
CHAPTER FOUR

DESIGN AND DEVELOPMENT OF THE INTERVENTION PROGRAMME

***"No picture is ever complete, that which is needed is many perspectives,
many voices, before achieving deep understandings of the phenomenon."***

Denzin and Lincoln 1998:417

4.1 INTRODUCTION

The research is designed to develop a cross-cultural counselling programme for traumatised adolescents. The research findings of this study have the potential for adding understanding to a broad range of issues of critical importance to mental health and counselling expertise. The degree to which this potential could be realised depends on the extent to which the study goals are grounded in a relevant theory. Integrating the methods and theories of other fields within the study of cross-cultural and trauma counselling may serve to broaden the study's significance. Baum, Solomon and Ursano (1993) are of the opinion that not only does theory allow one to focus and refine research of the phenomenon, it also guides design decisions about subject sampling and other procedural considerations. Baum *et al* (1993) note, however, that the growing literature on trauma does not provide easily derivable or testable conceptual frameworks.

An advanced search of current as well as completed research projects in South Africa on trauma intervention (Cowley, 1995; Rosin 1994; Hetz, 1994; Porter, 1994; Botha, 1989), confirms that the therapeutic programmes implemented are largely of a cognitive behavioural nature. The researcher wishes to argue the need for a more contextual view and approach to the counselling of traumatised

adolescents. There are a number of issues to consider when focussing on trauma counselling in a multicultural society, such as the nature and effects of continuing violence within society that have potentially severe and traumatic effects, and which demand attention (see 3.4 p 53). Simpson (1993) observes that in the literature there has been an excessive emphasis on seeing psychological trauma as a sequel to sudden, unexpected and intense stress, referring to single events and ignoring stress that is gradual in onset or recurrent, expected, and of varying intensity. The aforementioned observation is of particular importance in a chronically violent society such as South Africa, where the incidence of family violence has reached widespread proportions as confirmed in the personal semi-structured interviews with Louw (director of Inter-Trauma Nexus), Wentzel (media liaison officer of the SAPS), and Commissioner Snyman of the Family Violence Court.

Value-free research is insignificant, but value-explicit research is a more honest research in which researchers express and clarify their value systems. Much of human life is political, dealing with societal governance. Therapy, research, education, and mental health are inescapably value-laden activities (Denzin and Lincoln, 1998; Simpson, 1993). Researchers in family violence deal with difficult family problems, about which parents and children are often reluctant to talk. Special sensitivity to family and cultural differences is therefore required. Understanding the counselling process of traumatised adolescents will always be stunted if the cultural context is ignored. It is thus the aim of the research to design, develop and implement intervention strategies, which will yield results that can be utilised in multicultural trauma support settings. With this aim in mind the study will be conducted from a qualitative approach, specifically using an intervention research design, within a contextual framework.

4.1.2 DEFINITION OF CONCEPTS

In any intervention programme it is important that concepts should be defined clearly, in order to establish and maintain the universal attribution of meanings; that is, to ensure that issues are addressed in a specific way and have the same contextual meaning for the counsellor. The following concepts are briefly defined in order to clarify the meanings, within the context of the research intervention.

➤ **The concept *metaphor***

A metaphor describes one thing in terms of another. The purpose of the metaphor, as applied in the study, is to shed new light on the character of the object, person or idea. In the study the concept of the metaphor will be employed beyond verbal limitations to include visual images, for example "the roadmap or river of life".

➤ **The concept *image***

The concept of an image, as used in the study, refers to the notion of an **inner vision**, namely a mental picture of something not actually present. The image also refers to an **outer vision**, namely a tangible, visible representation. The images allow the adolescent to give form to the external experience of family violence as well as to define the internal meaning.

➤ **The concept *projection***

Projection is the mechanism in which the adolescent ascribes unacceptable, painful feelings to others instead of himself. The result is a reduction in guilt and discomfort (Hough, 1998:267).

➤ **The concept *ab-reaction***

The term *ab-reaction* refers to the process of reliving, either verbally or through active art- or sand therapy, a previously repressed experience. It also involves the release of the emotions associated with the trauma experience.

➤ **The concept *acceptance***

The principle of acceptance, as used in the study, refers to the affirmative approval and support expressed by the counsellor towards the adolescent, receiving the adolescent as an adequate and worthwhile person. Acceptance involves a non-judgemental and non-interpretative approach by the counsellor. In the case of the adolescent, unconditional acceptance is specifically important. This implies an attitude that the client and the art image is believed and valued by the counsellor. However, acceptance does not mean that counsellors are unable to separate their own views from those of the client.

➤ **The concept *availability***

The principle of availability refers to the accessibility of the counsellor as the facilitator of a safe environment. The counsellor achieves this by being open and honest. Availability also refers to the materials for the intervention process that are made available and accessible to the traumatised adolescent.

➤ **The concept *awareness***

The principle of awareness refers to the counsellor having insight into, and being conscious of, and therefore not ignorant of, cultural differences and own limitations in the counselling process. Awareness is sensitivity to, and an empathy with the client by the counsellor. Rogers believed that counsellors should convey unconditional positive regard towards clients if they were to feel understood and accepted (Rogers, 1996). The intervention programme also aims at helping the client become aware of his own possibilities and strengths to attain healing.

➤ **The concept *accommodative***

The principle of accommodative involves that the counsellor be adaptable and in harmony with the counselling process, obliging and open to the adolescent who is from a different culture, accepting without judging or interpreting the adolescent and his art image. This concept would also imply that the counsellor is in possession of self-knowledge.

4.2 CONTEXTUALISED RESEARCH

Globalisation has tied the fate of all the peoples of the world together to the extent that each culture is able to influence the direction of knowledge and development. The call for endogenous development and the indigenisation of knowledge reflects a scepticism regarding the relevance and appropriateness of theories, research methodologies, as well as the transference of knowledge and technology from the West to Africa (Adair, 1999; Hartzenberg, 1998). Contextualisation is an attempt to sensitise practitioners and researchers to the specific local environment and context of behaviour.

The literature review conducted in this study reveals that there is still little comprehensive work being published on how to develop contextual models of research in settings involving different cultures. The objectives of all counsellors and researchers should be universal, namely to develop a science that is culturally appropriate and mature within the society and country they serve. Achieving these goals requires sensitive and devoted attention to patterns of invariance in thought and behaviour within the local culture, as well as interaction with, and feedback from the larger community of counsellors and researchers worldwide. Stanfield (1994:176) declares "the tendency for Western researchers to impose even their most enlightened cultural constructs on other cultures, rather than creating indigenised theories and methods to grasp the ontological essences of people from different cultures, is well-known". In a multicultural nation-state such as South Africa, correlating perceived abilities, behaviour and personality with real or imagined attributes, such as self-concept, concept of others,

organising daily life and making routine and critical life decisions, is of fundamental importance in trauma counselling.

In reaction against the Western positivist model of science, there is a call from researchers and counsellors from other cultures to develop an indigenous research and psychology that comes from within a society and is culturally appropriate. It is then that the ideas for research come from the cultural milieu and represent the culture it aims to serve. Results could then be interpreted and reflect the life of the society from which the research is conducted. Research would be "free-standing" and independent; moved not so much by external than by internal influences. Notably contextual research is not the translations of Western research, but original contributions that reflect the unique elements or perspectives of the culture of South Africa (Adair, 1999; Pelzer, 1998).

Cross-cultural, as well as trauma counselling and research, should be relevant to national development. In this way the challenge to develop and establish a critical mass of mature researchers within the country could be met. This researcher aims to design and develop a relevant cross-cultural counselling programme within the South African context by implementing intervention research strategies as expounded by Rothman and Thomas (1994).

4.3 PHASES IN INTERVENTION RESEARCH

Rothman and Thomas (1994) collaborated to produce a new model of research termed *Design and Development (D & D)*, also named Intervention Research. The research process is systematic, deliberate and immersed in research procedures and techniques. The aim of Intervention Research is to construct a systematic methodology for evolving human service interventions, and for effecting change in problem situations that relate to human services (Rothman & Thomas, 1994).

The D&D model (Rothman and Thomas, 1994:28) will guide the research and consists of six phases:



These phases cannot be viewed as patterns of one phase rigidly following the next, and although performed in a stepwise sequence, many of the activities continue after the introduction of the next phase. As difficulties are encountered or new information becomes available, the researcher may loop back to earlier phases (de Vos, 1998). The last two phases, namely the implementation and evaluation of the programme and the dissemination of the results, will be discussed in chapter five.

4.3.1 PROBLEM ANALYSIS

The first phase in intervention research implies the actions that precede the developmental phase and suggests the existence of a problematic situation or condition (such as family violence in a cross-cultural setting). Designing and developing a contextual intervention programme can address the problem faced by adolescents traumatised by family violence. The analysis of the problem suggests that existing models of intervention be examined. Rothman and Thomas (1994) conceptualise the first phase of the D & D model to be:

- identifying and involving the target population;
- gaining entry and co-operation from settings;
- identifying concerns of the population;
- analysing the identified problems;
- setting goals and objectives.

