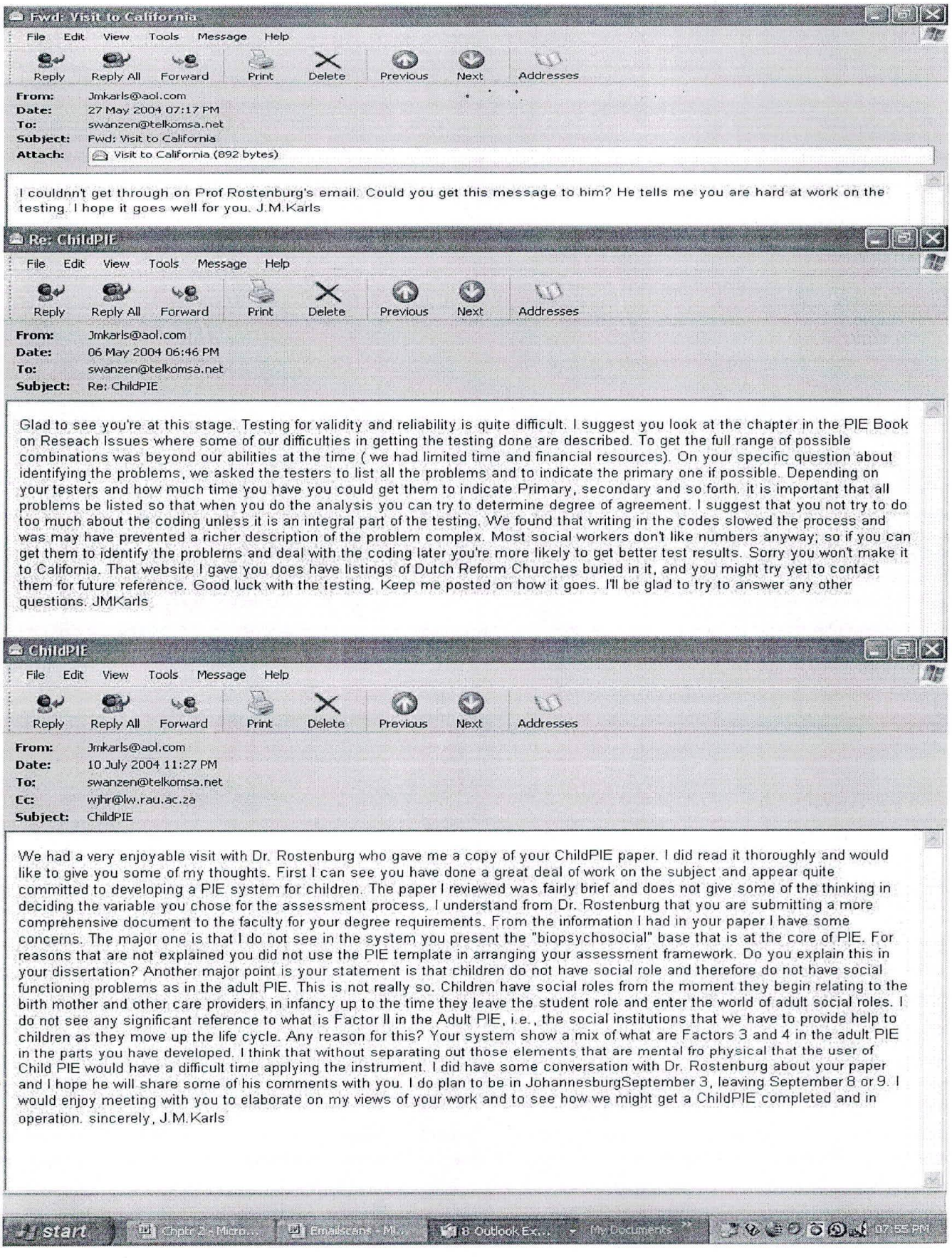
The organization I am consulting with is interested in using PIE for their assessment and case management format. The population served is generally 12 -18 year olds and their families. Dr. Karls indicated in an email response to my request for assistance in this area that you were doing some promising work in adapting the PIE to youth.

I would be very interested in any information, insight, examples, etc. that would assist me in adapting the PIE for use with younger adolescents.

Thank you for any assistance or direction that you may be able to provide.

Earl Ledford, MSW, LCSW, CST

PDF created with pdfFactory trial version www.pdffactory.com



PDF created with pdfFactory trial version www.pdffactory.com

Fw: The Karls return to California

File Edit View Tools Message Help

Reply Reply All Forward Print Delete Previous Next Addresses

From: Rika Swanzen
Date: 24 October 2004 10:02 PM
To: Wim Roestenburg
Subject: Fw: The Karls return to California
Attach: The Karls return to California.eml (3.54 KB)

----- Original Message -----
From: Jmkarls@aol.com
To: swanzen@telkomsa.net
Sent: Saturday, October 23, 2004 7:45 PM
Subject: Fwd: The Karls return to California

Hello Rika. I'm starting to get caught up after our long visit to your part of the world. For whatever reason my eamil to Dr.Roestenbvurg has been rejected; so I ask you to forward it to him. I hope you are well and that you are near the end of your formal studies. I would like to communicate with you as you continue to develo the ChildPIE. so, could you tell me what has happened since we met at RAU and how you would like me to hlep. Jim Karls

MENTAL HEALTH ASSOCIATION
IN SANTA BARBARA COUNTY
Creating Hope Through Understanding

BOARD OF DIRECTORS
George Kaufmann
PRESIDENT
Gil Garcia
1st VICE PRESIDENT
Inge Gaio
2nd VICE PRESIDENT
Tony Vallejo
TREASURER
Jan Wiener
SECRETARY
Jane Carlisle, Ph.D.
Pastor Chase, Ex Officio
Paul Strain, Ed.D.
Past President
Larry Crandell, Jr.
James De Vor
Paul Lichtenstein, M.D.
Yvonne Ragsdale, M.D.
John Foley, Ph.D.
Nancy Harris, J.D.
Jim Karls, Ph.D., LCSW
Nancy Koop, RN
Margaret Lydon
Jan Lee
Agnes Petersons, LCSW
Pamela Reeves, M.D.
Chief Cam Sanchez
Olivia Sanchez
Mack Staton
Eva Valverde
Helen Torres
Fernando Vides, Jr.

STAFF
Antonette Clemmons
EXECUTIVE DIRECTOR
Patricia Collins
ASSOCIATE DIRECTOR
Jack Jamieson
PLACEMENT DIRECTOR

May 13, 2005

Hi - Rika -

Here is the manual with the Mini-PIE. I thought you had one. You need it to teach PIE!

I also inserted some material on an early attempt by a group of social workers in Minnesota to develop a child assessment system this only fragments but you might get some ideas from it

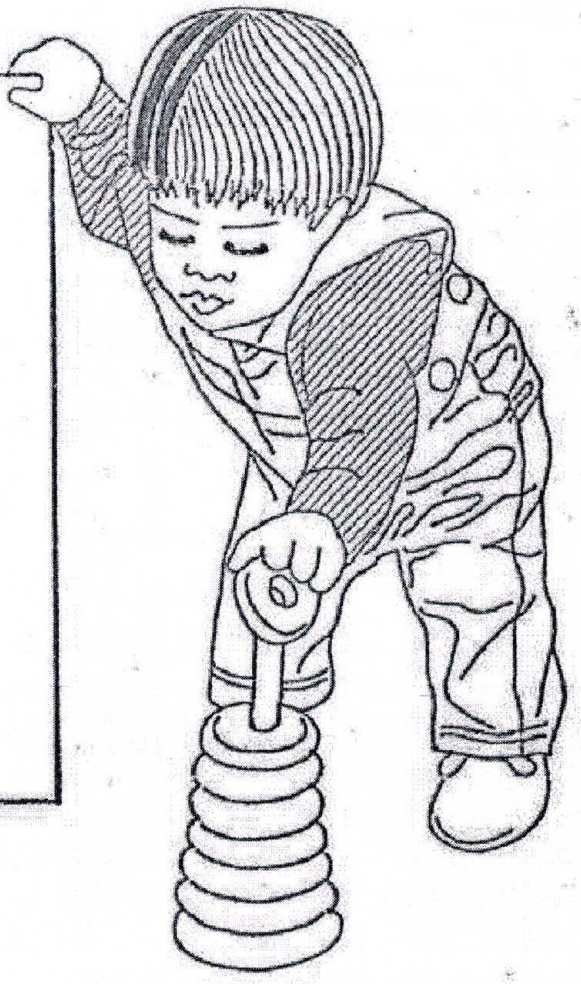
If you do stay again to develop a child PIE I suggest you develop one of them - one for each of the stages in item #5 4. I also suggest you use the format of the adult PIE and try to weave in the same elements ie. Part I - social relations II Environment III mental IV Physical

Best Jim Karls

16 W. Micheltorena, Suite V, Santa Barbara, California 93101 Phone (805) 898-8120 Fax (805) 682-0906 www.mhainsb.org

PDF created with pdfFactory trial version www.pdffactory.com

Classifications and Codes for Children and Youth



SOCIAL WORK

MINNESOTA SYSTEMS RESEARCH, INC.

PDF created with pdfFactory trial version www.pdffactory.com

CLASSIFICATIONS AND CODES
FOR
CHILDREN AND YOUTH

- SOCIAL WORK -

Revised October 1977

Developed Under DHEW Maternal and Child Health
Training Grant No. MCT-001036-02

Copyright, Minnesota Systems Research, Inc., 1975

PDF created with pdfFactory trial version www.pdffactory.com

SOCIAL WORK CLASSIFICATIONS AND CODES
QUICK REFERENCE

50- ANTICIPATORY GUIDANCE

500 WELL CHILD
501 CHILD NEEDS ENRICHMENT OF SOCIAL FUNCTIONING
502 FAMILY NEEDS ENRICHMENT OF SOCIAL FUNCTIONING
503 CHILD NEEDS SERVICES
504 FAMILY NEEDS SERVICES
505 AT RISK-CHILD'S PHYSICAL CONDITION
506 AT RISK-FAMILY'S MENTAL OR PHYSICAL CONDITION
507 AT RISK-FAMILY DIFFICULTIES (NOT RELATED TO CHILD)
508 AT RISK-FAMILY DIFFICULTIES IN MEETING CHILD'S NEEDS
509 AT RISK-ENVIRONMENTAL FACTORS

SOCIAL FUNCTIONING AFFECTED BY . . .

51- CHILD'S PHYSICAL CONDITION OR CHRONIC OR FATAL ILLNESS

510 CHILD's SELF-CARE DISTURBED
511 PEER GROUP RELATIONSHIPS IMPAIRED
512 FAMILY FUNCTIONING IMPAIRED
513 FAMILY FUNCTIONING IMPAIRED (CONT'D)
514 FORMAL EDUCATION DISRUPTED
515 PROBLEMS REGARDING NECESSARY MEDICAL CARE
516 CHILD's SELF-IMAGE AFFECTED-NEGATIVE
517 to 519 CURRENTLY UNUSED

52- BEHAVIORAL/EMOTIONAL/LEARNING PROBLEMS

520 LEARNING RETARDED/AFFECTED
521 BEHAVIOR AFFECTS RELATIONSHIPS
522 EMOTIONAL DISORDER
523 RESISTANCE TO TREATMENT
524 to 529 CURRENTLY UNUSED

53- ENVIRONMENTAL PROBLEMS

530 INADEQUATE HOUSING
531 PROBLEMS IN NEIGHBORHOOD
532 PROBLEMS IN SCHOOL SETTING
533 SOCIAL SERVICES INADEQUATE

53- ENVIRONMENTAL PROBLEMS (CONT'D)

534 MENTAL HEALTH SERVICES INADEQUAT
535 to 539 CURRENTLY UNUSED

54- STAGES OF GROWTH AND DEVELOPMENT

540 INFANCY (0-12 MONTHS)
541 EARLY CHILDHOOD (1-3 YEARS)
542 PRE-SCHOOLERS (4-5 YEARS)
543 SCHOOL AGE CHILD (6-9 YEARS)
544 PUBERTY
545 ADOLESCENCE
546 to 549 CURRENTLY UNUSED

55- SHORT-TERM STRESS OR CRISIS SITUATION

550 HOUSING THREATENED OR LOST
551 ECONOMIC CRISIS
552 TRANSISTIONAL CRISIS
553 PRECIPITATED BY CHILD' AGGRESSIVE BEHAVIOR
554 CRISIS IN FAMILY FUNCTIONING
555 CRISIS IN HOME MANAGEMENT
556 CHILD'S ACUTE ILLNESS/SURGERY
557 CHRONIC AND/OR POTENTIALLY FATAL ILLNESS
558 DUE TO ANTICIPATED EVENT OR CHANGE IN STATUS
559 ADOLESCENT PREGNANCY

56- CHILD REARING AND HOME MANAGEMENT

560 CHILD REARING
561 HOME MANAGEMENT DISORGANIZED
562 FINANCIAL PROBLEMS
563 to 569 CURRENTLY UNUSED

57- ABUSE OF CHILD

570 PHYSICAL ABUSE
571 SEXUAL ABUSE
572 NEGLECT: EMOTIONAL AND PHYSICAL
573 to 579 CURRENTLY UNUSED

58- to 59- CURRENTLY UNUSED

PDF created with pdfFactory trial version www.pdffactory.com

- ALPHABETICAL LISTING -

5-- SOCIAL WORK CLASSIFICATIONS AND CODES

- A -

ABANDONMENT OF CHILD 552.3

ABSENCE OF CHILD FROM HOME 512.9

ABORTION 545.5

ABUSE OF CHILD
- Neglect ..... see 572
- Physical ..... see 570
- Sexual ..... see 571

ACCEPTABILITY
- Availability of Medical Care 515.0, 515.1, 515.2

ADOLESCENCE
- Abortion 545.5
- Concern About Child 545.7
- Conflict 545.0
- Family 545.0, 545.1, 545.6
- Homosexuality 545.3
- Independence 545.4
- Lack of Knowledge of 545.0
- Marriage 545.6
- Physiological Changes 545.0
- Pregnancy 559, 545.5
- Psychosocial Changes 545.0
- Relationships 545.1, 545.3, 545.6
- Runaway 545.4
- School Problems, Dropout 545.2
- Separation Problems 545.1
- Sexuality 545.3
- Vocational Plans 545.8
- Withdrawal 545.1

ADOPTION OF CHILD 552.4

PDF created with pdfFactory trial version www.pdffactory.com

ADULTS
See Also PARENTS
Difficulty With School Age 545.3
Fear of 541.3
In Authority 521.0
Resistance to 542.5

AGGRESSIVE BEHAVIOR ..... see 521

ALCOHOLISM
Child 522.6
Community 531.1
Family 554.4, 560.5
570.1, 572.1

ANXIETY ABOUT ILLNESS 514.5

ASOCIAL BEHAVIOR 521.2

ATTENDANCE AT SCHOOL 514.2, 514.4

ANOREXIA 522.3

AUTISM 522.0

- B -

BEDWETTING 521.4

BEHAVIOR
Asocial 521.2
Bedwetting 521.4
Conflict, School 521.3
Hostile 521.0, 521.1
Hyperactive 521.3
School 521.3
Withdrawn 521.0, 521.1