4.3.1.1 Identifying the target population

A population whose issues are of current or emerging interest to society, researchers, and the population (clients) themselves, is selected (de Vos, 1998). The researcher first identified the population to be investigated (see 1.3, p 4), namely adolescents who have been exposed to family violence and referred for trauma counselling. The target group was identified at the cross-cultural therapeutic centre of the Child and Family Care Society of Pretoria. The adolescents will consist of a culturally heterogeneous group, aged twelve to sixteen years. The adolescents will be from different cultural backgrounds, language and religious groups, histories, and circumstances surrounding the family violence.

In this type of research, the crucial factor is not the number of respondents, but rather the potential of each person to contribute to the development of insight and understanding of the phenomenon. The participants in the research programme will be identified through initial on-site observation and interviews at the therapy

centre. The observation and interviews will involve informal discussions with key personnel, such as supervisors and social workers, who are considered knowledgeable with regard to the identification of participants for the study.

The counselling of adolescents traumatised by family violence inevitably brings attrition, where there is a potential loss to participants owing to the participant's ill-health, disinterest, physical incapacity or relocation. These obstacles could be overcome (but not guaranteed) on the grounds of an agreement in advance to participate in a given number of intervention sessions. Self-selection, however, should be guarded against, as it may introduce a different and undetected kind of bias.

4.3.1.2 Gaining entry and co-operation from settings

For the purpose of this study contact was made with the therapy unit of Child- and Family Care in Pretoria. Semi-structured focus group interviews were held with key persons, namely the head of the unit and social workers, concerning the content and format of the intervention programme and benefits of the research for the therapy unit and the participants in the counselling programme. Involving the social workers in identifying problems, planning the project, acting as cultural bridges, and assisting with selecting potential cases for intervention will ensure that a collaborative relationship is formed. De Vos (1998) confirms that by working together with those who can facilitate access, researchers gain the necessary support to enhance the multidisciplinary co-operation needed to conduct intervention research.

4.3.1.3 Identifying concerns of the population

Intervention researchers must avoid the imposing of external views of the problem and its solution (de Vos, 1998). It is for this reason that the researcher attempted to understand the issues of importance to the population by semi-structured interviews with the director of Inter-Trauma Nexus Counselling Centre, the media officer of the SAPS and the head of the Child- and Family Care Therapy Unit.

4.3.1.4 Analysing identified problems

An essential aspect of the first phase, is to analyse those conditions that people label as problems. Questions and issues regarding family violence and cross-cultural counselling are explored to critically analyse the nature, content and extent of the existing problem. Questions that arise in this regard are:

- what adjustments are needed to the current counselling models for cross-cultural trauma interventions to succeed?
- what conditions should be adjusted to establish and support the necessary change?

These questions are moulded into a protocol for analysis of identified problems that offer valuable guidelines.

4.3.1.5 Setting goals and objectives

The objectives of this study refer to "specific changes in programmes, policies or practices that are believed to contribute to the broader goal" (de Vos 1998:389). The **broader goal of the study** is to establish a format that is congruent to the South African context for the adolescent who has been traumatised by family violence. The **specific objective of the study** is to develop a cross-cultural counselling programme for adolescents who have been traumatised by family violence that is founded on a contextual model of counselling. The model (see Figure 1, p 88) is non-verbal and non-interpretative and based on the principles of both the counsellor's and client's awareness, acceptance, availability and accommodating of one another in the intervention process.

4.3.2 INFORMATION GATHERING

Rothman and Thomas (1994) consider the examination of the attempts by other researchers to address the problem, as being essential. This examination will be executed by using existing information sources and by identifying the functional elements of successful models.

4.3.2.1 Existing information sources

Rothman and Thomas (1994) suggest, that when planning an intervention research project, it is essential to discover what has previously been done in the field of study. Integrating appropriate sources of information achieves this aim. The researcher conducted an extensive literature study of the theory and practice of trauma- and cross-cultural counselling approaches which would be applicable to the study. Various research studies done in South Africa in the field of trauma and cross-cultural counselling programmes (including Burger, 1999; Lewis, 1999; Hartzenberg, 1998; Cowley, 1995; Herz, 1994; Rosin, 1994; van der Want, 1993; Botha, 1989; Raubenheimer, 1987) were consulted to avoid "reinventing the wheel". Information from the field of psychology was integrated with that of social work and education. Semi-structured interviews with people who have experience in the field, such as psychologists, trauma counsellors, educationists, police officers and social workers, provided insight into which intervention might or might not succeed, and the variables that may affect success, as suggested by Rothman and Thomas (1994).

4.3.2.2 Identifying functional elements of successful models

Key questions posed by de Vos (1998:391) guided the identification of the functional elements of successful intervention models. Questions that demand attention in this study are the following:

- *Is there a model programme that has been successful in changing targeted outcomes?*
- *What made a particular programme effective? Is there a model programme that was unsuccessful?*
- *What caused the programme to fail?*
- *Which factors are critical to success or failure?*

By studying cross-cultural models and intervention programmes, the researcher has attempted to identify potentially useful elements, which could direct design

and development activities. This research is guided by a quest for pragmatism, which Schaeffer (1995: 4) defines as "a commitment to be guided by what works in practice". This commitment overrides adherence to a particular personally appealing theoretical orientation. The researcher believes that adolescents traumatised by family violence require both practicality and flexibility that does not necessarily fit exactly into any one theory of therapeutic intervention.

Most short-term trauma counselling models tend to be broadly cognitive-behavioural; while most analytically based methods are long-term (Eagle, 1999). Both these approaches rely on verbal interaction and interpretation of the trauma experience. The counselling model developed in this study suggests an **integrative approach** where a combination of approaches and techniques are used. The researcher believes that such an approach is particularly applicable to cross-cultural trauma intervention. The nature of trauma is both internal and external, manifesting at intrapsychic and behavioural levels of functioning (Eagle, 1999). Family violence, as a traumatic experience, involves the splintering of the social fabric of the community as well as the decimation of interpersonal relationships. It is the opinion of the researcher that an integrative contextual approach would respond to these multiple levels of trauma caused by family violence.

Malchiodi (1997) advocates that researchers focus on the issues of family violence as a whole. She (Malchiodi, 1997: 20-44) notes that there are certain commonalities to be found in children and adolescents traumatised by family violence and stresses the need to be aware of these commonalties in order to develop more effective methodology for assessment, intervention and prevention in short-term programmes. The following common characteristics found in children and adolescents traumatised by family violence guided the design and implementation of the cross-cultural counselling programme implemented in the study:

- ***A need for nurturance and acceptance***; especially where the mother is herself so overwhelmed and preoccupied by her own emotional crisis that she cannot offer emotional support or parental attention to her children.
- ***Generalised anxiety and fear***, regarding separation from other family members, retribution from the abusing parent, and anxiety about keeping family secrets.
- ***Withdrawal / Depression / Lethargy***; often caused by separation from home, friends and the abusive parent or as a result of psychological maltreatment (an aspect of family violence), also feeling unwanted, unloved, inferior and not a part of the family system.
- ***Aggression and anger*** may be suppressed, but aspects are often exhibited behaviourally and in art expression as an attempt to discharge tension and to ascertain how security needs can be met. During counselling the adolescent may become aggressive when he recognises feelings of pain and anger.
- ***Regression***, where the adolescent may fall back on earlier ways of coping when overpowered by distress.
- ***Low self-esteem and loss of self-worth*** may cause the adolescent to be hesitant to engage in activities, fearing possible failure. Low self-esteem is manifested directly in behavioural expression, containing depreciating statements of the self. The development of self-esteem is the central issue to developing the internal locus of control necessary to overcome trauma (Malchiodi, 1997).

Many children who have experienced trauma exhibit PTSD responses such as muteness and numbness (DiNicola, 1996), with the result that direct inquiry appears to be an unproductive intervention technique. It would appear that trauma issues are best dealt with indirectly, and the researcher is of the opinion that non-verbal modalities such as art- and sand therapy are appropriate intervention techniques when dealing with this population. In a cross-cultural setting where culture and language differences are of significant concern, this assumption requires serious consideration and attention by the researcher in the design of the intervention programme.

4.3.3 DESIGN OF THE INTERVENTION PROGRAMME

The design phase in this research will include relevant and practical information for the conception of a contextual cross-cultural counselling programme, named the C 4 programme by the researcher (see Table 4.3. p 103) and based on the C 4 model (see Figure1, p 88). This will be preceded by designing an observational system and by specifying the procedural elements of the intervention.

4.3.3.1 Designing an observational system

The researcher has adapted a protocol with scoring instructions by Malchiodi (1997) for recording the observed events related to the phenomenon and for detecting effects following intervention (see Appendix 4).

The programme will be implemented at the therapy unit of Child and Family Care Society in Pretoria. The therapy will be done in the playroom which is equipped with a one-way mirror for observation purposes. The therapy room will provide a protective space and climate to allow psychological safety and autonomy; thereby maximising the opportunity for the adolescent to experiment, to facilitate change and for constructive creativity and growth to emerge (Nowell-Hall, 1987). This may be the first opportunity for the adolescent from a violent home to experience an environment where acceptance and choice is experienced within structures and boundaries. Moon (1998:184) observes that many times the adolescent experiences a feeling of being powerless over the course that his life has taken and "so the doing of art becomes the introduction into free will and the power of choice and creation".

A co-therapist, who is an intern psychologist, will be used as an assistant and collaborator in the study. The researcher is of the opinion that making use of a co-therapist can be effective in providing a collateral support system as well as a "reality check". This enhances the reliability and validity of the research findings. The presence of a witness can be useful to corroborate information. Peer professionals can give positive feedback and suggestions for alternative treatment

approaches, as well as emotional support (Malchiodi, 1997). These observations are recorded on a checklist (Appendix 4) and become the point of reference in identifying the adolescent's needs as well as progress during the intervention stages of the programme, which will be specified in the procedural elements of the intervention.

4.3.3.2 Procedural elements of the intervention

De Vos (1998:394) notes, "the procedural elements of an intervention often become part of an eventual practice model which is the final product of the research". Eagle (1999) refers to a trauma clinic based in Camden, London, that distinguishes between simple and complex trauma. The latter is generally marked by deliberate degradation of the victim, (as is often the case with family violence) and complex cases are allocated a minimum of 20 sessions. Brief or short-term therapy approaches tend to utilise between two to twelve sessions, with an understanding that an extension of sessions can be made.

With economic cutbacks in the South African mental health services a reality, short-term focus is becoming more prevalent in all areas, particularly in the area of social and community services. Brief / short-term programmes are financially more viable, especially where the use of the provided service may be limited to only days or weeks. The intervention programme implemented in this study will schedule 6 sessions, lasting for a period of one hour each. The decision to plan for 6 sessions is motivated by the fact that the family members who are the victims of family violence, usually have to move out of the home and away from the perpetrator for the sake of their safety. The place of safety is often temporary. The ever-changing complexity of the population under study demands that the intervention programme should be designed to address the circumstances where the counsellor lacks control over whether the adolescent will be able to sustain attendance of the therapy sessions.

The counsellor should be flexible and adaptable regarding the course and the content of the programme, especially when certain participants give short notice

of termination of the counselling sessions. The programme consists of intensive work over a short period of time, with an emphasis on the capacity of the adolescent to help himself, with the counsellor facilitating a safe environment for the adolescent to do so.

□ **Intervention stages**

The contextual cross-cultural counselling programme (see Table 4.3. p 103), implemented in this study, is divided into three phases (Malchiodi, 1997; Peled, Jaffe and Edelson, 1995) to facilitate the structure and planning of the programme. It should be noted that the suggested stages are only guidelines and the counsellor should be flexible in adapting the stages during the counselling process if required by a specific circumstance.

1. The initial / evaluative stage (first 2 sessions)

The opening stage of intervention has as its goal obtaining the adolescent's trust and interest in further intervention. There should be an emphasis on defining the counsellor's helping role and indicating to the adolescent the process of self-exploration and self-expression through the medium of art.

During this phase of the programme the short- and long-term goals are planned. In the initial stages of the programme, art expression is particularly important as a modality with which the adolescent can communicate the experiences that cannot be verbalised. The first phase of the programme has, as its goal, the creation of trust and support where a non-threatening approach conveys concern and respect for the adolescent, as proposed by the contextual cross-cultural counselling model.

The adolescent is invited to familiarise himself with the surroundings, as well as the art materials available. It is also advisable that the counsellor discusses with the adolescent, in a natural and low-key manner, why he is there and what the intervention is all about (Oaklander, 2000). It may also be important to correct any

misinterpretations and alleviate fears or anxiety about the role of the counsellor, as the adolescent may see the counsellor as part of the organisation that is responsible for his possible removal from the home (see Case study 1). It is therefore of the utmost importance, in a short-term intervention programme, to establish aims early in the programme.

2. The middle stage (3 sessions)

The intrusive nature of family violence is usually reflected somewhere in the drawings or sand work or in the narratives or explanations of the drawings and sand tray. The focus of the middle phase is on continued intervention, with the aim of identifying the traumatic references, and this is linked to the adolescent's own art product. The role of the counsellor is supporting the adolescent to mobilise adaptive coping skills and to reduce guilt and anxiety, which is achieved by facilitating a safe environment. In situations of family violence, the adolescent may struggle with issues of loyalty or responsibility (see Case study 3).

Art directives should address the changes that have occurred in the life of the adolescent, as a result of the family violence, and to provide the opportunity to express emotions and perceptions about possible impending life changes. Session length and frequency could be increased during this stage to promote continuity and address possible problems that may arise from life changes (see Case study 3). The adolescent should be encouraged to give input into the format of the sessions, thereby promoting a deeper level of personal involvement and trust.

During this stage of the programme, it is also the aim of the intervention to increase self-esteem and self-confidence in the adolescent, by empowering him to become an active participant of the programme. For the adolescent traumatised by family violence, where choices and trust within the family unit may not have developed, this is a significant concept to cultivate. The counsellor takes a more directive stance during this phase. The adolescent's level of cognitive skill

development enables him to cope with the more directive approach, than would a younger child.

3. The termination / closure / referral stage (1-2 sessions)

In most therapeutic settings termination needs to be accomplished gradually and carefully. However, because of the nature of the short-term intervention programme, a different approach should be followed. It may become a problematic aspect that, just as intervention has started to bear results, termination has to take place (see Case study 1). It is not always possible in short-term intervention programmes to establish whether the aims of the programme, such as the emergence of self-worth, empowerment, positive feelings and resolution of trauma, have occurred. This is especially true if the future of the adolescent's family is unclear and unsettled as a result of the family violence. The counsellor should be aware and sensitive to the adolescent's disequilibria at this time.

It is important that the counsellor be explicit and honest with the adolescent about his situation. Interventions should focus on fears and questions about the future in order to help the adolescent to cope with the **re-integration into family and society** (see Figure 1, p 88). The termination phase can be dealt with by reviewing the art expressions created during the programme, thereby emphasising progress, abilities and contributions. The counsellor could also be accommodating and supportive by giving the adolescent a copy of an artwork, a photograph of sand tray work and a telephone number where he may seek help if needed. These can also serve as visual reminders and resources during future times of stress. The aforementioned strategies can serve to reinforce adaptive patterns such as seeking and using self-help to cope with future stress.

4.3.4 DEVELOPMENT OF THE INTERVENTION PROGRAMME

Preceding the development of a cross-cultural intervention programme is the process by which an innovative intervention model is designed and applied on a

trial basis, developmentally tested for its adequacy, refined and redesigned as necessary (see de Vos, 1998).

4.3.4.1 Developing a contextual cross-cultural counselling model

The current cross-cultural counselling model that is largely in use worldwide, and which rests on the competencies of *awareness*, *knowledge* and *skills* (see 3.5, p 58), should not be implemented indisputably. With the challenges of a multicultural society in mind, the intervention programme implemented in this study, will be based on the **CONTEXTUAL CROSS-CULTURAL COUNSELLING MODEL** named the **C 4 MODEL** (Figure 1)*¹, developed and designed by the researcher.

- The model is founded on the integration of the principles of **Awareness, Acceptance, Availability, and Accommodating.**
- The C 4 model assumes that both the counsellor and the client view the process as unconditional and honest, congruent to **collaborative participation.**
- The model is **context-centred** as opposed to person-centred, in order to distinguish the C 4 model from the school of person-centred counselling as developed by Carl Rogers (see Table 4.1, p 89). The term context-centred implies that **the individual is the only authority of his trauma experience.** Therefore, it can be assumed that he is the one who can fit his trauma experience into the context of his own life and determine how it translates into his relationship with others. The client, in exploring his world, guides the counsellor.
- The model uses **an integrative trans-theoretical approach**, as referred to by Palmer and Laugani (1999), where the counsellor does not rigidly adhere to any one therapeutic orientation, rather selecting a technique that

¹ The content of the **CONTEXTUAL CROSS-CULTURAL COUNSELLING MODEL**, as proposed in the study, is privileged and is subjected to copyright. Any unlawful duplication, adaptation or alteration of the model without the permission of the Copyright holder is liable to prosecution. Attention is drawn to the Copyright Act, no. 96 of 1978.

would help the client deal with the problem (also see Denzin and Lincoln, 1998).

- The model is **functional**, regardless of the client's cultural identity.
- The model is **dynamic**, acknowledging scientific development, which results in improved techniques while still adhering to the underlying principles of awareness, acceptance, accommodating and availability.

The development of the model rests on the twofold dynamics of process and content. The model represents a dynamic integration of **process and content** as opposed to static prescriptive therapies.

- I. The process is represented in the model by the unfolding cylinder seen in the centre of Figure 1. The client's personal experience and perception of the trauma guides the process. The model is based on the unique **therapeutic facilitation process of self-exploration and self-expression**, and makes use of art- and sand therapy as the principal means of doing so. The client comes from a unique frame of reference and has multiple roles and identities within the community that he functions. The role of the counsellor consists of "being there" for the client, without protecting him against pain, but by being the **facilitator** of a "safe place", and not that of an advisor.
- II. Table 4.2, p 90 provides the rationale for the selection of the content of the contextual cross-cultural counselling model.