BEHAVIOR CRISIS
Delinquent 553.7
Injuries 553.0, 533.1
553.2, 533.3
Property 553.6
Rape 553.4
Runaway 553.5

PDF created with pdfFactory trial version www.pdffactory.com

BICULTURAL SERVICES NEEDED 532.3, 533.4, 534.4

BILINGUAL LEARNING PROBLEMS 520.3

BODY IMAGE 516.2, 556.5

- C -

CARE PROVIDER PROBLEMS 515.4, 515.5

CARETAKER PROBLEMS
- Child Abuse 570.2, 571.2
- Neglect ..... see 572, 572.2

CHILD/PARENT RELATIONSHIPS 512.5

CHILD REARING
- Appropriate Behavior for Age 560.0
- Conflict 560.1
- Cultural Differences 560.1
- Emotional Needs 560.4
- Family 560.3, 560.5
- Parents 560.0, 560.2, 560.4, 560.5, 560.7
- Physical Needs 560.4
- Relationships 560.1
- Single-Parent 560.5
- Support 560.3, 560.5

COMMUNICATION PROBLEMS
- Bilingual 520.3, 532.3
- Child 510.5, 541.7, 542.7, 543.4
- Family 531.2, 561.3

COMMUNITY
- See NEIGHBORHOOD

COMPLIANCE
- Self Care 510.4

COMPULSIVE BEHAVIOR 522.5

PDF created with pdfFactory trial version www.pdffactory.com

CONFLICT
Adolescence 545.0
Child/Parent 512.5
Extended Family 512.3
Family/Care Provider 515.4
Marital 512.3
School 521.3
Sibling 512.4
Puberty 544.2

CRISIS
Behavior of Child ..... see 553
Economic ..... see 551
Family Functioning ..... see 554
Home Management ..... see 555
Housing ..... see 550
Illness/Surgery of Child ..... see 556

CULTURAL DIFFERENCES *
Home 560.1
Neighborhood 531.7
School 532.3, 532.4

CURIOSITY
Lacking in Preschool Child 542.6

- D -

DAY CARE 533.0

DEATH IN FAMILY 554.1, 557.7

DELINQUENT BEHAVIOR 553.4

DEPENDENCE ON
Family 512.0, 542.3, 545.7
Mother 541.4
Peers 511.4

DEPRESSION
Child 522.2
Mother 560.5

PDF created with pdfFactory trial version www.pdffactory.com

DEVELOPMENTAL DELAY IN LEARNING 520.8

DEVELOPMENTAL STAGES
See INFANCY, EARLY CHILDHOOD, PRESCHOOL, SCHOOL AGE, PUBERTY, ADOLESCENCE

DISTURBED SELF CARE
Eating 510.1
Grooming 510.3
Sleeping 510.0
Toileting 510.2

DIVORCE 554.3

DRUG ABUSE
Child, Youth 522.6
Family 554.4, 560.7
Neighborhood 531.1

- E -

EARLY CHILDHOOD
Adults 541.3
Children 541.2
Dependence 541.4
Exploration 541.0, 541.1
Fearfulness 541.3
Feeding 541.5
Mother 541.4
Object Exploration 541.0
Resistance 541.5, 541.6, 541.7
Self-Feeding 541.5
Self-Toileting 541.6
Space Exploration 541.1
Speech 541.7

EATING
Disturbed Self-Care 510.1
Early Childhood 541.5
Infancy 540.6

PDF created with pdfFactory trial version www.pdffactory.com

ECONOMIC CRISIS
Employment, Laid Off 551.0
Expenditures 551.2
Public Assistance 551.1
Unanticipated 551.2

EDUCATION
Also see SCHOOL
Age Difference 514.6
Alternative Needed 532.7, 545.2
Anxiety 514.5
Attendance 514.2
Avoidance 514.4
Capacity 514.3
Classmates 514.6
Handicapped 514.7
Homebound 514.1
Hospitalized 514.0
Illness 514.4, 514.5
Learning Difficulties 514.5, 514.6
Participation In 514.3
Placement 514.7, 514.8
Resources Limited 520.4
Transportation 514.2

EMOTIONAL PROBLEMS
Drug Abuse 522.6
Neurotic 522.1
Psychotic 522.0
Relationships, Family 522.0, 522.1, 561.3
Relationships, Social 522.0, 522.1

EMPLOYMENT PROBLEM 551.0, 562.1, 545.8

ENRICHMENT NEEDED ..... see 501, 502

ENURESIS 521.4

EQUIPMENT
Home Care of Illness/Surgery 556.4

EXTENDED FAMILY
Relationships With 512.3

PDF created with pdfFactory trial version www.pdffactory.com

- F -

FAILURE TO THRIVE 540.6

FAMILY
Adolescence 545.0, 545.1, 545.2
Communications 561.3
Composition 552.1
Crisis in Functioning ..... see 554
Dysfunctional 560.2
Help During Illness/Surgery 556.2
Isolation 531.2
New Baby 554.8
Problem Interferes with Child's Medical Treatment 515.6
Puberty 544.2, 544.3, 544.4
Single Parent 560.6
Support 560.3
Supportive Services Needed 533.5
Well Child ..... see 502, 504, 505, 506, 507
Values Affecting Education 520.2

FAMILY CRISIS
Alcoholism 554.4
Death 554.2
Divorce 554.3
Drug Abuse 554.4
Hospitalization 554.0
Illness, Acute 554.0
Mental Illness 554.5
Pregnancy 554.6
Separation 554.3

FAMILY RELATIONSHIPS
Absence of Child 512.8
Child Health 513.0, 513.1
Child - Parent 512.5
Conflict ..... see 512
Dependence 512.0
Extended Family 512.3
Feelings 513.0
Independence 512.2
Outside Functioning 512.7
Parents ..... see 512
Recreation 512.7
Restrictions 512.5
Siblings 512.0, 512.1

PDF created with pdfFactory trial version www.pdffactory.com

FEARFULNESS
Early Childhood 541.3

FEEDING
Early Childhood 541.5
Infancy 540.6

FEELINGS, NEGATIVE 513.0

FINANCIAL PROBLEMS
Illness/Surgery 556.3
Medical Care 515.3
Support Needed 533.6

FOSTER HOME CARE 552.5, 558.2

- G -

GANGS
Abuse of Child 570.5, 571.5
Child Involved 553.4
In Community 531.1

GEOGRAPHIC CHANGE 552.0

GROOMING
Disturbed 510.3

- H -

HANDICAPPED
Education of Child 514.7

HANDICAPPED PARENT ..... see 506, 560.3

HEALTH OF CHILD THREATENED 513.0, 513.1

HOMEBOUND
Education 514.1

PDF created with pdfFactory trial version www.pdffactory.com

HOMEMAKER SERVICES NEEDED 533.2

HOME CARE AFTER ILLNESS/SURGERY 556.4

HOME MANAGEMENT ..... see 561

HOME MANAGEMENT CRISIS
- Clothing 555.1
- Food 555.0
- Heat 555.2
- Utilities 555.2
- Water 555.2

HOSPITALIZATION
- Education During 514.0
- Family Member 554.0
- Anticipated for Child 558.1

HOUSING
- Inadequate 530.3, 530.4, 530.7
- Infested 530.6
- Insecure 530.5
- Lead Paint Hazard 530.8
- Overcrowded 530.0, 530.1, 530.2

HOUSING CRISIS
- Eviction 550.1
- Fire 550.0
- Mortgage 550.6

HOUSEHOLD WORK 512.7

HYPERACTIVITY 521.3

- I -

ILLNESS
- Anxiety About 514.5
- Family Member 554.0
- Used to Avoid School 515.4

PDF created with pdfFactory trial version www.pdffactory.com

ILLNESS/SURGERY OF CHILD
Body Image Affected 556.5
Child's Understanding of 556.1
Equipment Needed 556.4
Family 556.2
Financial Problems 556.3
Home Care 556.4
Medical Plan 556.0, 556.1
Parental Understanding 556.0
Special Help Needed 556.2, 556.4

INDEPENDENCE
In Adolescence 545.1
From Family 512.1
From Peers 511.5

INTERPERSONAL PROBLEMS
See RELATIONSHIPS

ISOLATION FROM PEERS 511.0

INFANCY
Body Exploration 540.0
Feeding 540.1, 540.6
Mother - Infant 540.2
Object Exploration 540.4
People 540.3
Space Exploration 540.5

INJURY, BY CHILD TO
Parents 553.1
Peers 553.1
Self 553.0
Siblings 553.1

INSTITUTIONAL BARRIERS TO CHILD TREATMENT 515.5

INSTITUTIONAL PLACEMENT OF CHILD 552.8

PDF created with pdfFactory trial version www.pdffactory.com

- L -

LEARNING PROBLEMS
- Age Differences 514.6
- Bilingual 520.3
- Disability 520.8
- Educational Resources Limited 520.4
- Family Values 520.2
- Illness 514.4
- Intellectual Deficiency 520.0
- Language 520.3
- Perceptual 520.1

LEGAL SERVICES NEEDED 533.7

- M -

MEDICAL
- Care Plan 556.0, 556.1
- Status Threatened 513.0, 513.1

MEDICAL CARE
- Acceptable to Child/Family 515.1
- Available 515.0
- Community Resources 515.0
- Conflict with Personnel 515.4
- Family Problems ..... see 515
- Financial Problems 515.3
- Institutional Problem 515.5
- Personnel 515.4, 515.5
- Transportation to 512.2

MEDICAL HEALTH SERVICES INADEQUATE ..... see 534

MENTAL ILLNESS
- Child ..... see 522, 534
- Family ..... see 534, 554.5

MOTIVATION LACKING
- Child ..... see 523
- Parent 560.8

MOURNING
- Interference with 557.7

PDF created with pdfFactory trial version www.pdffactory.com

- N -

NEGLECT OF CHILD ..... see 572

NEIGHBORHOOD PROBLEMS
- Alcohol 531.1
- Criminal Behavior 531.1
- Dangerous 531.0, 531.1, 531.4
- Drugs 531.1
- Gangs 531.1
- Police 531.3
- Racial Tension 531.7
- Recreation 531.4
- Sanitation 531.5
- Sense of Community 531.1, 531.2
- Shopping 531.6
- Traffic 531.0

NEUROTIC PROBLEM
- Child 522.1
- Family ..... see 506, 560.5

- O -

OBESITY 522.2

OVERCROWDING .....
- Home 530.0
- School 532.0

OUTSIDE FUNCTIONING OF PARENTS IMPAIRED 512.8

PDF created with pdfFactory trial version www.pdffactory.com

- P -

PARENT
- Abusing Child ..... see 570
- Child Relationship 512.5
- Child Rearing ..... see 560
- Depressed Mother ..... see 506, 560.5
- Family Relationships ..... see 512
- Handicapped ..... see 506, 560.3
- Immature, Low Intellectual Capacity 560.4
- Injured by Child 553.1
- Job Interfered with Treatment for Child 515.6
- Lacks Understanding of Child 544.2, 545.0
- Language Barrier, Cultural Differences 560.1
- Mental, Emotional Problems 560.5
- Neglects Child ..... see 572
- Physical Disability 560.3
- Single 560.6

PARENTAL
- Conflict, Chronic Marital Discord ..... see 507, 512.2, 560.2
- Health 513.5, 513.6
- Outside Functioning 512.8
- Remarriage 552.2
- Self Concept Disturbed 512.6

PASSIVITY 522.4

PEERS
- Adolescence ..... see 511, 516.6, 531.1, 545.2, 545.3
- Age Difference in School 514.6
- Dependence on 511.4
- Independence From 511.5
- Injury to by Child 553.1
- Involvement with 511.2
- Isolation From 511.0
- Lack of Interest in 541.2
- Participation with 511.7
- Preschool Age 542.1
- Puberty 544.0, 544.1
- Rejection by 511.3
- Relationships with 511.6
- School Age 543.0
- Withdrawal From 511.1

PDF created with pdfFactory trial version www.pdffactory.com

PERCEPTUAL PROBLEM IN CHILD 520.1

PHYSICAL ABUSE OF CHILD ..... see 570

PHYSICAL CONDITION OF CHILD
- And Family ..... see 512
- And Peers ..... see 511
- Well Child ..... see 505, 506

PHYSIOLOGICAL CHANGES
- In Adolescence 545.0
- In Puberty 544.2

PLACEMENT IN SCHOOL
- Availability 514.8
- Handicapped 514.7
- Inappropriate 532.7, 545.2

POST PARTUM DEPRESSION
- Mother 554.8
- Youth 545.7

PREJUDICE
- In Community 531.7
- In School 532.4

PREGNANCY
- Mother 554.6
- Terminated 545.5
- Youth ..... see 559, 545.5

PRESCHOOL AGE
- Adults, Non-Parental 542.5
- Curiosity 542.6
- Dependence 542.3
- Mother 542.3
- Peers 542.1
- Play 542.4
- Relationships 542.1, 542.2
- Resistance 542.0, 542.5
- Self-Care 542.0
- Verbal Development 542.7

PROPERTY DESTRUCTION 553.3

PROTECTIVE SERVICES NEEDED 533.1

PSYCHOLOGICAL NEEDS ..... see 516, 522 535
- In Adolescence 545.0
- Services Inadequate ..... see 534

PDF created with pdfFactory trial version www.pdffactory.com

PSYCHOSOMATIC SYMPTOMS 522.8

PSYCHOTIC PROBLEM
Of Child 522.0
Of Parent 560.5, 570.0
571.0, 572.0

PUBERTY
Conflict 544.2
Family 544.2, 544.3
544.4
Peers 544.0, 544.1
Physiological Changes 544.2
Relationships 544.0, 544.1
544.3, 544.4
Sexual Development 544.0, 544.1
544.2
Withdrawal 544.3, 544.4

PUBLIC ASSISTANCE
Loss or Threatened Loss 551.1

PUBLIC ASSISTANCE NEEDED 551.1, 533.6
558.0

PUBLIC ASSISTANCE REFUSED 551.5

- R -

RACIAL PREJUDICE IN SCHOOL 532.4

RACIAL TENSION IN COMMUNITY 531.7

RAPE
By Child, Youth 533.2
To Child ..... see 571

RECREATION
Family 512.7
Neighborhood 531.4
Programs Needed 533.3
School 532.6

REJECTION BY PEERS 511.3

PDF created with pdfFactory trial version www.pdffactory.com

RELATIONSHIPS
Adolescence 545.1, 545.5
Adults in Authority 521.0
Child - Parent 512.5
Cultural Conflict 560.1
Family ..... see 512, 513
561.3
Emotional Problems ..... see 522
Peers ..... see 511, 521.1
543.0
Preschool 542.1, 542.2
Puberty ..... see 544
School Age ..... see 543
Siblings 512.0, 512.1
512.4

RESISTANCE TO
Adults 542.5
Feeding 510.0, 540.6
541.5
Toileting 521.4, 541.6
Treatment, by Child ..... see 523
Treatment, by Parent(s) 560.3
Self Care ..... see 510, 542.0
Speech 541.7, 542.7

RISK TO WELL CHILD ..... see 505, 506
507, 508, 509

RUNAWAY CHILD, YOUTH 552.7, 545.4

- S -

SANITATION
In Home 530.3, 530.5
In Neighborhood 531.5

PDF created with pdfFactory trial version www.pdffactory.com

SCHOOL
Also See EDUCATION
Behavior 521.3
Bilingual Needs 532.3
Busing 532.2
Ethnic Problems 532.4
Inadequate 532.5, 532.6
532.8
Individualization 532.8
Overcrowding 532.0
Phobia 520.6
Placement 532.7
Prejudice 532.4
Racial Problems 532.4
Recreation 532.6
Security 532.1
Supportive Services 532.6
Teacher 532.5

SCHOOL AGE CHILD
Adults, Non-Family 543.3
Home 543.1
Peers 543.0
Problem Solving 543.2
Relationships 543.0, 543.3

SECURITY
Community 531.3
Home 530.4
School 532.1

SELF CARE
Eating 510.1, 540.6
541.5
Grooming 510.3
Resistance 542.0
Sleeping 510.0
Toileting 510.2, 541.6

SELF IMAGE
Child ..... see 521
Parent 512.6

SELF INFLICTED INJURY 553.0

SEPARATION
Child During Transitional Crisis ..... see 552
Child, School Age 543.1
Parents 554.3
Youth From Family 545.1

PDF created with pdfFactory trial version www.pdffactory.com

SEXUAL
Abuse of Child ..... see 571
Body Image 516.3
Development During Adolescence ..... see 545
Development During Puberty ..... see 544
Genitals Malformed or Lacking 516.3
Identity 516.1, 516.3
Relationships ..... see 516
Surgery 516.1, 516.2
Treatment 516.1, 516.2

SIBLINGS
Injured by Child 553.1
Relationships with 512.0, 512.1
512.4

SINGLE PARENT FAMILY 560.5

SLEEPING DISTURBED 510.0

SLEEPING PROBLEMS 522.7, 540.8

SOCIAL SERVICES
Bicultural 533.4
Day Care 533.0
Family 533.5
Financial 533.6
Homemaker 533.2
Legal 533.7
Protective 533.1
Public Financial 533.6
Recreational 533.3
Supportive 533.5

SPEECH
Early Childhood 541.7
Preschool 542.7

SUPPORTIVE SERVICES
Also See SOCIAL SERVICES
Family 533.5
School 532.6
Well Child ..... see 503, 504

SUPPORTIVE RELATIONSHIPS
Single Parent 560.5

SURGERY/ILLNESS OF CHILD ..... see 556

PDF created with pdfFactory trial version www.pdffactory.com

- T -

TEACHER PROBLEMS 532.5

TEENAGE PREGNANCY 559

TRANSITIONAL CRISIS
- Abandonment 552.3
- Adoption 553.4
- Family 552.1, 552.3
- Foster Home 552.5
- Geographic Change 552.0
- Remarriage 552.2

TRANSPORTATION
- To School 514.2
- To Treatment 515.2

TOILETING 510.2, 521.4, 541.6

- U -

UNCONTROLLABLE BEHAVIOR 553.5

UNDERSTANDING OF
- Age Appropriate Behavior by Parent 560.0
- Illness/Surgery by Child 556.1
- Illness/Surgery by Parent 556.0

UNEMPLOYMENT 551.0, 562.1, 545.8

UNPREDICTABLE BEHAVIOR 553.5

PDF created with pdfFactory trial version www.pdffactory.com

- V -

VERBAL DEVELOPMENT
Preschool 541.7, 542.7
School Age 543.4

VOCATIONAL ASSISTANCE 545.7, 545.8

- W -

WELL CHILD
Enrichment Needed ..... see 501, 502
Environment ..... see 509
Family ..... see 502, 504
506, 507, 508
Physical Condition ..... see 505, 506
Risk ..... see 505, 506
507, 508, 509
Services Needed ..... see 503, 504
Social Functioning ..... see 501, 502
Well Child ..... see 500

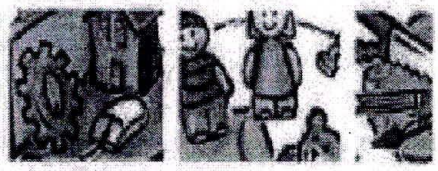
WITHDRAWAL
In Adolescence 545.4
From Adults 521.0
From Peers 511.1, 521.1
In Puberty 544.3, 544.4

- X Y Z -

PDF created with pdfFactory trial version www.pdffactory.com

CM Conduct Management

THE GATEWAY TO BEHAVIOR SOLUTIONS



PRODUCTS

Adolescent Behavior Toolbox
Professional

Child Behavior Toolbox
Global Professional
Professional

Choosing the Correct Product
Table of Topics
Feature Comparison
Pricing

INFORMATION

Home
Contact Us
About us
Employment Opportunities
Resellers

SUBSCRIBER LOGIN

Behavior Toolbox subscription customers please select a link below to login:

ABT Internet Subscribers
CBT Internet Subscribers

Child Behavior Toolbox - Table of Topics

TOPICS

Attention	Problem Solving	Social Skills
Behaviour Management	Reading & Language	Special Topics
Memory	Social-emotional Adj	Visual Motor Skil

TOPIC AREAS

Aggression	Fears	School Related
Aggression Alternatives	Fine Motor	Selective Attention
Anger	Following Directions	Self Abuse
Anxiety	Friendship Making	Self Esteem
Attachment	Helping with Homework	Self-Stimulation
Auditory	Hyperactivity	Sharing
Bad Language	Impulsivity	Shyness
Beginning Social Skills	Inferential Thinking	Sibling Rivalry
Biting	Language Development	Sleeping
Bullying	Lying	Social Problem Solving
Communication	Memory Games	Soiling
Compliance	Memory Strategies	Stealing
Comprehension	Memory Tools	Stress of Terrorism & \
Compulsions	Nail Biting	Tantrums
Computers & Internet*	Nonverbal Problem Solving	Teasing
Conversational Skills	Obsessions	Thumbsucking
Dealing with Feelings	Organisation	Toilet Training
Dealing with Moving*	Over Eating	Under Eating
Dealing with Stress	Pain Management*	Verbal Problem Solvin
Death & Grieving*	Playground Behaviour	Visual Attention
Depression	Reading	Visual Motor
Disability Awareness	Reducing Distractibility	Visual Perception
Divorce*	Repetitive Behaviour	Wandering
Eating	School Bus Behaviour	Wetting
Exploratory Play		

* Only available on the Global Professional version.

Back to CBT Professional
Back to CBT Global Professional

PDF created with pdfFactory trial version www.pdffactory.com

Conduct Management

THE GATEWAY TO BEHAVIOR SOLUTIONS



PRODUCTS

Adolescent Behavior Toolbox
Professional

Child Behavior Toolbox
Global Professional
Professional

Choosing the Correct Product
Table of Topics
Feature Comparison
Pricing

INFORMATION

Home
Contact Us
About us
Employment Opportunities
Resellers

SUBSCRIBER LOGIN

Behavior Toolbox subscription customers please select a link below to login:

ABT Internet Subscribers
CBT Internet Subscribers

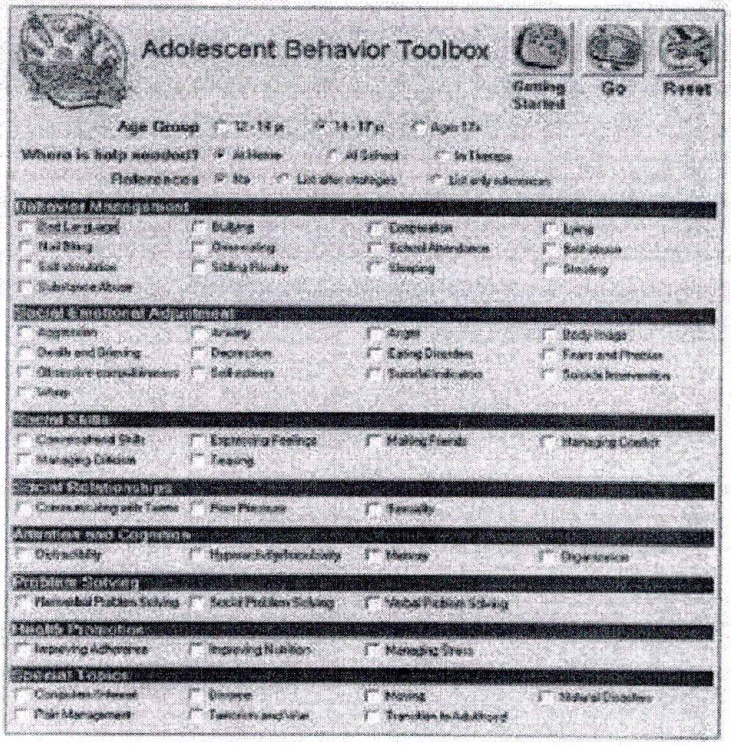
Adolescent Behavior Toolbox

Adolescent Behavior Toolbox contains over 1000 practical, clinical and research-based strategies that can be directly applied to assisting teachers, educational psychologists and mental health professionals who work with adolescents and their families. Developed in consultation with a team of psychologists, each strategy is developed from case-based research and is referenced to published works for further reading as appropriate.

ABT, designed to support professionals working with adolescents up to 18 years old, will in future releases provide an option where the strategies will be structured for direct use by the adolescent. This additional approach will considerably widen the number of ways in which ABT can be used.

Adolescent Behavior Toolbox works in a similar way to Child Behavior Toolbox (see How It Works) The Topic Groups, the Topics and strategies while similar to CBT in a few common areas are unique to adolescents.

Adolescent Behavior Toolbox - Topic Group & Topic Matrix



The Adolescent Behavior Toolbox has been developed in response to the identified needs of child health and education professionals worldwide.

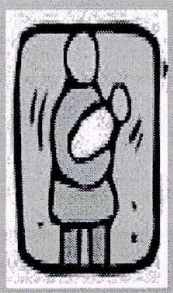
ABT can be purchased on CD-ROM or as an Internet subscription (or both) and can be purchased with CBT at special pricing.

PDF created with pdfFactory trial version www.pdffactory.com

Annexure 2

Aids assisting ChildPIE© assessment

TABLE 1 SUMMARY OF MILESTONES

<table>
<tr><th>AGE</th><th>TYPE OF DEVELOPMENT</th><th>AVERAGE MILESTONE TO BE ACHIEVED</th></tr>
<tr><td>0 – 1 Month</td><td>Cognitive development
</td><td>
The infant performs simple, involuntary reflexes:
<table>
<tr><th>Reflex</th><th>Description</th><th>Developmental course</th></tr>
<tr><td>Grasp-ing</td><td>Grasps tightly any object – such as parent's finger – which is placed in the palm.</td><td>Reflex becomes less strong at 4 months. Grasp movements develop into fine motor abilities in later life.</td></tr>
<tr><td>Moro</td><td>The arms are outstretched and then pulled into the body in response to a loud noise or sudden loss of support.</td><td>The reflex disappears by 5 months. However the child continues to react to unexpected noises or a loss of bodily support.</td></tr>
<tr><td>Root-ing</td><td>When an infant's cheek is touched, the head is turned in that direction.</td><td>The reflex becomes less strong at 3 months and is replaced by voluntary head turning.</td></tr>
<tr><td>Suck-ing</td><td>The newborn sucks when an object comes in contact with the mouth.</td><td>The reflex becomes less strong at 3 months. The baby gains voluntary control over sucking.</td></tr>
<tr><td>Walk-ing</td><td>The newborn takes steps when placed on a surface or against a step.</td><td>Disappears in the first 8 weeks unless the infant has regular opportunities to practice this response.</td></tr>
<tr><td>Swim-ming</td><td>An infant immersed in water will display active movement of the arms and legs and involuntarily hold his or her breath. This swimming reflex will keep an infant afloat for some time, allowing easy rescue.</td><td></td></tr>
</table>
Infant engage in movement, finds that it creates an interesting sensation and is repeated. There is yet no understanding of cause and effect.
</td></tr>
<tr><td>1 to 4 months</td><td>Cognitive development</td><td>• Babies make noises & gestures to communicate
• Babbling becomes more elaborate as vocal systems mature
• Starts to recognize rituals like bathing & feeding</td></tr>
<tr><td>1 - 4 months</td><td>Motor development</td><td>• Baby raises head, can lift chin up from floor or bed
• Turns head towards sound
• Raises chest up off the floor or bed
• Can follow objects with eyes at an angle of 180 degrees
• Sits up with adult support
• Starts rolling first from stomach to back, then back to stomach
• Can bring hands together
• Bats at objects, cannot grasp them for more than few seconds</td></tr>
<tr><td>1 – 6 months</td><td>Emotional development</td><td>SLEEP
• Newborns spend a significant time sleeping
• They are not easily stimulated or aroused by moderate noise or other</td></tr>
</table>

PDF created with pdfFactory trial version www.pdffactory.com

physical cog gross/fine motor- sensory perceptual social moral physical sexual

		sensations • In the first weeks baby may sleep 16 to 20 hours in each 24 hour period, sleeping in REM sleep • These hours are not continuous and are usually brief naps of 3 to 4 hours • As they get older they spend less time sleeping and more time awake, alert, and attending to the environment. • By four months baby may sleep for 6 continuous hours at night, and 14 hours throughout the day CRYING • Crying is the means by which babies communicate their needs • The early cries are provoked by physical discomforts such as hunger, pain, illness, being too hot or cold, or loud noises FEAR • Too much stimulation (like bright light) will cause baby to cry • May dislike bathing and being undressed • The sensation of being dropped cause shock and real fear HUMOUR • Shows enjoyment at seeing familiar face by 6 weeks • Shows pleasure at seeing a familiar face or own reflection by 3 months • Will laugh when tickled • Shows pleasure with contented coos • Can differentiate between a friendly and stern face
1 - 6 months	Perceptual development	VISION • Newborns can see objects that are about 20 cm away quite well • Babies can see colours, and prefers contrasting ones like, black, red, navy • By 4 months babies discriminate amongst faces and different emotional expressions • May like looking in the mirror HEARING • Babies are startled by loud noises • They find certain sounds, such as singing and heartbeats, soothing • Will turn head to direction sound is coming from • They recognize their parents' voices TASTE & SMELL • Babies are born with taste preferences • Can distinguish among the five tastes: sour, bitter, salty, sweet, and neutral • Distinguish among pleasant and unpleasant smells TOUCH • A newborn's receptors in the skin are sensitive to touch, temperature and pain • Sense of touch develops before birth and parental touch has a positive effect on babies emotions and health
4 - 8 months	Cognitive development	• Infant engages in circular reactions – he shakes a rattle, notes an interesting result and shakes it again • Can repeat certain sounds like 'ba-ba-ba'
4 - 8 months	Motor development	• Reaches for and grasps objects with both hands • Sit alone steadily • Discovers own body parts like feet & plays with it • Shake toys & drop it so adult can pick it up • Stands (shakily) with adult support or pulled up against something • Starts teething anytime from 5 months • Can start drinking from a cup & can hold bottle