FIGURE 1

C4 MODEL

CONTEXTUAL CROSS-CULTURAL COUNSELLING MODEL





TABLE 4.1 COMPARISONS REGARDING SIMILARITIES AND DIFFERENCES BETWEEN CLIENT-CENTRED AND CONTEXT-CENTRED APPROACHES

	CLIENT-CENTRED (Rogers)	CONTEXT-CENTRED (Hartzenberg)
APPROACH	Uniqueness of the individual.	Uniqueness of the context.
AIM	Client achieves independence and autonomy.	Client discovers new possibilities to adapt successfully within his unique context.
CONCEPT OF "SELF"	Person's self-concept is as a result of ongoing interaction with others.	Person's self-concept and identity is as a result of the significant impact of the cultural context.
ACTUALISATION	"Actualising tendency" (Rogers, 1996) refers to the human urge to grow and develop towards maximum potential. The individual has the potential for dealing effectively with his own problem.	The context-centred approach establishes a format for expression and exploration of experiences, thereby moving the individual into a position of stability, empowerment and actualisation of self and new possibilities within his unique context.
COUNSELLING PRINCIPLES	Understanding and empathy. Unconditional acceptance. Sincerity and genuineness.	Awareness. Acceptance. Availability. Accommodating.
COUNSELLING RELATIONSHIP	Non-judgemental. Active listening. Reflection of feeling and content. Paraphrasing and summarising. Open questions. Counsellor facilitates identification of the "real self" (Rogers, 1996).	Non-interpretative. Non-verbal and verbal interaction. Unconditional accommodation of unique cultural context of the client. Honest reflection of acceptance of the client's context. The client, as the only authority of his experiences, guides the counsellor in translating the context.
COUNSELLING PROCESS	Non-directive involvement. Honest and open. Clarification of meaning and feelings.	Line of involvement moves from in-directive to directive. Self-exploration and self-expression. Discovery of new possibilities. Unconditional and honest, congruent to collaborative participation. Unique therapeutic facilitation process.



TABLE 4.2 CONTEXTUAL CROSS-CULTURAL COUNSELLING MODEL

PRINCIPALS	RATIONALE
<i>AWARENESS:</i>	<ul style="list-style-type: none"> ••• of the cultural factors that influence perception of the trauma experience; ••• by the counsellor of own bias, own values and worldviews and how it may influence the process; ••• by the client of new possibilities.
<i>ACCEPTANCE:</i>	<ul style="list-style-type: none"> ••• which implies respect for cultural differences; ••• of the needs of the client; ••• of other cultural customs and beliefs; ••• of own ignorance concerning other cultures; ••• by the client of an own responsibility in the counselling process.
<i>AVAILABILITY:</i>	<ul style="list-style-type: none"> ••• which refers to the counsellor as the facilitator of the process, to help the adolescent clarify and find own solutions to problems; ••• the emotional availability of the counsellor to create a safe place for the adolescent to express and explore the trauma experience; ••• to make available the materials that are needed for the intervention.
<i>ACCOMMODATING:</i>	<ul style="list-style-type: none"> ••• of diversity which would imply flexibility in selection of intervention techniques; ••• of differences in world-views, values, norms and belief systems; ••• of differences in perception of what constitutes a traumatic experience; ••• which implies that there be no stereotyping of other cultures or individuals.

The C 4 model is ***non-interpretative*** and to a large degree ***non-verbal***. Moon (1998:8) uses the term *metaverbal*, denoting experiences that are beyond words and which refer to the interaction that takes place between the client, the media, the image and the process. The counsellor should take care never to criticise, nor to praise the image, but always to welcome it without any attempt to interpret it (Moon, 1998; Adamson, 1990; Dalley, 1987). Regarding the interpretation of images made by the adolescent, Moon (1998) coined the phrase *imagicide*, which refers to "the killing off of the image through destructive psychological labels and interpretations" (Moon, 1998: 54).

The C 4 model views the original creation of an image as a projective interpretation of experiences on the part of the client, with the result that any subsequent attempt to interpret the image is a similar projection on the part of the counsellor. Interpretation is especially problematic in relation to adolescents traumatised by family violence within a multicultural society, who may not be able or willing to verbally validate or refute the accuracy of the interpretation. Moon (1998) is of the opinion that therapists who attempt to establish themselves as authorities who can detect the hidden or unspoken meaning of the adolescent's art product, with or without the adolescent's co-operation, participation or permission, are disrespectful and potentially harmful. The use of the non-interpretative approach in the C 4 model addresses the issues of transference and counter-transference. The pragmatic contextual approach as proposed by the researcher in Chapter 1 restrains inaccurate exchange of information; avoids misinterpretation; avoids evaluation; avoids the imposing of own value systems and beliefs regarding the process. It is not the role of the counsellor to analyse and interpret the client's trauma experience.

In a non-verbal approach, issues of language differences are addressed. Words and phrases are loaded with ideological and cultural meanings. Communication by the counsellor involves the ability to demonstrate understanding of the adolescent and his experience. Clients in a multi-lingual society such as South Africa are often forced to use a second or even third language to express their emotions, which can result in miscommunication. The C 4 model strives to

overcome these barriers. Art expression provides the safe medium of communicating traumatic images when verbal therapy is difficult.

The researcher shares Oaklander's (2000) opinion that the troubled adolescent can do much for himself, but the adolescent needs assistance in expressing feelings of guilt, anxiety, loneliness, frustration and fear. Verbal methods of interviewing and treatment can be unproductive and frustrating to clients experiencing trauma, and who come from diverse cultural and language groups. In a cross-cultural counselling programme, observations should always be seen in the light (**context**) of the individual's cultural and social background, as cultural norms and world-views play an extremely important part in the intervention process. The model needs to be understood within the context of cultural and social factors and accepts each client as being unique. The contextual cross-cultural counselling model can be applied equally to *individual, group and community service settings*.

4.3.4.2 Applying the counselling model to the intervention

The C 4 model is designed to guide and optimise the development and implementation of the cross-cultural intervention programme. Art- and sand therapy techniques are known to be valuable and effective resources (Oaklander, 2000; Carrey, 1999; Maliciodi, 1997; Moon, 1998; Adamson, 1990). The researcher is convinced that art- and sand therapies are the appropriate mediums to employ in the process of stabilising and strengthening the adolescent in dealing with the expression of emotions and the exploration of new possibilities (see Figure 1, p 88). However, the C 4 model also lends itself to an extended range of non-verbal and non-interpretative therapies, such as music- and drama therapy.

If the assertion by May (1985: 215) "Art and violence are directly opposite each other in their effects", is accepted as being true, then art expression may have immense implications in the restructuring of violence and aggression in South African society and families. Since the beginning of time, man has made use of images to express emotions and record events. Creativity can become a positive

replacement for feelings of anger, violence and helplessness. Carey (1999: x) stresses that "to require a person of any age to verbalise when in an emotional crisis is not fair and may in fact be re-traumatising." Through art expressions, a feeling of internal locus of control can be created (Malchiodi, 1997). This measure of control can be extremely important to the adolescent traumatised by family violence, to support the stabilisation of emotions and to gain mastery of the feelings of disempowerment. In the words of Moon (1998: 8), "The real substance of the art therapy session is beyond the spoken word. This is not a devaluation of verbalization; it is rather a honing of action and image".

Sand is a product of its history, produced by forces that eroded rock into sand. Traumatized adolescents are also a product of their history, and the researcher proposes to use sand therapy with art therapy as the pathway for processing and expressing emotional trauma. Sweeney in the foreword to Carey (1999: xvi-xxv), lists the **rationale** for sand therapy. The researcher has applied the rationale to all the therapeutic techniques used in the intervention programme. The following factors validate the use of sand and art therapy in the intervention programme:

- ❖ Art- and sand therapy facilitates expression to non-verbalised emotional issues.
- ❖ Art- and sand therapies have a unique kinaesthetic quality. The very tactile experience of touching and manipulating sand, water, clay and paints is a therapeutic experience in and of itself.
- ❖ Art- and sand therapy serve to create a therapeutic distance for the adolescent who is often unable to express pain verbally, but may find expression through the projective media of art and sand therapy.
- ❖ The therapeutic distance that art- and sand therapy can provide, creates a safe environment for abreaction to occur, a place where repressed issues can emerge and be relived.
- ❖ Art- and sand therapy naturally provide boundaries and limits, by the size of the sand tray and paper, the selection of art materials and miniatures, the therapy room, and the guidance and directives by the counsellor, which all promote a feeling of safety for the adolescent.

- ❖ Art- and sand therapies provide a setting for the emergence of therapeutic metaphors, of which the adolescent's interpretation is the most important.
- ❖ Art- and sand therapy techniques are effective in identifying and overcoming the adolescent's resistance, because of its non-threatening and engaging qualities.
- ❖ Art- and sand therapy cut through verbalisation. The adolescent may use intellectualisation and rationalisation as a defence mechanism.
- ❖ Art- and sand therapies create a place for the adolescent to experience control and empowerment. The responsibility for and control of the process is also placed on the adolescent, thereby achieving a greater internal locus of control.
- ❖ The challenge of transference and counter-transference, which are critical issues in cross-cultural intervention, is effectively addressed through art- and sand therapy.

Trauma also impacts at a very fundamental and sensory level and does not lend itself to categorisation or reason. The unstructured nature of sand facilitates the opportunity to apply unique and individual meaning within the contextual framework of the cross-cultural setting. It could, therefore be concluded, that a treatment programme for traumatised adolescents should also be sensory based. Lowenfeld (1970:4) points out: " painting, drawing, or construction is a constant process of assimilation and projection: taking in through the senses a vast amount of information, mixing it up with the psychological self and putting it into a new form that seem to suit the needs at the time." The counsellor should, however, always be aware that adolescents traumatised by family violence are not healed through techniques, but rather through relationships and encounters with a counsellor who is essentially aware, accepting, available and accommodating of his needs.

The inherent advantages of art- and sand therapies account for them being the preferred intervention techniques used in the C 4 programme.

□ **Advantages and disadvantages of art and sand therapy**

The **advantages** of art- and sand therapy are as follows:

- ✓ Art- and sand therapy may yield information not readily available through verbal means.
- ✓ Art- and sand therapies have the therapeutic benefit of non-verbal communication of thoughts and feelings.
- ✓ Through non-verbal expression art- and sand therapy can be used to understand and make sense of the trauma of loss (of home and family) when words may not adequately express or contain meaning.
- ✓ As a projective medium, art- and sand therapy are a powerful means of eliciting and disassociating painful and frightening images from the self.
- ✓ The diagnostic criteria for PTSD in the DSM-IV (see Appendix 5) are mainly sensory based. Art and sand therapy engage the adolescent on a sensory level: visually, tacitly and kinaesthetically.
- ✓ Art and sand therapy can be a way of expressing tangibly, that which is secret or confusing.
- ✓ Art can be anything the adolescent wants it to be, because in art expression there are no restrictions and all imagery is acceptable.
- ✓ Through the art product and sand therapy, the adolescent does not only focus on family violence, but rather on a whole spectrum of accumulated emotions and experiences.
- ✓ Art- and sand therapy can unlock emotional responses to trauma experiences, thereby helping to relieve tension and anxiety.
- ✓ Art- and sand therapy can help to diffuse feelings of anger and ambivalence about an abusive family member through the process of ab-reaction.
- ✓ Art- and sand therapy can assist the adolescent in making sense out of the chaos associated with aggressive feelings, and channelling these feelings into more constructive, acceptable actions.
- ✓ Art- and sand therapy is a forum for experimentation with changes and methods of coping.

- ✓ Art can be helpful in determining the adolescent's developmental level through the age appropriate quality and content of the art product. Development can be enhanced or inhibited by trauma experiences.
- ✓ Creative activity can alleviate anxiety, specifically with the use of sensory materials such as water, clay and sand.
- ✓ Art and sand tray photographs can supply data on the adolescent's coping abilities, adjustment to new circumstances, conceptions or misconceptions about the current situation and the possible existence of further violence.
- ✓ Artwork serves as summative evaluation, a visual record of progress or of regression during the programme, and can be utilised for referrals for further treatment outside the intervention programme.

The **disadvantages** of art- and sand therapy are as follows:

- A seemingly benign task can elicit powerful feelings and sensations in the adolescent that can be harmful, especially if the adolescent wishes to keep a particularly sensitive area secret.
- Certain directives may trigger anxiety because of suspicion, previously ignored or misinterpreted experiences, and preceding trauma.
- Interpretation of art expression without the understanding of cultural influences can be offensive and detrimental to the counselling process.
- Interpretation, without understanding developmental levels inherent to art expression and cognitive factors, can be dangerous (Adamson, 1990; Malchiodi, 1997; Moon 1998).

These advantages and disadvantages of art- and sand therapy necessitate meticulous consideration of what types of materials, activities and themes would be best suited to attain such objectives.

□ **Materials**

The intervention programme engages the adolescent in using a variety of materials, namely drawing, painting, clay and sand tray work through mostly directive methods. It is advisable to choose specific tasks rather than to rely solely on spontaneous expression. A non-directive, unstructured approach is not in line with the trauma-oriented focus (Malchiodi, 1997). Kinaesthetic activities using paint, water, clay and sand, by their very nature, can elicit affective images. Items such as self-portraits, free drawings, family drawings and sand scenes are requested for their potential of gaining important information and understanding. Ongoing assessment, in the form of a checklist (see Appendix 4), is used to ascertain which type of task is most appropriate for which individual. Thought should be given to what types of materials and media are provided. Each visual art modality has its own inherent limitations and potentialities, and each can have a different effect on the psyche (Malchiodi, 1997).

The following art materials should be made available for use during the counselling sessions:

- Paper
- Clay
- Sand tray with miniatures
- Watercolour paints
- Felt-tip colour pens and pencils
- Collage pictures and glue
- Cardboard
- Old wire clothes hangers
- Feathers
- Stones and bones

In art- and sand therapy it is important to observe how the art materials are used, which materials are chosen, how the individual goes about creating an image and how interaction with the counsellor transpires.

□ Activities

The specific needs of the adolescent should be addressed through the art processes and tasks given, thus enabling him to express his feelings. Furthermore, care should be taken to design experiences that do not produce stress and anxiety additional to that which the adolescent is already experiencing. To avoid making the adolescent who has a low self-esteem anxious, the words "drawing or painting" should be avoided when giving directives for the art tasks, rather using words such as "show me or make me" that may be perceived to be less threatening. The art product is seen as a representative of the self. Therefore, writing on the drawing makes a negative statement that the counsellor does not value the work and does not really respect the person and should thus be avoided at all costs.

The work done by the adolescent is kept in individual folders and will be referred back to in each following session, either individually or in series, thereby providing continuity between sessions. The adolescent is encouraged to look at the image created, to contemplate it and allow the image to "speak back", thereby creating a dialogue between adolescent and image. It is important to note that with this approach, the process of art creation may or may not involve verbalisation and conscious articulation of the insight achieved by the adolescent.

□ Themes

General themes to be used during the counselling sessions are as follows, but not necessarily in the same order:

1. Make a Person (DAP)
2. Show me your family when you are together (KFD)
3. Make each member of your family as an animal
4. Make a house
5. Show me what your monster / dragon looks like
6. If you were a tree show me what you would look like
7. Show me a favourite kind of a day

8. Make someone from your family
9. Show me what the worst day in your life looks like
10. Show me the best day in your life
11. Show me what war looks like
12. Show me what peace looks like
13. A "I wish....." Picture
14. Show me what your "road map-of-life" looks like
15. Show me what your worst nightmare looks like
16. Show me what paradise looks like
17. Show me what hell looks like
18. Show me what a day at home is like
19. Show me what a day at school is like
20. Make me a picture of you

□ **Checklist**

A checklist is extremely helpful for this task. Such a checklist (Appendix 4) was compiled for the C 4 programme and adapted from a checklist suggested by Malchiodi (1997: 76-79). By using this checklist, the strengths and deficits of the adolescent in the areas of task orientation, product content, interpersonal functioning, developmental level, progress, and possible cross-cultural issues, are identified. These categories incorporate observations of emotions, attention span, thought process, self-esteem and psychosocial responses. How the adolescent responds to the limits presented in the process, and his interaction with the counsellor, reveals information regarding interpersonal functioning. The areas of observation, as set out in the checklist, include how and what the adolescent communicates, either verbally or non-verbally, as well as his creative and adaptive skills. With the art materials and themes established, the counsellor can begin to develop intervention goals and strategies for the short-term counselling programme.

□ **Goals of the programme**

The **long-term aims** of the programme are to:

- support empowerment and coping-skills;
- enhance the internal locus of control salient to self-esteem and assertiveness;
- relieve anxiety, fear, depression and any other emotions that may immobilise the adolescent's resilience and resources for recovery from the trauma experienced, by providing a safe environment for expressing feelings.

The **treatment goals** of the programme are to allow the adolescent to:

- explore and express thoughts and feelings in a safe and protected environment;
- support the adolescent in understanding and mastering these emotions;
- reduce or eliminate symptoms of PTSD;
- gain a sense of his own uniqueness and self-worth, regardless of the problems that are experienced in the family;
- gain control of his life, thereby empowering the adolescent, (empowerment in trauma counselling is seen as a process of transformation from the position of being the victim to that of being the survivor, and from a passive to an active engagement with the world);
- relieve self-blame and to re-establish trust in other people and relationships;
- minimise the possible long-term effects of family violence as a traumatic experience and in so doing assist the adolescent to adapt to his situation at home (see Lewis, 1999).

An intellectual (cognitive) understanding or insight on the part of the adolescent is insufficient to bring about lasting change. There should, however, also be an emotional, normative and behavioural component to the therapeutic experience, in order for the adolescent to effect a lasting change.

The counsellor should aim at keeping the focus of the adolescent on the here-and-now, thereby empowering the adolescent to own what he has created in the present, and not to distance himself, by describing the images as representing historic events that no longer have an effect. Moon (1998:90) states, "The power of the art image is that it is a present-tense object that represents how a person feels right now." The stated aims and goals of the intervention programme will guide and determine the content of the intervention sessions.

□ **Content of the programme sessions**

- It is important to note that the suggested course and proceedings of the **Contextual cross-cultural counselling programme, (C 4 programme³)** are not static, but should be seen as dynamic and adaptable to the adolescent's needs. The dynamic nature of the C 4 programme acknowledges scientific development that can result in improved techniques, while still adhering to the underlying principles as set out in the C 4 model.
- The design of the programme rests on the principles of the C 4 model, as discussed in 4.3.4.1, p 86. The format of the C 4 programme sessions, namely the aims and the action steps are indicated in Table 4.3 p 103.
- The C 4 programme follows a specific line of involvement between the counsellor and client, which moves **from** the counsellor being **in-directive** and allowing the client free choice in the extent of material use and art and verbal expression; **to** being more **directive**, and encouraging self-exploration. This line of involvement enhances the discovery of new possibilities and self-actualisation by the adolescent.