PDF created with pdfFactory trial version www.pdffactory.com

		• Can manage finger foods
7 – 12 months	Emotional development	SLEEP • As winds improve & the number of feeds lesson, baby will most probably be sleeping through • Can get back to sleep without attention or feed • Won't need nappy change during night at this stage, unless it is soiled CRYING • Will start crying from frustration • Are comforted easily • Will moan rather when hungry or wet FEAR • Baby is more confident but show intense fear about one or two particular things • Best way to manage fear at this stage is avoiding it HUMOUR • Finds situations amusing when they are unusual or surprising • Laugh at games where you hide something & ask 'where it is', 'there it is' • The focus starts to shift away from actions involving the self towards objects & other people in their environment
7 to 12 months	Social development	• Takes more initiative in contact with other, like holding out hands to indicate wanting to be picked up • Shouts to get attention • May be possessive about toys • Enjoy social gatherings – as long as you are near • By a year will show affection through kissing & hugging
9 to 15 months	Cognitive development	• Says first words during this time • Type of words would be names of things, like ball & mommy & social expressions like 'bye-bye' • By one year say at least five recognisable words • Make singing sounds • Responds to simple instructions • Responds to own name • Points to objects • By fifteen months he should have a vocabulary of 10 words • Can stack at least 2 blocks by end of this stage • Very curious – will open all boxes, cupboards & drawers
9 to 15 months	Motor development	• Holds toy in each hand • Can let go of object deliberately • Wave goodbye • Clap hands • Puts objects in a box • Pick up small object with thumb & forefinger • Crawl or inch his way across the floor • Pull himself to standing position • By twelve months he stands unaided • May walk while holding onto hands or furniture • Put food in his mouth • By fifteen months he should walk unaided • Attempts to feed himself with a spoon • Gets into sitting position from stomach • Drinks from cup - messily • Birth weight has almost tripled

PDF created with pdfFactory trial version www.pdffactory.com

13 to 18 months	Emotional development	SLEEP • Should ideally be sleeping in own bed & room • Might still need parents to stay with him when afraid & insecure CRYING • Will mostly cry because he is hurt or for being scolded • May start crying for toys & things he wants FEAR • Nightmares may start appearing • Mostly afraid of dogs & the dark HUMOUR • His increased self-confidence allows him to enjoy everyday experiences that might previously have worried him • He will love pushing toys up & down in the bath & splashing with hands & feet in water
13 to 18 months	Social development	• May get upset & frustrated • Shows anxiety when separated from familiar caregiver • Still very dependent on parent
16 to 24 months	Cognitive development	• Makes two-word sentences • Can point to body parts • Can scribble using a crayon • Builds tower of six blocks • Can draw horizontal & vertical lines • Says short phrases • Identify pictures in a book • Refers to himself by name
16 to 24 months	Motor development	• Successfully feed self with spoon • Turn the pages of a book • Can walk backwards • Throws ball without falling • Picks up toys from floor without falling • Climb up & down stairs • Knows which objects go together (cup & saucer)
19 to 24 months	Emotional development	SLEEP • Can sleep from around 9 at night till 5 or 6 o'clock next morning • Use of night light may be necessary to prevent child from waking up & having a fright CRYING • More yelling than crying • May learn how to manipulate with the use of tears FEAR • Starts being concerned with injuries – will need lots of plasters & 'kiss-me-betters' • May still fear separation from parents HUMOUR • He starts having good arm & leg coordination & likes activities that involves this new skill, like running in a circle or jumping • He will enjoy fun books, with flaps with hidden pictures underneath
19 to 24 months	Social development	• Will start being interested in play mates, but will quickly loose interest in them • Will snatch toys away

PDF created with pdfFactory trial version www.pdffactory.com

2 to 3 years	Cognitive development	• Likes to explore without adult • Uses around 50 to 300 words • Asks names of objects • Talks about herself, using own name • Recognise self on photo • Can build a tower of six blocks • Puzzles fascinate her • Use 'I', 'me', and 'you' correctly • Repeat nursery rhymes & songs
2 to 3 years	Motor development	• Undress self • Walk on tip-toes • Jump on both feet • Throws & kicks a ball • Walk stairs putting both feet on each step • Climbs on & off furniture • Climb a simple jungle gym • Becomes toilet trained • Shows preference with one hand • Can push self with feet on plastic bike or car • Starts loosing baby fat & arms & legs grow • Probably has all twenty teeth
2 to 3 years	Emotional development	SLEEP • As child is being potty-trained fluids before bed-time should be limited, since a wet bed will disturb sleep • May start refusing to go to sleep, or fall asleep in own bed CRYING • May overreact emotionally on seemingly harmless incidents • Tantrum starts & out of character responses when toddler does not get his way FEAR • Imagination develops, so he is more prone to what if fears • Will need what he treasures most nearby HUMOUR • He likes the unexpected but may be frightened by surprises • Read stories with unexpected endings & games like pretending your feet are stuck together & the only way to move is by jumping
2 to 3 years	Social development	• Copies mother or siblings • Plays parallel with other children – near them not with them • May get frustrated & have tantrums
3 to 4 years	Cognitive development	• Knows the difference between big & small • Use adjectives when talking about people & things • Starts to recognise colours • Understand simple concepts of numbers • Knows minimum of 200 words & carries simple conversation • Asks constant questions • Talks about experiences • Can name colours and point out three primary colours • Can copy a circle on paper • Can draw figure with head & features • Builds tower of 9 or more blocks
3 to 4 years	Motor development	• Rides a tricycle • Stands on one foot briefly

PDF created with pdfFactory trial version www.pdffactory.com

		• Walk stairs alternating feet • Pulls trousers up & down • Wash hands • Eats competently with spoon or fork • Cuts with scissors
3 to 4 years	Emotional development	FEAR • Sensitive for change in routine & familiar places • Parent needs to show he is in control, so child does not feel misplaced anxiety of having to be in charge HUMOUR • His increased self-confidence allows him to enjoy everyday experiences that might previously have worried him • He will love pushing toys up & down in the bath & splashing with hands & feet in water • Enjoys make-believe & role-playing
3 to 4 year	Social development	• Plays with other children • Starts to understand social rules like sharing & turn-taking • Helps you & join in your activities • Cans stay dry night and day • Tantrums are less frequent
4 to 5 years	Cognitive development	• Drawings of people have more details – nose, ears, hands & fingers • Draws recognisable house • Learn to count (to 20) • Remember full name & address • Knows own gender • Build steps with blocks & a 10 block tower • Use correct language most of the time • Asks the meaning of words • Can name 18 objects in a book • Understands the concepts of being tired, cold, alone, & late • Knows what is high & low • Knows his age • Likes poems and jokes, might use swear words
4 to 5 years	Motor development	• Jump on one (preferred) foot • Sit with knees crossed • Balance for 3 to 5 seconds • Can make a sharp turn while running • Can fasten buttons • Can put on socks & shoes • Good control over muscles
4 to 5 years	Social development	• Can argue with others but learn to share • 'Cheeky' at times • Boastful & bossy • Can plan games cooperatively • Wants independence
5 to 6 years	Cognitive development	• Knows his daily routine follows a set pattern • Can complete a two-part command (such as lift toy & put it in box) • Knows a R1 coin from 50c • May be able to write own name • Shows out most colours • Draw square, triangle, and a few letters • Can fold paper in four parts • Knows whether it is morning or afternoon

PDF created with pdfFactory trial version www.pdffactory.com

		• Knows the materials things are made of, such as wood, glass • Wants to complete activities • Play pretend games
5 to 6 years	Motor development	• Can touch toes while keeping legs straight • Jump on one of either of his feet • Can walk on thin line • Can pull thread through needle • Colour in pictures • Can use knife & fork • Run on toes
5 to 6 years	Social development	• Choose own friends • Shows caring behaviour towards others • Social & well-balanced • Sense of fair behaviour & understanding of rules develop • Handles own daily, personal needs well
6 to 7 years	Cognitive development	• School absorbs the child as he starts to read, write, and count • His thirst for knowledge is constant and he regularly asks questions along the lines of 'who', 'what', 'where', 'how', and 'why' • Books are read for pleasure & information • Can describe how one object differs from another • Mathematical skills develop • Knows four coins • May write independently • Repeat sentences with 10 syllables • Can name 20 pictures in book • More precise drawings
6 to 7 years	Motor development	• Fastens own shoe laces • Jump over a rope 25 cm from the ground • Learn to jump with rope • Can tear a piece of paper neatly down the side • Can run up steps
7 to 8 years	Motor development	• Catch a small ball using hands only • Perform jumping jacks • Swing a bat & strike a ball • Run between 14 & 18 feet per second • Throw a ball 40 to 70 feet • Balance on one foot with eyes closed
Puberty 10 to 15 years	Physical & Sexual maturation	• Growth spurt describes the rapid acceleration in height & weight, and marks the beginning of adolescence • Girls enter the growth spurt by the age of ten & boys around 13 years • For most girls sexual maturation starts around 11 when fatty tissue accumulates around the nipples, forming small 'breast buds' • Sex organs mature, the vagina becomes larger internally, and the walls of the uterus develop a powerful set of muscles • At about 12 to 13 years, the average girls reaches *menarche* – the time of her first menstruation • Sexual maturation for boys happens between 11 and 12 with the enlargement of the testes often accompanied by pubic hair • At age 14 - 15 the penis is fully developed & semen can be ejaculated • Facial hair begins to sprout & the voice lowers.

PDF created with pdfFactory trial version www.pdffactory.com

TABLE 2. PHASES OF COGNITIVE DEVELOPMENT

TYPE OF COGNITIVE DEVELOPMENT	PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5	PHASE 6
Sensorimotor development	*Use of reflexes – birth to 1 month*	*Primary circular reactions – 2-6 months*	*Secondary circular reactions – 5-8 months*	*Coordination of secondary schemata- 8-12 months*	*Tertiary circular reactions – 12-16 months*	*Invention of new means through mental combinations 16-24 months*
	Tendency toward conservation with repeat of reflex behaviours without external stimulation. End of 1st month, infant applies reflexes to a variety of objects, becoming modified and adapted to new objects.	New activities discovered by chance contact and new motor components become part of behavioural repertory. New behaviour for which there were no inborn co-ordinations give indication that experience influences behaviour. Infant co-ordinates two or more reflexes as new behaviour patterns. Affect-expressive movements are first observed in this stage and refer to the smile as a pre-verbal indication of recognition.	Child discovers his action has influence on external objects & interest shifts to external effects of action. Searches for motor procedure that will repeat new discovery and generalises it. Discovers by accident new properties of object. Starts to follow object beginning to leave his visual and tactile space. Desire to make spectacle last implies start of goal-directedness, while application of procedures with magical intent to new spectacles is almost self-initiated activity. Child will 'change self' to keep environment constant.	Child acts not only to influence external event but modifies his procedure in such a way as to achieve a specific result. Persisting in efforts includes desire to achieve the familiar goal in unfamiliar circumstances and to undertake intermediate actions for this purpose. The child can intentionally move an object back and forth in front of face to study changes in his perception. Object exists as distinct from action but is still dependent on previous experience. By removing that which obscures the toy he is after and then grasping the toy, show that the relationship of ends and means is established and it conserves the time sequence of before-after.	The child experiments and by this he invents new procedures which will achieve novel result in the environment. Perceptual cues of an object established that object as a certainty for the child. Any perceived object begins to activate a set of mental anticipations which goes beyond the immediately perceived. In a concrete sense he knows there must be more to the object than al-ready experienced, but does not have mental representations to replace perceptual cues. An increased awareness of external centers of causes reduces the child's belief in the magical power of his actions. Time is freed from its action context and now pertains to objective sequences of displacement perceived independent of motor participation. New procedures are discovered by trial-and-error but he can also conceive of slight variations in what he perceived and to this extent motor action is replaced by thought.	Trail-and-error methods are replaced by true inventions which come about by spontaneous restructuring and differentiation of familiar schemata and the elaboration of new anticipatory thought patterns prior to any inter-action with actual objects. Child will persist in his search for hidden object – it is now conserved independent of perceptual contact since a mental representation of it exists. By imitating other people and studying effects of own body movements, child becomes aware of self in relation to other objects and acquires a sense of reciprocal interactions. Use of language – has vocal symbol for focus of action. Child able to devise detours to desired goal. Mental inventions = think out actions before executing them. Representation = the capacity to imagine the environment as is or would be if altered, without perceptual clues. Applies only to concrete situations and immediate surroundings.

PDF created with pdfFactory trial version www.pdffactory.com

(PE OF COGNITIVE DEVELOPMENT	*Pre-conceptual thoughts – 2 to 4 years*					*Intuitive thoughts – 4 to 7 years*				
Pre-operational stage	Toddler does not yet understand what concepts entail – that it points to certain classes of things that has some similarities that forms the basis for them being grouped together.					Intuitive thoughts refer to thinking not based on logic but conclusions made on the grounds of what the toddler observes.				
	Characteristics of the Pre-operational phase									
	Semiotic (symbolic) function: the mental representation of something, visible in the following: postponed imitation where model is not present anymore; symbolic play; start drawing; verbal recall (say 'woef' after dog has left); and language. This function leads to use of symbols & signs. Symbols are personal (what they stand for depend on individual) & toddlers use it idio-syncratically (same symbol represent different things). Signs are conven-tional – everyone attaches the same meaning to them (traffic signs) and toddler learns these from example and instruction.	Egocentrism: todd-ler views the world from his own per-spective, implying he cannot imagine himself in the posi-tion of another. It can be observed in use of language where he talks to himself without the goal of communi-cating; when he re-peats certain state-ments over and over; or in playing while both have their own conver-sation without com-municating with each other. Private talk can be found in social speech until the age of 10 & in all probability helps the child to focus on the execution of cognitive tasks.	Concepts of causality: *Finalism* has to do with the meaning toddlers attach to 'why' ques-tions. Being unsatis-fied with answers to these questions can be attributed to the two meanings of 'why'. Firstly it implies the effect of the action and with that the underlying motivation (why did you break it?). Secondly it refers to the cause of something (why is it rain-ing?). The toddler cannot dis-tinguish between the two meanings. *Artificialism* refers for example to the todd-ler's belief that the sun is a burning match. It manifests prior to religious teaching. *Relation* between nature & person seen as 'the moon grows be-cause children grows'	Realism: toddler cannot differentiate between psychological and physical events & and also not be-tween what is internal and ex-ternal. The name of the ob-ject is the object to the toddler At age 4 the child sees dreams as something exis-ting outside himself & sees it as real. The 7 year old under-stands that dreams are in a person's mind and not in reality.	Animism: children give life to lifeless ob-jects & the same con-sciousness as humans. Life is attri-buted firstly on the basis of its activity (sun gives light), then with move-ment (wa-ter in river moves). This is de-pendent on culture and whether or not the child knows anything about the object.	Syncretism: combining unre-lated ideas and facts together on the basis of child's own subjective and egocentric judgement (girl does not have a name because she can't talk). Jucsta-position: facts that are real-ly related can't be brought in relation – confusing cause and effect (he teased the dog because it bit him). Transductive reasoning: making deductions from one case to other cases (if tea is yellow, than oranges must also now be yellow and not green anymore).	Classification: the grouping together of objects on the basis of some trait. The child younger than 5 ½ use graphic presenta-tions – place objects behind each other and call it a snake, or group it according to shape and then change to group it according to colour. From 5 ½ to 7 years, which is the non-graphic stage, children classify according to one dimension, but cannot do simultaneous classification on the basis of more than one criteria, nor hierarchical classification.	Conservation: toddler does not understand that certain traits such as length, amount, and mass stays unchanged despite certain transformations. The rea-son for this is that the todd-ler centres his attention on only one aspect (thickness), without considering the rest (length); he does not have operational thoughts that would consider the reverse-bility of the action done on the object; he bases his conclusion on intuitive ob-servation rather than logical reasoning (does not con-sider that nothing has been taken away or added to ob-ject when form was changed); he focuses his at-tention on the present con-dition without considering the transformation; he is not aware of the conservation of identity; and he does not comprehend reciprocal na-ture – if something becomes longer it will become leaner.	Serial formation: toddler is un-able to ar-range objects according to size and to understand that if A is big-ger than B and B bigger than C, then A is bigger than C. A relation-ship exists be-tween the child's me-mory and serial forma-tion ability. Teaching that focuses on what is the same and what is dif-ferent im-proves serial formation with regard to de-grees of brightness.	Number comprehension: counting does not necessarily imply comprehension. Number is a collection of objects conceived as both equivalent and orderable, their only difference thus being reduced to their position in a series. True comprehension implies that the child understands the ordinal trait of numbers; the cardinal trait (number stands for all the classes with that number of elements); through additions and multiplication numbers can be combined in different wholes, and through deduction and division wholes can be fractionated again; and conservation of numbers – one-to-one similarities (seeing if there is as much bottles as there is glasses if separate.

PDF created with pdfFactory trial version www.pdffactory.com

Concrete-operational stage	*Operational thinking involves operations used in thoughts. An operation is in effect an internalised action which has become reversible and coordinated with other operations in a grouping governed by the laws of the system as a whole. Reversibility takes two forms: invariance – an operation executed in one direction can also be executed in the opposite direction; and compensation – for every operation there is another that compensates for the effect of the first. Age 7-12 years*										
	Decentra-lisation: child can take differ-rent aspects of a matter into consi-deration simulta-neously.	Logic thinking & insight in trans-formation: thought is logical and not intuitive anymore. He considers the nature of the transformation and not only the end result.	Decrease in ego-centrism: can consider the po-sition of another. Able to alter his viewpoint after deliberation. Co-operation and con-forming to others increases. Com-municate during play	Concepts of causality: does not confuse meaning of cause and effect anymore and under-stands that some things happen by coincidence. Around 11/12 the child realises that there is a natural cause for phenomena in nature.	Realism: child realises that thoughts happen in the mind and is untouchable and invisible. The child distinguishes between words and names and that which the names represent.	Animism: by the age of 11/12 children's view of what lives and has a conscience corresponds with that of adults.	Syncretism and juxta-position: between 7 and 8 years the confusing combination of ideas and facts are found more in a child's language than his reasoning (child would through a saying and its meaning together in one sentence). The same is found where the child does not bring that which is related in relation.	Classification: child now under-stands class-inclusion; that a subclass is always smaller than the class that includes this subclass. The child can now decentralise and can do multiple and hierarchical classification	Conservation: around 8 the child understands con-servation of sub-stance but not mass, which is only accom-plished around 10, and volume, accomplished around 12years. The ability is influenced by schooling.	Serial formation: the child would be able to solve a problem where transitiveness (M is taller than K, and K is taller than E – who is the tallest?) plays a role if it is presented concre-tely. Only at the end of the phase it can be done with-out visual presen-tation.	Number com-prehension: child comprehends ordinal and cardinal traits of numbers, as well as how it can be made less and more (see previous phase).
Formal-operational stage	*The adolescent starts to think about statements that are not linked to concrete objects. He considers religious, scientific, ethical, political and personal concepts. Age 13 and older. The following traits can be distinguished during this phase.*										
	Abstract thoughts: can think about thoughts in itself = reflective abstrac-tion. Can think about the relation-ship between abstract concepts and can replace symbols with others (mathematics). Can explore & question existing systems	The real vs. the probable: teenager does not only think of the here-and-now but also what can or may be.	Propositional thoughts: teenager can reason on the basis of propositions without considering the reality. He can make statements about statements and draw conclusions about conclusions = two-order operations.	Scientific thinking: teenager develops the ability to consider all the factors of a situation or all the possible solutions for a problem. Options will be systematically tested in order to arrive at the correct answer.	Hypothetic-deductive reasoning: from investigating the details, making hypothesis about solutions and deductions are made. The possible are put above what is, forming the basis for experimenting. Can also consider both the logical relationship between hypo-thesis and the factual relation-ship between a hypothesis and an empirical given = inter-proportional logic.		Comprehension of proportionality: the teenager discovers that a small weight can balance a bigger one if it is moved further from the middle of the scale. He can in other words understand the relationship between mass and distance, and can solve the problem of balance in an abstract way.	Combination thoughts: enables the adolescent to think of all possible combinations of elements in a collection.	Egocentrism: the adolescent tends to think about everything and is therefore spending a lot of time thinking about his own thoughts. This preoccupation is seen as centring and it limits his formal-operational thoughts. This egocentrism leads to the creation of an imaginary audience, and finds it difficult to differentiate between his own thoughts and what others think about him. He experiences his thoughts as feelings as unique and new. He therefore creates a personal fable and his view often leads to a feeling of being misunderstood. This usually declines after the age of 16.

PDF created with pdfFactory trial version www.pdffactory.com

The Pre-operational, Concrete-operational, and Formal-operational phases are described according to Botha, et al (1990: 258-271); Louw, et al, (1990: 331-340); and Thom (1990: 418-421, 424), who placed Piaget's learning theory within a developmental context with regard to the kindergarten, school-going, and teenage child.

The previous table is a summarised guideline to the child's progress through cognitive developmental stadiums is relevant for the social worker in assessing the child. Not only does it give an idea of areas in which the child may lack stimulation, it also puts expectations of social functioning within the context of the child's ability. **A child cannot show positive social behaviour if he is not developmentally ready to do so**.

The goals behind problem behaviour

To understand the goals of the child's behaviour discussed next it is necessary to understand it in the context of repetition control which describes a tendency to repeat certain patterns of behaviour. Children who have been abused seem driven to relive their past. They provoke people into treating them just as their abusers did. The reasons for this are complex. Troubled children recreate the very situations that frightened them, hoping this time they will be less frightened. Originally they may have felt completely helpless. Now they are trying to get more control over what happens to them. This is an emotion and not a conscious process. No one can be talked out of it. No one is to blame for it. You teach children to behave differently by not giving the same unsatisfactory responses they have learned to expect (Leigh & Leigh, 1999: 8).

More specifically then the four goals of misbehaviour that allows identification are discussed next for purposes of assessment and the appropriate play therapy techniques to encourage more appropriate goals are discussed in the intervention model – post doctorate (Kottman, 1995 and Harrison, 1997):

- *Attention*: Children whose goal is attention believe the only way they are significant is when they are the centres of attention. When others do not pay attention they feel insignificant and unimportant. They need attention in order to feel they belong. Children will try a constructive route first but if they feel they have not gained acceptance and belonging, they switch to destructive mode. Whether they use the positive or active mode depends on their own personal courage and energy. There are four possible routes to get attention and each subcategory has distinctive types of typical behaviour:

Caregivers responding to inappropriate attention seeking behaviour usually reinforce the child's belief that this should be the pattern of behaviour. A child displaying unacceptable behaviour to achieve the goal of attention has learnt that this usually gets her/him what she/he wants. Because of past reinforcement and perceptions, children believe that in order to gain recognition or to be accepted they need to be the focus of attention or the one who is demanding service. We all need attention, and children need to be helped to develop positive and appropriate ways of gaining attention by being encouraged and appreciated when cooperating and contributing acceptably.

- The **active constructive route**: This child has many positive behaviours and mannerisms, all designed to make him the centre of attention. This child is usually the teacher's pet or model child who uses 'goodness' to get recognition. He is frequently over conscientious and may use tattling as a way to gain attention. This child does nice things for other people and draws attention to his good deeds all the while.
- The **passive constructive route**: This child exhibits good behaviour less obviously and then wistfully waits for someone else to notice them. This child might act like a clinging vine and expects other to take care of him. This child may receive a lot of attention for

PDF created with pdfFactory trial version www.pdffactory.com

good looks or a charming personality and may develop a need for admiration and service.

- The **active destructive route**: This child may frequently be the class clown or the family smart aleck. He uses negative behaviour in a rather loud, obvious fashion to get attention. He may be silly, argumentative, overly active, easily distracted, or bullying. Pepper (1980 in Kottman 1995) described different types of children that fit this category:
  - The *show-off* is the child who uses flamboyantly negative behaviour to get attention and he likes to shock people.
  - The *obstructive* child becomes a nuisance.
  - The *enfant terrible* child purposely breaks rules of tact and convention. He interrupts and says rude things. He may be witty, sly, and clever in interactions with other children and adults.
  - The *walking question mark* constantly asks questions, even though he knows the answers.
  - The *unstable* child gives up easily and constantly needs reassurance and bolstering, even though he is capable of many things.

A child who is an active destructive attention seeker may, at one time, use any or all of these behaviours to gain attention.

- The **passive destructive route**: This child is not quite so obvious and is frequently characterised as *lazy* or **dependent**. This child may appear to be shy and use bashfulness to keep other people involved. He may be *messy*, *perpetually late*, or *unwilling to do chores*. This child can also exhibit a great deal of *fear and anxiety*, *constantly needing reassurance and care*. He or she may *use eating difficulties, speech impediments, or reading problems* to gain significance and keep people paying attention.

When adults interact with children motivated by attention, they feel mildly annoyed, and will give these children attention, either negatively or positively. Initially with constructive attention seekers the adult will react favourably, but the child's constant need for involvement begins to strain the relationship. With destructive behaviour adults may try to coax them into more appropriate behaviour to which these children temporarily reduce or eliminate annoying behaviours. When others are paying attention to them they may feel content and stop demanding interaction. However when they stop being the centre of attention, their anxiety escalates, and soon they resume the behaviour they typically use to gain attention.

- *Power*: Children whose goal is power believe they only count when they are in control, of themselves, of other people, and of situations. When they are not they feel worthless and unimportant and try to regain the power by any available means. They typically show faces that look self-confident and superior, even smug. This is not how they really feel however. They have usually tried to gain significance in more constructive ways and have not achieved a sense of belonging, and now believe they must achieve power to be safe and secure. The primary distinction between the active and passive manifestations of power seeking is in the degree of energy children devote to their behaviour.

Children whose behaviour fits into this category are those who wish to **control** and be the boss, which may be fine if this behaviour is achieved through acceptable means. It is important to avoid becoming involved when a child displays negative behaviour, as it serves to reinforce the child's belief that this is how to gain recognition and acceptance. When behaviour is inappropriate, withdraw from the contest. Later use guidance methods to reinforce acceptable behaviour such as offering choices, allowing the child to experience consequences, acknowledging the child's feelings.

- **Active power seekers** get into power struggles with authority figures and peers by *arguing*, *fighting*, *contradicting*, and acting with *open defiance*. Many times they use *temper tantrums* to get what they want. They may also *tell blatant lies*, *cheat to win* at

PDF created with pdfFactory trial version www.pdffactory.com

games, and use other forms of dishonesty to stay in control.

- **Passive power seekers** get into power struggles by being *disobedient, forgetful, manipulative, stubborn' lazy,* and *uncooperative*. They do not overtly challenge others but get their way in refusing to act as expected.

When adults encounter power seekers they get angry they may feel challenged or threatened by the child's need for control. Adults may react to this challenge by engaging in power struggles or may threaten them or use preaching to induce them to comply with rules and structure. These strategies rarely succeed and when punished they usually escalate their negative behaviour. A child whose goal is power usually comes from a background in which one of the following three circumstances exist:

a) The family does not allow him or her to have a reasonable or appropriate modicum of power.
b) The family allows the child to have an excessive amount of power, or
c) The family is chaotic, disorganized, and lacking in a sense of structure and safety.

- *Revenge*: These children seek to get even or to punish others for pain and injury inflicted on them. They may have experienced physical, sexual or emotional abuse, or neglect, and want to protect themselves in future by striking out before anyone else has a chance to hurt them. They have only experienced relationships to be painful and believe that the way to establish and maintain a relationship is to inflict pain. Other times these children may be thwarted in their attempts to make things go their way and may lash out to exact revenge for perceived hurts resulting from their frustration. Many times revenge-seeking children will believe they are unacceptable, unlovable, and unwanted. They may even believe that they deserve to be hurt and expect others to reject them so they reject others first. There is an active and passive form of revenge.

Misbehaviour, which has revenge as its purpose, is more a complex emotional goal. Children who are feeling discouraged and angry with someone or something usually display this type of misbehaviour. The child behaves in a way, which shows she/he wants to hurt others the way she/he feels hurt, although the behaviour is directed at someone or something different. The 'revenge' child needs to be given lots of opportunities where the child can feel good about him/herself and where the child is being encouraged. The child's feelings need to be acknowledged and inappropriate behaviour redirected without it being given undue attention.

- Children, who engage in *active revenge seeking*, are **violent**, **malicious**, and **cruel**. They are frequently the bullies who hurt other children and adults physically or emotionally. When losing at games they may try to punish those who best them. **Bed-wetting and soiling clothes** are sometimes exhibited and can be metaphoric communication for children's feelings to the adults who clean up after them. They may also steal favourite and treasured possessions of others in order to hurt them.
- Children who p*assively strive for revenge* exhibit more subtle behaviours like being **moody**, **pouty**, **threatening**, or **withdrawn**. They may refuse to participate in activities and sabotage those they do join. The difference between passive power children and passive revenge children is intent. Power children want control; revenge children want to hurt others. Adult who encounter these children usually feel hurt and act on it by withdrawing from the child, which provides support to the child's belief that they are unlovable. Other adults may retaliate which inflames the child's desire to get further revenge. Whenever they experience any kind of reprimand or correction these children assume the punishment is designed to hurt them and their immediate response is to escalate their efforts to hurt others.