³ The content of the **CONTEXTUAL CROSS-CULTURAL COUNSELING PROGRAMME**, as proposed in the study, is privileged and is subjected to copyright. Any unlawful duplication, adaptation or alteration of the model without the permission of the Copyright holder is liable to prosecution. Attention is drawn to the Copyright Act, no. 96 of 1978.

- Where short-term programmes usually utilise functional assignments between the sessions, the C 4 programme does not make use of such assignments. This should be seen in the light of the specific nature of family violence and the circumstances of the adolescent, with regard to being removed from the home, which impacts negatively on available resources and materials to carry out the assignments. However, functionality by the counsellor does take place in the form of a monthly multi-disciplinary panel discussion with the parties involved with the adolescent, such the social worker and teacher.
- The programme is cost-effective and uncomplicated to implement and can be equally successful in a rural, urban or township setting.

4.4 SYNTHESIS

Cultural differences among people are tied to variations in the social construction of reality and the perception of what constitutes a traumatic experience. Therefore, the counselling of traumatised adolescents in South Africa demands a contextual approach, unique to the South African context. Since each individual comes from a different cultural background, with a different set of dynamics, socio-economic factors and coping mechanisms, each perceives family violence in a different way, even though the circumstances of trauma may be similar. The contextual cross-cultural counselling programme aims to structure and facilitate an opportunity for healing, through the images of art.

The process provides a forum for self-expression and self-exploration of new possibilities before the client's reintegration into society and family-life. The C 4 programme values:

- the creating of a "safe place" for the adolescent to tell the story in a non-threatening, largely non-verbal way;
 - normalising trauma symptoms;
 - addressing issues of guilt and self-blame;
-

- facilitating the opportunity for the adolescent to gain mastery and meaning-making without interpreting or advising and finally by balancing non-directive and directive phases of interaction (Eagle, 1999; Oaklander, 2000).

Children and adolescents exposed to family violence come from diverse cultural backgrounds and bring complex experiences to the intervention. The adolescent may be physically abused, neglected, sexually abused or a witness of violence toward other family members. It can also include psychological and emotional abuse. Complicating the issue of family violence is the fact that it may have occurred over many years or may have been triggered by a recent stress to the family system. From a cultural perspective, family violence may be a result of societal violence where conditions limit development and obstruct human potential. Poverty, discrimination and unemployment may cause an eruption of violence in the home in reaction to the stress and frustration that is experienced in society.

Trauma, as a universal phenomenon, has specific cultural factors that demand attention in the counselling approach to traumatised adolescents. In order to identify a meaningful and accountable approach to the counselling of traumatised adolescents in a multicultural context, both the universals in human experience, as well as the cultural context of the individual should be considered. To fulfil the needs of traumatised adolescents and have meaning across the cultural variance of South African society, a cross-cultural framework to counselling should therefore be both contextual and universal. With the aforementioned aspects in mind, the researcher has designed and developed a contextual cross-cultural counselling programme, based on the C 4 model, which will be implemented and evaluated in Chapter five.

TABLE 4.3: C 4 PROGRAMME - A THERAPEUTIC FACILITATION PROCESS

SESSION 1	COUNSELLING PROCESS
AIMS OF THE SESSION	<p>This may prove to be the most important of all the sessions and will form the foundation for the rest of the sessions. This first session will determine the success (or failure) of the sessions following. The adolescent should be assured of confidentiality, thus developing a sense of trust and control. This is especially important where the adolescent is under threat of being removed from the abusing parent and the home. Confrontational and probing types of processes should be used with care and sensitivity. It is for this reason that the common assessment technique of the <i>Kinetic Family Drawing</i> (KFD) is not implemented in this first session, as it may induce agitation and anxiety.</p> <p>LONG-TERM AIMS:</p> <ul style="list-style-type: none"> • To support empowerment and coping skills; • To enhance internal locus of control salient to self-esteem; • To relieve anxiety, fear, depression, and any other emotions that may immobilise the adolescent's resilience and resources for recovery from trauma experienced, by providing a safe environment for expressing feelings. <p>SPECIFIC AIMS:</p> <p>It is extremely important that in this short-term environment the programme goals be established early. The first goal of intervention is:</p> <ul style="list-style-type: none"> • to establish a positive rapport with the adolescent and secure his trust by creating a place of safety; • to observe and support any pain, confusion, fear, anxiety or feelings of helplessness the adolescent may be experiencing.
ACTION STEPS	<p>•••➔ Step one: Any person who comes into a new therapeutic situation is likely to experience feelings of anxiousness and uncertainty. The session is introduced by explaining to the adolescent the format of the programme.</p> <p>•••➔ Step two: A directive is given to the adolescent to select any art material he cares to work with (thus placing the adolescent in control) and then to "make a person".</p> <p>•••➔ Step three: The person made is discussed as with a <i>Draw-a-Person</i> (DAP) directive, but care should be taken to keep the first session low key and not to make the adolescent suspicious by directing a lot of probing, "strong" questions.</p> <p>•••➔ Step four: The following appointment is made and confirmed with the adolescent.</p> <p>•••➔ Step five: Self-analysis and initial reflection by the counsellor regarding the session.</p>



SESSION 2	COUNSELLING PROCESS
AIMS OF THE SESSION	<p>LONG TERM AIMS: see Session 1 SPECIFIC AIMS:</p> <p>In this session the aims of the first session are reconfirmed. The counsellor's goal is:</p> <ul style="list-style-type: none">• to assess the adolescent's readiness and responsiveness for specific intended themes in intervention;• to explore and express emotions and alternative possibilities mainly, but not exclusively, in a non-verbal process.
ACTION STEPS	<p>••• Step one: A discussion is elicited regarding the events of the past week, without "forcing" the adolescent to divulge possible painful memories verbally.</p> <p>••• Step two: The adolescent is invited to select materials to create an image showing his family doing something together. This directive can serve as a valuable projective technique for exploring family relationships.</p> <p>••• Step three: The family made is discussed with care and sensitivity as with a <i>Kinetic Family Drawing (KFD)</i>. The counsellor must note (but not comment on) any emerging issues. The adolescent is asked if there are any questions or comments he would like to make. This places the adolescent in control and ensures that the counsellor does not inadvertently misinterpret the adolescent's intended meaning. The adolescent is invited to create the family as animals. The characteristics of the created images are discussed, with the adolescent leading the discussion.</p> <p>••• Step four: The following appointment is made and confirmed with the adolescent.</p> <p>••• Step five: Self-analysis and initial reflection by the counsellor regarding the session.</p>



SESSION 3	COUNSELLING PROCESS
AIMS OF THE SESSION	<p>LONG TERM AIMS: see Session 1 SPECIFIC AIMS:</p> <ul style="list-style-type: none">• Coping with those issues which may have emerged during the previous session, for example painful memories, anger, guilt, fears and confusion.• Helping the adolescent identify and clarify problematic issues.
ACTION STEPS	<p>••➔ Step one: The counsellor enquires about the events and experiences of the past week at school and at home. The previous session is summarized and recapped.</p> <p>••➔ Step two: The adolescent is allowed to choose from two themes, using whatever medium with which he feels comfortable. Offering a choice, even such a limited choice, affords the adolescent a certain degree of feeling in control.</p> <p>••➔ Step three: Opportunity for projection is offered by inviting the adolescent to create a narrative about the image made. If the adolescent declines this, the counsellor should accept this without comment or interpretation. However, the counsellor may reflect any emerging feelings or themes observed and ask for clarification. If time allows, a second directive may be given, which the therapist believes could assist with the aim of the session.</p> <p>••➔ Step four: The following appointment is made and confirmed with the adolescent.</p> <p>••➔ Step five: Self-analysis and initial reflection by the counsellor regarding the session.</p>



SESSION 4	COUNSELLING PROCESS
AIMS OF THE SESSION	<p>LONG TERM AIMS: see Session 1</p> <p>SPECIFIC AIMS:</p> <ul style="list-style-type: none">• Offering internal locus of control, so that the adolescent can cope with additional stressful experiences, such as uncertainty and guilt that may be linked to the current situation.
ACTION STEPS	<p>•••➔ Step one: Events of the week are discussed. The purpose of the intervention is reconfirmed.</p> <p>•••➔ Step two: Initially the adolescent is given a non-threatening directive, such as a tree drawing or a happy day. He is then asked to make an image of someone in the family. Close observation by the counsellor may assist in detecting any emotional reactions this directive may elicit.</p> <p>•••➔ Step three: The person is discussed, the position of the person in the family, feelings towards this person, this person's influence on the adolescent and the rest of the family. The counsellor should strive to identify any themes and emotions and offer the adolescent the opportunity to discuss this. The adolescent is encouraged to supply solutions to any problems this person may be causing within the family. The role of the counsellor remains that of a facilitator of safety and opportunity to explore and express emotions, with the aim of discovering new possibilities.</p> <p>•••➔ Step four: The following appointment is made and confirmed with the adolescent.</p> <p>•••➔ Step five: Self-analysis and initial reflection by the counsellor regarding the session.</p>



SESSION 5	COUNSELLING PROCESS
AIMS OF THE SESSION	<p>LONG TERM AIMS: see Session 1</p> <p>SPECIFIC AIMS:</p> <ul style="list-style-type: none">• Preparing the adolescent for the final phase and end of the intervention programme and confirming his adaptive coping skills.
ACTION STEPS	<ul style="list-style-type: none">••• Step one: Events of the past week are discussed as well as any emerging issues that the adolescent cares to discuss.••• Step two: The adolescent is asked to create a world in the sand tray, thus offering him the opportunity for free expression. After completion, the directive is given to make an image depicting a positive and negative, for example war and peace, or paradise and hell.••• Step three: The adolescent is invited to offer strategies for coping in a war or hell situation. A discussion about peace or paradise is then initiated and what the adolescent's understanding and meaning of these concepts are.••• Step four: The adolescent is prepared for the conclusion of the intervention programme and informed what will happen in the last session. Any feelings such as fear, anxiety or uncertainty regarding the termination needs to be addressed at this stage. The following appointment is made and confirmed with the adolescent.••• Step five: Self-analysis and initial reflection by the counsellor regarding the session.