- *Proving inadequacy*: Children who are trying to prove that they are inadequate are truly discouraged. They protect themselves from the demands of life by avoiding activities in which they feel deficient. They may decide that they cannot do things as well as they want to, other people can, or they ought to be able to. Inadequate behaviour is usually passive; the child will not try, gives up easily, avoids the company of others, but the ultimate form of discouragement is active – **suicide**. In certain families parents may

PDF created with pdfFactory trial version www.pdffactory.com

have contributed to the child's negative **self-image**s because of their own discouragement, which can take the form of neglect, over-ambition, pressure, pessimism, criticism, and impossibly hard standards. Sometimes however, *children get discourage because they compare themselves unfavourably to siblings and peers.* In cases where children have some type of challenging condition, such as learning disabilities, attention-deficit/hyperactivity disorder, physical disability, or mental retardation, their assessment that they cannot do as well as others may be accurate, but in most other cases the perception is disproportionate to the problem. Adults interacting with these children usually feel helpless, **hopeless**, and just as discouraged as the children. They then frequently give up on these children since they tend to get worse with attempts to intervene rather then better. When these discouraged children experience failure or correction, they sink even deeper into their despair and give up even small attempts at success or progress.

Children with assumed inadequacy usually feel very discouraged with a low self-esteem. Because of past reinforcement, they believe they belong through gaining attention and recognition by being unable and incapable. In other words, they have discovered that by withdrawing from responsibilities or participation, they can in fact avoid effort, yet still gain attention because *people will pity them and thus do things for them.* Adults need to offer encouragement, avoid doing things for the child that she could do herself, for example, feeding and dressing, and ensure that they are providing experiences and challenges appropriate to that child's level.

The goals behind positive behaviour

There are four additional goals that result in positive behaviour: The first is the goal of attention, **involvement, and contribution**, where these children help others because they believe they can belong by contributing. The second goal; **autonomy and self-responsibility** involve children believing they can make responsible decisions and have age-appropriate power. These children are resourceful, exhibit self-discipline and self-control, and take care of themselves. The third goal is **justice and fairness**. In response to cruelty and hurt, these children return kindness and caring. The fourth goal is **avoiding conflict and acceptance of other people's opinions**. These children believe there are better ways of solving disagreement than to argue or fight. They ignore provocations, withdraw from power struggles, and resist peer pressure. Most of the children who come to play therapy however, are striving toward goals of misbehaviour. Both types of goals must be recognised since the ultimate goal of therapy is to help children strive for the positive goals (Kottman, 1995: 14).

PDF created with pdfFactory trial version www.pdffactory.com

TABLE 3. THE LIFE EVENTS RECORD AS ASSESSMENT OF STRESS IN CHILDREN AND ADOLESCENTS

LIFE EVENTS	LIFE CHANGE UNITS			
	Pre-school	Elementary	Junior High	Senior High
Beginning nursery school, first grade, or high school	42	46	45	42
Change to a different school	33	46	52	56
Birth or adoption of brother or sister	50	50	50	50
Brother or sister leaving home	39	36	33	37
Hospitalisation of brother or sister	37	41	44	41
Death of brother or sister	59	68	71	68
Change of father's occupation requiring increased absence	36	45	42	38
Los of job by parent	23	38	48	46
Marital separation of parents	74	78	77	69
Divorce of parents	78	84	84	77
Hospitalisation of parent (serious illness)	51	55	54	55
Death of parent	89	91	94	87
Death of grandparent	30	38	35	36
Marriage of parent to stepparent	62	65	63	63
Jail sentence of parent for 30 days or less	34	44	50	53
Jail sentence of parent for 1 year or more	67	67	76	75
Addition of third adult to family	39	41	34	34
Change in parent's financial status	21	29	40	45
Mother beginning work	47	44	36	26
Decrease in number of arguments between parents	21	25	29	27
Increase in number of arguments between parents	44	51	48	46
Decrease in number of arguments with parents	22	27	29	26
Increase in number of arguments with parents	39	47	46	47
Discovery of being an adopted child	33	52	70	64
Acquiring a visible deformity	52	69	83	81
Having a visible congenital deformity	39	60	70	62
Hospitalisation of yourself (child)	59	62	59	58
Change in acceptance by peers	38	51	68	67
Outstanding personal achievement	23	39	45	46
Death of a close friend	38	53	65	63
Failure of a year in school		57	62	56
Suspension from school		46	54	50
Pregnancy of an unwed teenage sister		36	60	64
Becoming involved with drugs or alcohol		61	70	76
Becoming a member of church/synagogue		25	28	31
Not making an extracurricular activity you wanted to be involved in			49	55
Breaking up with boy/girlfriend			47	53
Beginning to date			55	51
Fathering an unwed pregnancy			76	77
Unwed pregnancy			95	92
Being accepted to a college of your choice				43
Getting married				101

PDF created with pdfFactory trial version www.pdffactory.com

EARLY RECOLLECTIONS

Establish rapport, observe the child's unusual behaviour, and gather information about the child's family constellation. These preliminary procedures give the therapist a basis for deciding whether to ask the child to draw, tell, or act (out using puppets) the early recollections. The therapist **gathers between 5 and 7 early recollections**, this should happen over the course of a few sessions to avoid the child becoming bored or rebellious. The therapist initiates the expressions of the child by saying: "*Draw me a picture of something that happened when you were little*", or "*Tell me a story about something that happened when you were younger*", or "*Use the puppets to show me something you did when you were a kid*". Ask the child to tell you what is happening and write down everything the child says. Detailed information helps the therapist to interpret the meaning of the early memory. It is important to ask the child to describe the feelings associated with the memory and relate the age when it occurred (Kottman, 1995: 140-141).

After the child related several early recollections, the therapist begins to look for the **central theme** of each memory and the overall pattern among the memories. By considering the following questions the therapist can begin to formulate ideas about the child's life-style (Kottman, 1995: 141-142):

- What is the feeling tone of each recollection? Is there a pattern in the feeling tones of the different recollections?
- What is the focus of each memory? What stands out as being the most important and most vivid part of the memory? Is there a pattern in the foci of the memories?
- Is the client part of each memory? If so is the client an observer or participant? Is there a pattern?
- If the client is part of the recollection, is he alone or with others? Is there an inter-memory pattern of being alone or with others?
- If the client is part, what is the relationship to others in the memory? Is there an inter-memory pattern of relationships?
- If the client is part, does he give or take from others? Patterns?
- Is there a major concern with people or material possessions or the situation? Is there a pattern?
- Does the client appear to feel or act superior to others or inferior to others in the memory? Is there a pattern?
- Is the client in control of the situation? If the client is in control, how is he gaining the power? If someone else is in control, who is it and how are they getting the control? Patterns?
- Is the client taking care of others or are others taking care of the client? How is the caring happening? What are others taking care of for the client? Are there any patterns?
- What emotions does the client associate with the memory? How strong are the emotions? What does the client think the emotions are about? Are there any patterns?
- Is the client conforming or rebelling? Patterns?

Children's early recollections can be distilled versions of their life-styles. By examining these early memories and looking for patterns, the therapist begins to comprehend children's attitudes towards themselves, their relationships with others, and their views about the world.

Life-style hypotheses

From the information gathered about the family atmosphere, the family constellation and psychological birth order position, and the early recollections, a picture of **the child's**

PDF created with pdfFactory trial version www.pdffactory.com

perceptions, basic convictions, private logic, ways of gaining significance, and goal of behaviour emerges. By putting all of these data together the therapist can organize a conceptualisation of the child's life-style by making guesses about how the child might complete the following sentence stems (Kottman, 1995: 142-143):

- I am...or I must be...
- Others are...or Others treat me...
- The world is...or Life is...
- Therefore, it makes sense that my behaviour must be ...or therefore I must act as if...

For each of these sentence stems, the therapist will probably have several possible completions, depending on the life task being considered. The conceptualisation can be shared with the child in a gradual, subtle way. In the intervention phase the therapist helps the child to gain insight into his life-style, by making guesses, using metaphors and art techniques, and offering interpretations of conversations and play to share with the child a sense of how the clients sees self, others, and the world and how he acts as if these perceptions are true.

Family Lifestyle

The primary emphasis in the information-gathering process is the perception of the parents of *how the child gains his of her significance in the family; how the child interacts with other family members; how the child views him or herself, others and the world; and how the child's behaviours grow from this viewpoint.* Parents are also asked to describe the **birth order and personality** of each of the children. It is also helpful to have parents rate the children in the family on qualities such as **intelligence, helpfulness, materialism, and selfishness**. This helps to understand how the child's psychological position in the family affects the child. It is also important to ask the parents about the **marital relationship**, *their own family of origin, their relationship with the children, and their views on, and strategies of discipline.* This information gives the therapist a perspective on the family atmosphere. Asking about the **daily routine** and the **child's responsibilities** helps the therapist to understand possible goals of behaviour. Very important is to know if any kind of event or circumstance that could adversely affect the child has occurred in the child's life. The therapist can use the information gathered as a basis for teaching the parent new strategies for perceiving and interacting with the child, through reframing. This information is also invaluable in choosing appropriate parenting skills to teach them (Kottman, 1995: 37-38).

The four phases of Adlerian therapy are building a relationship, exploring the client's (child's) life-style, helping the client gain insight into his or her life-style, and reorienting and re-educating the client (Kottman, 1995: 18). The phase that is relevant for assessment and for inclusion into the new technology, is 'exploring the child's life-style'. In order to investigate the child's life-style, the social worker uses observation of play and other interactions, questioning techniques, and art therapy strategies to gather information form both the child and parents about the goals of the child's behaviour (discussed in first part of chapter 5), the family constellation, family atmosphere, and early recollection. This gets organised into a conceptualisation to be shared in the intervention phase (Kottman, 1995: 18).

DETERMINING THE LEVEL OF PLAY IN A CHILD

To give an observable framework for assessing play within an interpersonal-role context the researcher gives the observational system of general behaviour of children in nursery school used by Garnier and Latour (1994) to study cooperation in pre-school children.

KIND OF PLAY

PDF created with pdfFactory trial version www.pdffactory.com

1. **Play alone**. The child is alone and plays independently of the others. He/she may be playing with an object which is different from that used by others, playing with out an object apart from the others and without reference to what the others are doing.
2. **Play side by side**. The child plays in a group of other children, but independently and without any substantial interaction with them. The children do not modify or influence each other. Essentially, the child is beside and not with others. An example: the children are sitting side - by - side in the grass, each playing with earth and grass independently, sometimes exchanging a word.
3. **Play with others**. The child plays with others. There is verbal and nonverbal interaction about the form of the common play or the material of the play. Each child is involved in the activity but does nearly the same thing as the other child. There is no division or organization of the task and no subordination to the group. Each acts as he or she wishes. An example: one child begins to run and the other imitates her and they run for a while in a perfect circle.
4. **Structured group play**. Child plays in the group. There is organized action so that everybody is able to attain a common aim. Division of different tasks is evident and allows everybody to play a certain role in the organized activity. Each child tries to support the action of the other. The different actions of the members of the group involved in the activity are coordinated in time and space. An example: An informal game organized by the children, "Put at the comer", where they dance around.
5. **Ruled play**. The children, as in cooperative play, are involved in very structured activity with a subdivision of the group into 2 cooperative sub - groups which are in com petition and whose activities respect certain strict rules. An example is a formal game.
6. **No Play**. The child is engaged in no apparent occupation. He/she may be wandering around or standing aimlessly and paying more or less attention to the activities of the group.
7. **Ephemeral play**. A child who is not playing begins a movement of any kind as if to enter into a specific play situation and then stops. Some activity begins but is interrupted.
8. **Looking for play**. The child spends most of his or her time watching the other children play. He speaks and suggests, but does not enter overtly into the play himself. He stands near the group or the other child with whom he would like to play, but just stays at a distance to be able to hear or see what happens.
9. **Instigative play**. The child stands in front of the group and begins to make movements of some play with an object and looks at the group in such a way as to make them play with him or her.

FORM OF THE ACTIVITY

1. **Unoccupied**. The child is not involved in an activity, but is standing and waiting or resting.
2. **Looking outside of the area**. The child is not interested in the ball or the other children, but is focussed on a person or an object situated in or passing by the play area.
3. **Interest in an object**. The child's attention is focussed on an object, and the object is the central aspect of the activity.
4. **Speaks with adult**. The child tries to, or directly speaks with one adult in or out of the play space. The child can initiate the exchange or simply answer the adult.
5. **Active**. The child moves nearly continuously, using different forms of movement and seemingly moves for movement's sake. An example is that during a sequence of whatever length, the child jumps, laughs, falls, and moves around with no precise goals.
6. **Imitate**. The child does a reproduction of what somebody else has done. He/she copies the general activity of another child.
7. **Attracted by other's activity**. Several children are playing together or a child is engaged in an activity before the focal child goes to them and by looking, or other means, manifests interest in being involved in the activity.
8. **Show off**. The child faces the others and performs various movements and gestures, with or without an object. During the performance, the child stops and checks to see if the

PDF created with pdfFactory trial version www.pdffactory.com

audience is watching. The child may gesture to the audience to join the play, but does not really allow them to do so.

9. **Execute other's proposition**. One child gives a direction and the focal child passively executes it without offering resistance. The focal child does what another child has directed and follows that activity, but without taking an active part in the play. Generally, the play is quickly neglected. An example is when one boy tried to organize a baseball game by positioning first one child, then the other on the field. Although the child accepted the placement, they quickly left their places and did not play the game.
10. **Organize another's activity**. The focal child directs the activity of others. The child may order them to do an activity or explain to them how to do it. The other children execute the directions more passively than actively, that is, they do not fully cooperate in the task.
11. **Stimulate other's activity**. The child comes directly to the others and by gestures or vocal communication strongly encourages the others to participate. An example is when a girl faces the group when holding the ball. She gestures with the ball that they should join her in play, looking at their reaction. Finally, she throws the ball so that they may catch it.
12. **Participation in a common activity**. The child is involved in a common, spontaneous activity of the group. The child is very active and interested in the group activity, but the activity remains unorganized. There is no discussion of plan, and no set of exp licit or implicit rules. An example is when different children are playing with the ball and one girl has the ball on her head. Each time the ball falls off, one boy picks it up and brings it back.
13. **Participation in organized activity**. The activity in which the focal child participates is highly organized. Each child must follow certain rules in order to accomplish a specific role. An example is when the children are sitting in a circle and one child is running around the outside. The child signals the other child by tapping on the head and the second child chases the first until he reaches the second child's place.
14. **Lead the organized activity**. The focal child directs the organized activity of the group by explaining, answering questions, and assigning roles. The others both ask for directions and consent to their instructions. An example is when, during a regular game, the focal child explains the rules, gives out tasks, and insures the order of each action.
15. **Play fight**. Rough physical contact of varying degrees, but without the agonistic character of real fighting. Play fighting is more tentative, less forceful, and generally more "playful" in nature. Facial expressions, if they can be seen, are never angry, but rather are characterized by smiling and laughing. There are no angry vocal expressions or crying.