SESSION

6

COUNSELLING PROCESS

Termination needs to be accomplished gradually, with care and sensitivity. However, because of the nature of short-term therapy, this is not always possible, and in this counselling programme, termination should be executed in a different way. The termination phase of the programme often happens just as intervention has started to flow. Termination may prove to be merely an interruption in treatment rather than a permanent ending of the relationship between counsellor and adolescent (Malchiodi, 1997). This session takes a more direct approach than any of the previous sessions. The issue at hand, namely violence within the family, is directly addressed.

AIMS
OF THE
SESSION

LONG TERM AIMS: see Session 1

SPECIFIC AIMS:

- Identifying any problems that may require further intervention.
- Developing a positive sense of self by enhancing self-esteem and self-respect, which will allow the adolescent to return to normal functioning and be re-integrated into the family and community.

ACTION
STEPS

•••

Step one:

Confirmation that this is the last session is discussed with the adolescent. A review of all the previous sessions and art products are given, pointing out the areas where solutions to problems have been achieved (or not achieved); emphasising progress, abilities and contributions. It is important to be clear and honest with the adolescent and to discuss the future.

•••

Step two:

Directives for constructing images about the adolescent's feelings and self-image with regard to the family violence are given, for example in the form of the "river-of-life or roadmap-of-life" theme.

•••

Step three:

Emerging emotions are addressed and obviated by the counsellor.

•••

Step four:

The session is terminated by extending an invitation to make an own choice of an image ("make any image you like") and then to write or tell a story about the image with the adolescent as the main actor / person in the story. The adolescent is encouraged to envisage and plan for the future in the story.

•••

Step five:

The adolescent is reassured that he may contact the counsellor at any time. The counsellor's contact details are given to the adolescent as well as an awareness of how to find help when needed. Giving the adolescent the counsellor's professional card serves as a visual reminder and resource during times of stress.

•••

Step six:

Self-analysis and initial reflection by the counsellor regarding the session.

CHAPTER FIVE

IMPLEMENTATION AND ADVANCED DEVELOPMENT OF THE INTERVENTION PROGRAMME

***"Art celebrates diversity rather than uniformity and is a demonstration of
the unique quality of each human being"***

(John Timmlin, 1990)

5.1 INTRODUCTION

The researcher can identify procedural elements for an intervention programme by observing the problems encountered during the implementation of the programme. The procedural elements will be specified in detail to enable other trained counsellors to replicate the programme. Intervention research will be executed using three case studies. The first case study will serve as the pilot study, while the other two case studies will be implemented to refine and further develop the C 4 programme.

Research design is based on the definition of the problem. The designing of an intervention programme begins with the research problem and setting a research question to guide the study. Pecora, Fraser, Nelson, McCoskey, and Meezan, (1995) are of the opinion that studies are rarely definitive. No single study will be able to prove that a programme works (or does not work). "It is only in the long run, across many studies, that one may begin to develop a sense of what works and what does not" (Pecora, *et al* 1995: 24). There are four major considerations guiding the research design of this study.

1. The needs of the adolescent (client)
2. Programme processes (the nature of the counselling intervention techniques)
3. Programme outcomes (meeting of programme goals)
4. Cost effectiveness of the counselling programme.

The study is done from a qualitative perspective, which defines the methods and techniques most suitable for collecting and analysing the data. A basic research design was identified that incorporates criterion-based sampling and includes qualitative data that would enhance validity and reliability, thus arriving at a conclusion that is accountable and acceptable to all concerned stakeholders.

5.2 IMPLEMENTATION AND ADVANCED DEVELOPMENT PHASE

The use of research methods in the implementation and advanced development phase of the intervention research is not only to provide programme appraisal for practice purposes, or to contribute to human knowledge. The research methods are rather implemented to produce outcome information as an integral part of a "**research-innovation process**" (de Vos, 1998:397). This implies that research follows development, contributes to further design and development as deemed necessary, and proceeds ultimately to adoption and widespread use of the dissemination of the intervention programme (see 5.5). The selection of an experiential design, collection and analysis of data, replication of the intervention under field conditions, and the refinement of the intervention are the four aspects that constitute the evaluation and development phase.

5.2.1 SELECTING AN EXPERIENTIAL DESIGN

The design is the way in which the researcher seeks answers to a question such as: *What would an effective cross-cultural counselling programme for adolescents traumatised by family violence consist of?*

Factors that influence the choice of the experiential design include:

- the goals of change sought by the clients;
- the stability of the setting or context;
- the goals of the research (Rothman and Thomas, 1994: 37-38).

The qualitative case study is the strategy selected for investigating the problem of implementing a cross-cultural counselling programme for adolescents traumatised by family violence.

"Well-designed qualitative research uses methods that are rigorous and time-consuming" (Pecora *et al*, 1995: 26). Qualitative research requires that the researcher and the subject co-operate in an empathetic and intensive experience, which leads to a systematic analysis of themes, underlying ideas and theory (Mouton, 2001). The case study research design is deemed appropriate for developing a better understanding of the dynamics of the trauma counselling programme in a cross-cultural setting, thus conveying a holistic account of the programme. The case study research design makes use of a "common language, as opposed to scientific or educational jargon" (Merriam, 1991:31), that allows the results of the study to be communicated more easily to those who may benefit best from the outcome of the study.

The theoretical underpinning of qualitative case study research is delineated by Mouton (2001) and guides this research within a pragmatic contextual paradigm.

- The researcher is interested in ***the meaning*** of how adolescents make sense of their lives, how they interpret their traumatic experiences and how they structure their social worlds.
- The assumption of the contextual paradigm is that there are ***multiple realities***, personal interaction and unique perception of self and others.
- The research is ***exploratory and emphasizes processes*** rather than ends.
- In this paradigm there are ***no predetermined hypothesis*** and no restrictions on the end product.

- The research ***involves fieldwork***. The researcher will physically go to the adolescent and the setting (therapy unit), in order to observe behaviour during the trauma counselling intervention programme.
- The research is ***descriptive and integrative***, employing the methods and strategies at hand. The researcher is interested in process, meaning and understanding.
- The research is ***inductive***. It builds abstractions, concepts, and theories rather than testing existing theory.

5.2.1.1 The role of the researcher in contextual case study research

In a qualitative case study research, the investigator is the primary instrument for gathering and analysing data. As such, the researcher can respond to the situation by maximising opportunities for collecting and producing meaningful information. However, humans are as fallible as any other research instrument and mistakes may be made, opportunities missed, and personal biases and lack of rigor in analysis may interfere.

The research is oriented toward case study research that is qualitative in nature, emphasising description and interpretation **within the context** of counselling traumatised adolescents in a multicultural society. The importance of ***the researcher as the primary, multicultural instrument*** for data collection and analysis is emphasised in qualitative research. The researcher as instrument:

- a. is responsive to the subject and the cross-cultural counselling context;
- b. can adjust techniques selectively with specialised knowledge and skills;
- c. employs a holistic approach and can consider the total context of the traumatised subject;
- d. may explore and expand what is known about the trauma experience through sensitivity and non-verbal aspects, using the C 4 model of counselling as the point of departure;
- e. should process data immediately after each intervention session;

- f. should clarify and summarize as the study evolves, using reflective techniques;
- g. should explore anomalous, inconsistent responses in order to increase understanding of the phenomenon of cross-cultural trauma counselling (Merriam, 1991).

5.2.1.2 Validity of the case study method

The question the researcher is faced with in this study is whether the text is faithful to the cross-cultural trauma context and the adolescent it is supposed to represent. Denzin and Lincoln (1998: 414) confirm, "Without validity there is no truth". The text is valid if:

- it is grounded, triangulated, and fitted to a theory;
- comprehensive in scope;
- credible in terms of member checks;
- logical and truthful in terms of reflection of the phenomenon in question (Denzin and Lincoln, 1998; Pecora *et al*, 1995).

Problems with the researcher's subjective interpretations in the case study method can be addressed by being transparent and specific in the presentation of the method and results. The data is presented in a manner that ensures that the rationale of the researcher can be followed. The reader can follow the logical arguments or self-reflections, as well as understand the researcher's reason for adopting or discarding a particular approach. This enhances **credibility**, which refers to the internal validity of the study. Implementing multiple case studies further improves validity and involves exploring several cases. The case studies aim at giving in-depth descriptions of specific dynamics within a certain context, comparing and analysing these descriptions in order to find themes or patterns that are shared (Burger, 1999).