In assessing the existence or quality of a friendship in a child's life, the following markers can be used: asking parents or teachers who know enough about the children's feelings towards each other, to point out who the child's friends are; children can be asked to name other children who they especially like (reliable around 6/7 years); observing proximity-maintenance; and behavioural reciprocities (Hartup, 1992: 179-181).

BONDING

Poor **attachment** becomes a problem when the child's behavioural disorganisation severely impairs his functioning across several areas of life. To establish whether a problem in the bonding process exists, the style of showing affection and seeking comfort from the caregiver should be observed. *A lack of affectionate interchange between child and caregiver and/or indiscriminate affection with strangers is a cause for concern.* Another clinical area of behaviour is the degree of cooperation between child and caregiver: *Excessive dependence on the caregiver or an inability to seek support of the attachment figure is problematic.* Exploratory behaviours are of clinical interest as well. *A child that fails to check back with the caregiver or use the caregiver as a secure exploratory base may be displaying disturbed attachment behaviours.* The clinical assessment of attachment disturbances should be based on a focused history and a systematic observation of parent/infant interaction. Together these provide the

PDF created with pdfFactory trial version www.pdffactory.com

clinician with the opportunity to *highlight potential barriers to normative attachment development, including the physical or emotional availability of the caregiver due to illness, addiction, developmental disability, or extended separation.* These life events can be clinically significant in the formation of attachment patterns. The impact of infant/caregiver separation on ***institutionalised infants*** showed three general phases, namely *protest*, *despair*, and *detachment*. During the initial phase the child shows obvious signs of distress: *extensive crying, searching behaviour, and refusal of alternative figures.* Eventually the acting-out behaviours subside, and the child *withdraws from social interaction.* Seemingly in a state of mourning, the child becomes *inactive and passive toward the environment.* With time the child *no longer rejects alternative figures, but upon reuniting with the original attachment figure is apathetic and remote.* Along with extended separation, inconsistent care can disturb the formation of trust needed to form a lasting attachment bond. This may be due in part to the inability of the infant, caregiver, of both to fully understand how to relate to a person in an intimate or reciprocal manner (Wilson, 2001: 40-41).

Zeanah (1996 in Wilson, 2001: 45-46) proposed a more complete model of classification, integrating current attachment research to encompass a wider range of attachment disturbances. This system identifies three major types: non-attached; disordered; and disrupted. Children classified as **non-attached are those over the age of 10 months who have shown no preferred attachment to anyone**. Two subtypes of this group would coincide with the subtypes of the DSM's: *nonattachment with indiscriminate sociability* (disinhibited) and *nonattachment with emotional withdrawal* (inhibited). **Disordered attachments would characterise those children who do not use the caregiver as a secure base of exploration**. Three subtypes are: a child who is excessively clingy and inhibited in exploration (*disordered attachment with inhibition*); a child who fails to check back with the caregiver in times of danger (*disordered attachment with self-endangerment*); and a child who tends to worry excessively about the emotional well-being of the caregiver (*disordered attachment with role-reversal*). Disrupted attachment describes the grief response upon the loss of a primary caregiver. Because of the importance of the attachment figure during the first three years, the loss of an attachment figure at this time would be qualitative different that at other developmental stages, predisposing the child to problems in attachment. When these criteria were tested for reliability and validity and compared with those from the DSM, four independent clinicians assessing 48 clinical case studies, greater uniformity in diagnosis of disordered attachment was found.

METHOD OF INVESTIGATING FAMILY ATMOSPHERE

There are three methods of gathering knowledge about a child's family atmosphere; observing the child and the parent, asking questions, and using art techniques (Kottman, 1995: 130-134).

- **Observing the child and parents**: The child can be observed in the play sessions and the parents in consultation sessions, and the child and parents together in the waiting room to get a general feeling of the atmosphere. Although this information cannot stand alone, *observed data are sometimes more accurate than self report from the client.* The child usually acts out the family atmosphere situations with dolls, animal families, puppets, and kitchenware. The child expresses thoughts and feelings about how family members interact, how family values are expressed, and assorted other elements of family dynamics. The therapist notes these observations, ask questions, make interpretations, or reflect feelings connected with what is happening in the play. The use of metaphor in communicating to the child about how play relates to what is happening at home is useful. The therapist should always observe non-verbal behaviour to see if it congruent with parents' statements, and to point out discrepancies.

PDF created with pdfFactory trial version www.pdffactory.com

- **Asking questions**: This is useful in finding out about the parents' relationship and discipline philosophies and practices. The following are questions focussed on gaining information regarding the child's life-style (Kottman, 1995: 209-216):

TO PARENTS:

- *If the presenting problem wasn't happening, how would things be different in your family?*
- *Describe each person in your family.*
- *Which of the child's brother/s and/or sister/s is most different from him or her, and how is the sibling different?*
- *Which of the child's brother/s and/or sister/s is most like him or her, and how is the sibling alike?*
- *Who is mom's favourite?*
- *Who is dad's favourite?*
- *Who of the kids is most like dad, and how are they alike?*
- *Who of the kids is most like mom, and how are they alike?*
- *Which one of the parents is the client most alike, and in what ways?*
- *Describe the relationship between parents. Who makes the decisions? Who is more ambitious for the children? Do you openly disagree? About what?*
- *What is your philosophy on discipline? What happens when you have different opinions on how to handle parenting situations?*
- *Who has been important in the child's life? In what way?*
- *Do any family members use alcohol or drugs? To what extend? How does it affect the rest of the family?*
- *What would you like to change about your family?*
- *How does the client stand out in the family? Positively – what successes? Negatively – what gets him into trouble?*
- *What does the child want to be when he grow up?*
- *Describe a typical day?*
- *What are the child's responsibilities – getting up in the morning; getting off to school; getting to bed at night; household chores; taking care of pets; does he stay alone and when; what Is mealtime like?*
- *Does the child have nightmares? Dreams? What about? How do you handle them?*
- *What traumatic events have occurred during the child's life? How was this handled? How did the child react?*
- *What are your hopes and dreams for the child?*
- *How do things go at school? What does he like best and least about school? Favourite and least favourite subjects? What does he do best at school? What does the teacher like best about him? What would he like to change about school? What does he get in trouble for at school? What is the consequence of getting in trouble?*
- *How does the child get along with adults?*
- *How does he get along with other children the same age, older, and younger?*
- *Who is his best friend? Describe the friend, and say what he likes about the friend? What would you like to change about his relationship with other children?*
- *What kinds of behaviour does the child engage in that is bothersome to you? What is family members' response to the behaviour? What does the child do when corrected or criticized?*
- *What is the child the most afraid of? How can you tell he is afraid? How do you react when he's afraid?*
- *What does the child get angry about? How can you tell? How do you react?*
- *What does the child feel sad about? How can you tell? How do you react?*
- *What hurts the child's feelings? What is it about this that hurts his feelings? How can you tell his feelings are hurt, and how do you react to it?*

TO CHILDREN:

- *Describe the people in your family?*

PDF created with pdfFactory trial version www.pdffactory.com

- *Which of your brothers and sisters are most different from you and how? And who are most like you and how?*
- *What kind of person is your dad?*
- *What kind of person is your mother?*
- *Which of the kids is your mom's / dad's favourite?*
- *Which one of your parents are you most alike and how are you alike?*
- *What do you get in trouble for at home? What happens then (consequences)?*
- *What happens when your parents disagree? What do they disagree about?*
- *What would you like to change about your family?*
- *How do things go at school? What do you like best? What do you like least? What would you rather be doing than school?*
- *What do you do best at school? What is your favourite and least favourite subject? What does your teacher like most about you?*
- *What would you like to change about school? What do you get in trouble for at school? What happens when you get in trouble?*
- *How do you get along with adults? Who is your favourite adult to be around? What do you like about him or her? Who is your least favourite adult and what don't you like about him or her?*
- *What does your favourite adult like about you?*
- *How do you get along with other kids your age; kids younger; and kids older than you?* (Ask separately)
- *Who is your best friend? Describe him or her? What does he or she like about you?*
- *What would you like to change about your relationship with other kids?*
- *If you had three wishes, what would they be?*
- *If you could be any animal, what animal would it be? What do you like about the animal? How do you think that animal is like you? What are the qualities of that animal you admire or wish to have?*
- *If anything in your life could be different, what would you ant to change?*
- *If you could be any toy in the playroom, what would you be? What do you like about the toy?*
- *What is your favourite book or story? What do you like about it? Who is favourite character in the book or story? What do you like about him, her, or it?*
- *What is your favourite movie? What do you like about it? Who is your favourite movie character? What do you like about him/her?*
- *What is your favourite television show? What do you like about the show? Who is your favourite character? What do you like about him/her?*
- *Do you remember any of the dreams you have at night? Describe them. How do you feel when you wake up? How do other react when you tell them about the dreams?*
- *What are you most afraid of? What scares you about it? How do you act when you're afraid? How do other people react when you feel afraid?*
- *What do you get the most angry about? What is there about it that makes you angry? How do you act when you're angry? How do others react when you feel angry?*
- *What do you get the most sad about? What is there about it that makes you sad? How do you act when you're sad? How do others react when you feel sad?*
- *What hurts you? What about that hurts you? How do you act when hurt? How do others react?*
- *What do you wish you were better at doing?*
- *What are you good at?*
- *What do you like about yourself?*

It is essential to ask both the child and parent similar questions in order to get a multifaceted picture of how family members interact. This prevents just one person from dominating the counsellor's perception of the family. Especially with the child it is necessary to first establish a relationship before asking the questions. It is also necessary not to overwhelm the clients with a

PDF created with pdfFactory trial version www.pdffactory.com

series of questions. Try to fit the questions into the flow of the conversations during the sessions and avoid using a questionnaire that may be too intimidating to the family. Be sensitive to non-verbal behaviour that might indicate you needing to stop the questioning. It is helpful to use the child's play to ask questions indirectly.

- **Using art techniques**: A very useful strategy in getting information is to use the Kinetic Family Drawing (KFD). Kottman (1995: 217-218) gives the following instructions for using a KFD:

Give the child a pencil and eraser and several sheets of paper and say: 'Draw a picture of everyone in your family for me. Everybody in the family needs to be DOING something. I would like you to draw whole people instead of stick people. And remember each one must be doing some kind of action'. This can then be followed up by the following questions about each of the figures:

- *Who is the person? What is his or her relationship to you?*
- *How old is she?*
- *Can you tell me a little bit about this person? What is this person doing? How does this person feel?*
- *What does this person need the most?*
- *How do you feel about this person?*
- *How does this person get along with other people?*
- *What does this person wish for?*
- *What is this person thinking?*
- *What do you like about this person?*
- *What don't you like about this person?*
- *What happened to this person right before the picture?*
- *What will happen to this person right after the picture?*
- *What will happen to this person in the future?*
- *What is the family doing?*
- *What will happen to this family right after the picture?*
- *What happened to this family right before the picture?*
- *What will happen to this family in the future?*
- *If you could change anything about this family, what would it be?*

This strategy can also be used to get a Kinetic School Drawing by giving the child the following instructions (Kottman, 1995: 219-220)*:*

'I'd like you to draw a school picture for me. Put yourself, your teacher, and a friend or two in the picture. Make everybody DO something. Try to draw whole people and not stick people'. Similar questions to the above can be asked, with added ones like the following:

- *What does this person do for fun?*
- *What does this person think about school?*
- *Which of these friends are you most alike? How?*
- *Which of these friends are most different from you? How?*
- *Which of these friends do you spend the most time with? Doing what?*
- *Which of these friends is the teacher's favourite? Why?*
- *Which of these friends doesn't the teacher like?*
- *What is the class doing?*
- *What will happen to the class right after this picture?*
- *What happened to the class right before the picture?*
- *What will happen to the class in the future?*
- *If you could change anything about the class, what would it be?*

To interpret the drawing use a common sense approach, looking at what the child has drawn as representative of how the child perceives each person gaining significance in the family. Look for interactional patterns and attitudes expressed in the drawing. If a child refuses to draw, suggest drawing a symbol for each member and to explain what each mean. The child can also

PDF created with pdfFactory trial version www.pdffactory.com

be offered a magazine form which to take pictures for the family drawing (Kottman, 1995: 133-134):

METHOD OF INVESTIGATING FAMILY CONSTELLATION

The same techniques can be used as those used to investigate family atmosphere. Observation, questioning strategies, and art techniques are useful exploring methods. The therapist's goal is to find information in areas of liabilities and assets (strengths). The following rating scale is helpful in getting this information from the parents (Kottman, 1995: 211-212).

o *Rate siblings on the following:*	*HIGHEST*	*LOWEST*
Intelligent		
Hard working		
Good grades		
Follows rules		
Helps at home		
Complains / critical		
Considerate		
Selfish		
Tries to please		
Hurt feelings		
Temper		
Materialistic		
Friends		
High standards		
Athletic		
Spoiled		
Best looking		
Punished		

In using art techniques the therapist can ask the child to draw a timeline illustrating when each child was born. Puppets, photograph collages, and clay sculptures can be useful to help the child explore the cultural background of the family, different views of the relative values of males and females, or the effects of having a sibling with disabilities.

PDF created with pdfFactory trial version www.pdffactory.com

ANNEXURE 3: Conceptualisation & questionnaire

Summary of social functioning in children

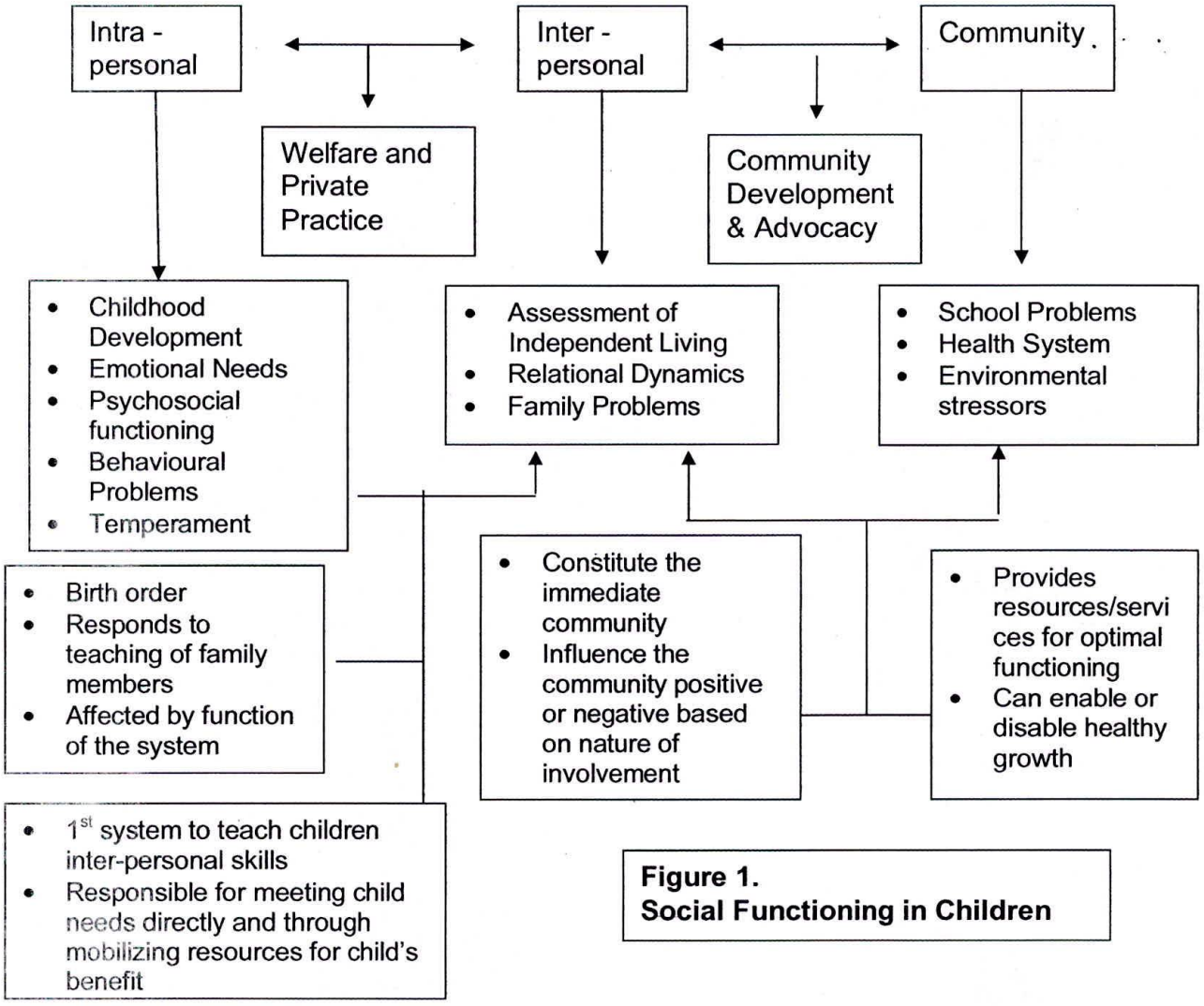


Figure 1.
Social Functioning in Children

The following table is a summary of the theoretical concepts discussed in the initial literature chapter. It shows how the concepts interrelate to formulate a model which the comprehensive classification system is based on. Some of the lines are not straight; this indicates that the boundaries between the developmental stages are not rigid. Some of the problems or needs can also apply to other age categories, but this theoretical classification gives a guideline to when those needs or problems are most likely to occur. These illustrations were used to present the developing ideas to the panel of experts.

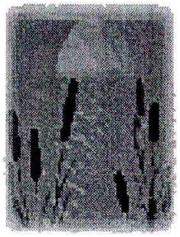
PDF created with pdfFactory trial version www.pdffactory.com

TABLE 1. SUMMARY OF THEORETICAL CONCEPTS

Age Category	Development Tasks	Psychosocial Needs	Affectional disorders	Behavioural dysfunction	Learning disabilities and brain damage	Temperament / Strengths
Baby and Toddler (0 to 2yrs)	Sensory mastery	Bonding and stimulation: • Trust • Satisfaction (subjective well-being)	Inability to seek care Insecurity	Colic Motor impairments	Perinatal complications Meningitis Down Syndrome Deaf / Blind	Easy Baby Difficult Baby Slow-to-warm up
Pre-School Child (3 to 6yrs)	Motor Development	Belonging and connectedness: • Expectation (hope) • Concurring hopelessness	Anxiety Sleep problems	Discouraged behavioural goals: • Attention vs. contribution • Power vs. avoiding conflict • Revenge vs. fairness • Proving inadequacy vs. self-responsibility	Motor deficiencies Speech disability	Emotionality Activity Sociability
School Child (7 to 12 yrs)	Social skill mastery	Connectedness and creativeness • Achievement • Motivation	Enuresis/ Encopresis Effect of child abuse & ineffective discipline (self-esteem)	Over-activity and attention deficit Oppositional/defiant disorder (argumentative, annoying, spiteful, tantrums)	Reading delay Hyperactivity Attention deficit Autism	
Adolescence (13 to 18yrs)	Autonomy Sexual Maturity	Goal directedness: • Frustration and stress management • Development of identity	Depression Suicide Rape Trauma syndrome Eating disorders	Sexual promiscuity Substance abuse Religious cults Oppositional Defiant Behaviour Conduct disorder (fire setting, stealing, lying, running away) Delinquency (criminal offence)	Social inap-propriateness Psychosis Personality Disorder	

PDF created with pdfFactory trial version www.pdffactory.com

ENVIRONMENT



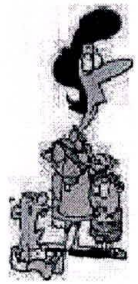
- Includes micro-, meso-, exo-, macro-, and chronosystems
- Ecological principles support individual, intrinsic value; diversity; Involvement of stakeholders; and small service delivery systems
- Person-in-environment practice aims to improve a child's sense in mastery; mobilisation of personal social network; and link individual concerns in ways that promote social empowerment through collective action.
- Building blocks in practice include optimisation of strengths and fostering hope

SOCIAL WORKER



- The social worker works within a practice domain that Portray the enhancement of person-in-environment as its purpose
- She uses her own systematic methods and intervention to accomplish this purpose
- She also functions within a personal environment where her well-being and resources influences how she will apply selected methods of intervention
- She has an understanding of 'single-otherness' and 'plural-otherness'.
- She describes the environment with regard to 'personal otherness', 'resource otherness', and 'validator otherness'

FAMILY



- Inter-subjective sharing of external experiences is the basis for the acquisition of language as well as the means by which a child learns how to participate in the creation and modification of cultural information within the environment.
- This process builds a rich inner life and an inner comprehension of reality that enables participation in intimate relationships.
- Culture is the shared understandings people use to coordinate their activities.
- Socialisation is the process through which the child is helped to acquire cultural information and relational skills necessary to participate fully
- Once an infant becomes capable of inter-subjectively experienced states, its mother becomes engaged in the socialization of her child.

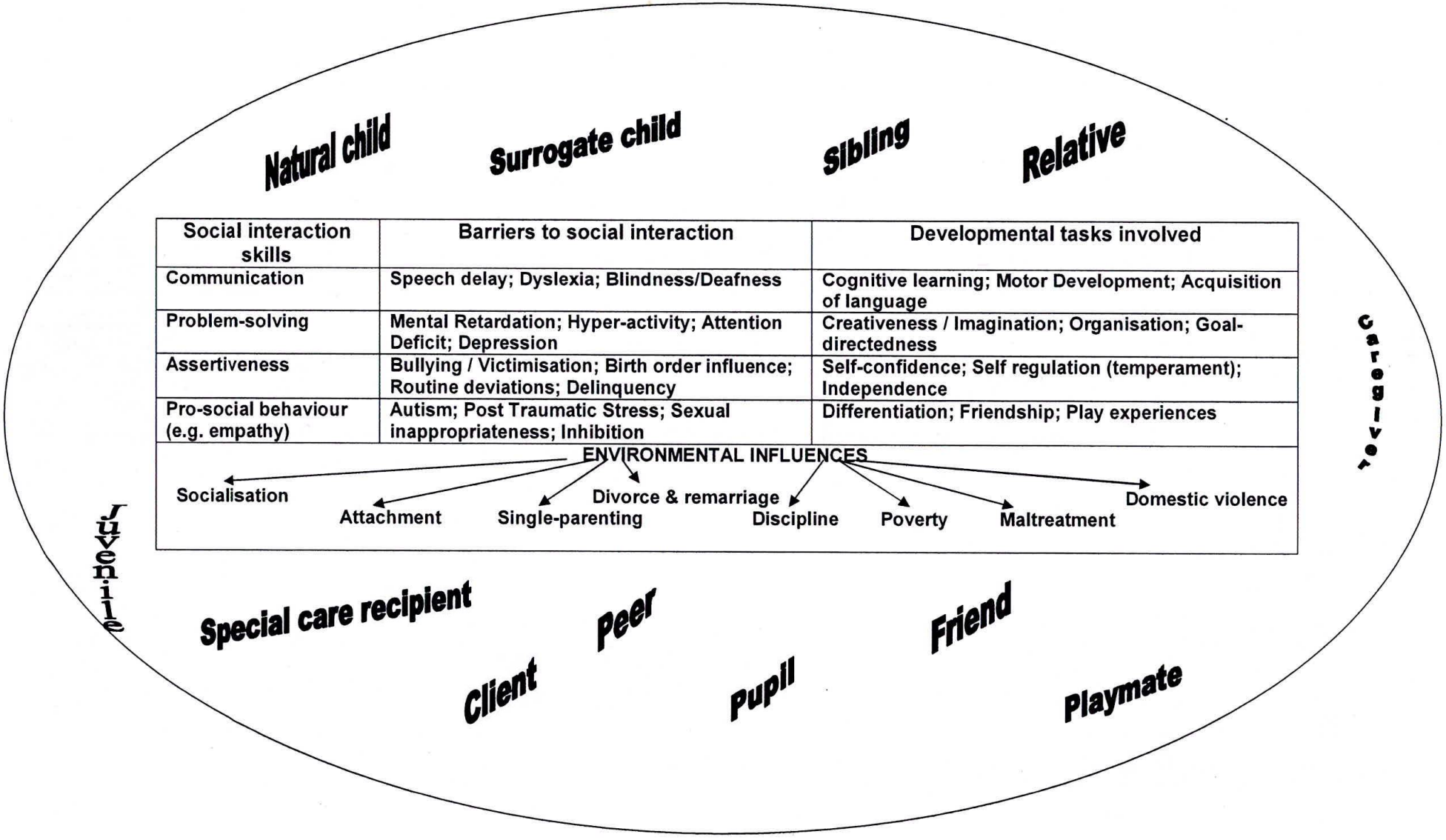
CHILD



- Social relationships involve the enactment of roles – the person's organised pattern for behaving fashioned by the status or functions he carries in relation to others.
- The child has value regardless of his usefulness to others.
- Children do fulfil parent-ascribed roles as well as own experimentation with novel ways of interacting that meet needs of both social participants
- The following attributes regarding the child role need to exist: congruity, continuity, clarity, complimentarity, competence, and flexibility.
- Child obtains knowledge about the self-in-environment relationship: direct experience with the world and one's ability to have effect; words; and inter-subjectively shared experiences
- Participates in the continuous process of creating and transforming meaning through language that has a social reality

PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 3. A CONSOLIDATION OF CONCEPTS INFLUENCING CHILDHOOD SOCIAL INTERACTION



Social interaction skills	Barriers to social interaction	Developmental tasks involved
Communication	Speech delay; Dyslexia; Blindness/Deafness	Cognitive learning; Motor Development; Acquisition of language
Problem-solving	Mental Retardation; Hyper-activity; Attention Deficit; Depression	Creativeness / Imagination; Organisation; Goal-directedness
Assertiveness	Bullying / Victimisation; Birth order influence; Routine deviations; Delinquency	Self-confidence; Self regulation (temperament); Independence
Pro-social behaviour (e.g. empathy)	Autism; Post Traumatic Stress; Sexual inappropriateness; Inhibition	Differentiation; Friendship; Play experiences

ENVIRONMENTAL INFLUENCES

Socialisation
Attachment
Single-parenting
Divorce & remarriage
Discipline
Poverty
Maltreatment
Domestic violence

PDF created with pdfFactory trial version www.pdffactory.com

FIGURE 4: QUESTIONNAIRE AND FORM FOR RATINGS

Name: _____ Gender: _____ Age: _____
Highest Qualification: _____ Years of social work experience: _____ Years experience with children: _____

Select the social work spheres you have had experience in: □ Child welfare □ Community work □ Health sector □ Private practice □ Disabilities □ School sector	**Select the typical areas you see as critical when assessing children** □ Determine developmental needs □ Promoting growth □ Family therapy □ Statutory representation □ Teaching parental skills □ Teaching social skills □ Manage problem behaviour □ Find suitable placement □ Advocacy for infringed rights □ Activist for special needs □ Networking for services □ Initiate community projects □ Crisis intervention
List the gaps or challenges that exist, in your opinion, in service delivery to children: _____ _____ _____	**Approximately how many children do you have on your annual caseload?** _____ **Do you agree that there is a need for a tool to classify problems in childhood functioning?** □Yes □No **Would the use of categories help to identify needs and plan effective intervention?** □Yes □No **What problem/s do you foresee in social workers using a classification system?** _____ **Was most of the theory known to you?** □Yes □No **Was any of the theory unknown to you? Specify** _____
Is there any part of the theory you feel should not be used by social workers? _____ _____	**What theoretical model do you predominantly use in practice?** _____ **Is the classification model compatible with this model?** □Yes □No **What would you like to see included in the theory?** _____ _____ **Does the prospect of having something similar to the DSMIV in social work excite you?** □Yes □No
What is your overall impression of the classification system? _____ _____ _____	**Was the classification system easy to administer?** □Yes □No **Was the classification very time consuming?** □Yes □No **Did you find the descriptions in the user manual understandably clear?** □Yes □No **Do you think this classification system truly measures the functioning of the child?** □Yes □No **What role can you play to assist with the implementation of this system in social work?** _____ _____

Rika Swanzen 9300414 D. Lit. et Phil Rand Afrikaans University

The development and validation of a classification system for children

Date of data gathering: _____ Processed: □Yes □No

PDF created with pdfFactory trial version www.pdffactory.com

Name: _____ Gender: _____ Age: _____
Highest Qualification: _____ Years of social work experience: _____ Years experience with children: _____

Please read the case studies and proceed to categorise the problems you assess according to the biggest (primary) problem that needs immediate attention, the second (secondary) most serious problem that needs to be followed up, and the underlying (relevant) problem that needs more long-term care and continuous monitoring. If you are able to provide the full classification code, please do so		#1	Primary Secondary Relevant	#2	Primary Secondary Relevant	#3	Primary Secondary Relevant	
		#4	Primary Secondary Relevant	#5	Primary Secondary Relevant	#6	Primary Secondary Relevant	
		#7	Primary Secondary Relevant	#8	Primary Secondary Relevant	#9	Primary Secondary Relevant	
#10	Primary Secondary Relevant	#11	Primary Secondary Relevant	#12	Primary Secondary Relevant	#13	Primary Secondary Relevant	
#14	Primary Secondary Relevant	#15	Primary Secondary Relevant	#16	Primary Secondary Relevant	#17	Primary Secondary Relevant	
#18	Primary Secondary Relevant	#19	Primary Secondary Relevant	#20	Primary Secondary Relevant	#21	Primary Secondary Relevant	
#22	Primary Secondary Relevant	#23	Primary Secondary Relevant	#24	Primary Secondary Relevant	#25	Primary Secondary Relevant	
#26	Primary Secondary Relevant	#27	Primary Secondary Relevant	#28	Primary Secondary Relevant	#29	Primary Secondary Relevant	

PDF created with pdfFactory trial version www.pdffactory.com