External validity usually refers to whether the study's findings can be generalised beyond the immediate case studies. This researcher assumes that there are diverse contexts and perceptions of reality; that the phenomenon of cross-cultural

trauma counselling cannot be measured; that there is no predetermined hypothesis; and no restrictions on the end product, as with quantitative research. This would imply that with pragmatic contextual research, external validity cannot be an aim in itself or achieved in qualitative case study.

5.2.2 COLLECTING AND ANALYSING DATA

Pecora, Fraser, Nelson, McCoskey, and Meezan (1995) and Merriam (1991) distinguish between two types of sampling: *probability* and *non-probability* sampling. Non-probability sampling will be the preferred method in this study. The most common form of non-probability sampling is termed ***criterion-based*** sampling and is based on the assumption that the researcher wants to discover, understand and gain insight into the phenomenon being studied. The researcher, who then finds a sample that matches these criteria, establishes the criteria or standards necessary for inclusion in the investigation. The criteria for sampling in this study is based on the age of the subject (middle adolescence), the inclusion of all cultural, socio-economic and language groups, and the exposure to family violence as a traumatic experience.

There is no way of estimating the probability of each element being included in the sample and no assurance that every element has some chance of being included. Each case study is executed as it is presented to the researcher by the therapy unit. Generalisation in a statistical sense is not the goal of qualitative research and thus not justifiable. Sampling from a high-risk group such as adolescents traumatised by family violence enhances the researcher's ability to detect significant cultural related effects pertaining to counselling in a cross-cultural setting. Compiling a proper sampling frame and obtaining the co-operation of participants, can be more difficult in criterion-based sampling than in general population sampling.

Data will be obtained through means of:

- interviewing the adolescent, the parents and the social worker assigned to the case;

- observation at a cross-cultural trauma counselling setting;
- the use of documents such as case records, as well as court files, will further strengthen the validity of the data.

1. The interview

In qualitative case studies, interviewing constitutes a major source of qualitative data needed for understanding the phenomenon being studied. Interviews can range in structure. Determining the type of information that is desired benefits the decision regarding the type of question to ask. The way in which questions are worded is a crucial consideration in extracting the type of information desired. In a cross-cultural context, it is of the utmost importance that the questions are conducted and understood in a language that makes sense to the person being interviewed and reflects his worldview. The interviewer should assume neutrality with regard to the respondent's knowledge and the use of multiple questions should be avoided as miscommunication and misinterpretation may occur.

The interview facilitates summative evaluation of information, allowing for re-direction, probing and summarising. Interviewing, like any other data collection technique, has its values, strengths and limitations (see Table 5.1). The researcher should be aware of the limitations, while maximizing the strengths inherent in all phases of the interview process (Mouton, 2001; Merriam, 1991).

The interviews will consist of introducing the adolescent and the parents to the study and obtaining permission for the adolescent to participate in the research. Each adolescent's parent will be requested to complete a letter of consent (see Appendix 3), in which is stated that the therapy is done for research purposes. All participants in the study are assured of anonymity and confidentiality. During the semi-structured interview information is obtained regarding the family's historicity. Interviews are also held with the social worker concerned with the case, thus obtaining collaborative background information regarding the adolescent and the family.

2. Observation

Observation forms an important means of collecting data in case study research. It provides a firsthand account of the situation under study, and when combined with interviewing and document analysis, allows for a holistic interpretation of the phenomenon being investigated.

Observation in this study will involve going to the site of trauma counselling within a multicultural setting and observing the phenomenon under study. Although there are guidelines to observation, success rests on the skill of the investigator being attentive and responsive to data gathered through this method. The most sensitive limitation to the use of observation is the bias that the researcher brings to the situation. These biases, inherent in all investigations, affect how data are analysed, recorded and interpreted (Mouton, 2001). In the cross-cultural trauma counselling setting where motives, attitudes, beliefs and values direct most of the activity, skilled and sensitive observation and analysis are of paramount importance to the research outcome.

Important considerations regarding observation in this study concern:

- informal activities during intervention;
- symbolic and connotative meanings of words and art- and sand therapy;
- non-verbal communication such as dress, body posture and physical space;
- unobtrusive observations of physical clues such as headaches or scars and bruises;
- that which does not happen - especially if it ought to have happened.

Observation as a research tool, will be planned deliberately, recorded systematically by means of the intervention worksheet (see Appendix 4) and subjected to checks and controls for validity and reliability. In order to improve the validity and reliability of the study, both the research assistant and the researcher will use a standardised observational protocol in which the dimensions to be observed are chartered (see Appendix 4). The researcher and co-therapist

collaborate all information and observations after each session and any area of ambiguity is sorted out. De Vos (1998: 393) refers to this process as "functional analysis". Results obtained through this observation and collaborative process helps to guide the selection of procedures and their refinement throughout the research intervention process.

In using participant observation as data-gathering technique, the researcher is concerned and aware of the highly subjective nature of human perception. Another concern is the extent to which the observer may affect that which is being observed, for example if the adolescent is apprehensive about being judged, he may respond in a covert manner (see Case study 1). The adolescent may also regulate his behaviour according to the feedback by the observer, for example when the counsellor takes notes. To counter these limitations a co-therapist is employed to observe behind a one-way mirror and record the counselling process with the researcher.

That which is written down or recorded during a period of observation will become the raw data from which the study's findings will eventually emerge. The more complete the recording, the more valid the analysis will be. It is imperative that complete notes are recorded as soon as possible after the observation. Both the co-therapist and researcher will keep a reflective record of emotions and behaviours such as fears, mistakes, confusion and reactions to the experiences in the form of comments and reflections. This in itself will become a data source. The records obtained through observation will be discussed in depth by the researcher and the co-therapist in order to identify themes that have emerged in both recordings. Interpretations that do not correlate will be explored in depth and re-interpretations will be formulated.

3. Documents

The compiling of documents are a third major source of data in case study research. Documents of all types can assist the researcher to uncover deeper meaning, develop understanding and discover insights relevant to the research problem (Merriam, 1991). The term *documents* has been chosen for the use of written materials in the case study research and includes scientific documents and research on relevant issues, newspaper articles and reports, as well as case and court files. Written documents refer to all forms of data not gathered through interviews and observations. In judging the value of a data source, the researcher needs to ask whether it contains information or insights relevant to the research question and whether it is accessible in a practical yet systematic manner. Qualitative documentary data, also used by the researcher, will include art images and photographs of the sand tray images - all of which will be treated as documents in support of the case study investigation. Art images and photographs of sand tray scenes produced by the three adolescents during intervention are found in Appendix 1A, 1B, and 1C. Keeping extensive records of observations and interviews ensures that documents do not impact on the bias of the researcher.

4. Data triangulation

The term "triangulation" originally coined by Denzin in 1978, referred mainly to the use of multiple methods of data collection with a view to increasing reliability and not specifically to combine quantitative and qualitative approaches (Mouton and Marais, 1990). The process whereby multiple perceptions are used to clarify meaning, verify observations or interpretations is known as *triangulation*. Meaning is clarified by identifying the different ways the phenomenon is seen and is implemented by the researcher. The study makes use of the following methods of data collection (see Duffy, 1993:143):

- *Theoretical triangulation*, involving the use of several frames of reference or perspectives in the analysis of the same set of data. The researcher uses an integrative trans-theoretical approach, not rigidly sticking to any one single theoretical orientation, but selecting that which has bearing and significance regarding this study.
- *Data triangulation*, which attempts to gather observations through the use of a selection of sampling strategies to ensure that a theory is tested in more than one way. In this study, data is triangulated by means of the qualitative case study and in-depth literature study.
- *Investigator triangulation*, using more than one observer, coder, interviewer and/or analyst. The researcher and a research assistant who is an intern-psychologist, collaborated on all data collected during the research.
- *Methodological triangulation*, using multiple methods of data collection procedures, such as interviews, observations and documents.

A crucial aim of intervention research is to develop an intervention programme that is valuable in diverse real-life settings with adolescents who have been exposed to trauma. Replication, under field conditions, helps to assess the generalisation of the interventions programme to other population groups who may also benefit.

5.2.3 REPLICATING THE INTERVENTION PROGRAMME UNDER FIELD CONDITIONS

The first case study will be used as a pilot study to determine the effectiveness of the intervention and to identify elements that need to be revised. The pilot test is designed to determine whether the intervention will be effective and is implemented in a setting convenient for the researcher and comparable to those in which the intervention will be used (De Vos, 1998).

Criterion-based non-probability sampling led to the following subjects being included in the research:

- ❖ A twelve year old Xhosa-speaking male (Pilot study) - *Adolescent A*
- ❖ A fourteen year old Tswana-speaking male - *Adolescent B*

❖ A fifteen year old Afrikaans-speaking male - *Adolescent C*

The intervention programme implemented as the pilot study will be guided by certain criteria. Design criteria do not necessarily optimise the value of the intervention programme, but rather serve the purpose of guiding the design of the interventions that are subjected to pilot testing and evaluation (Rothman and Thomas, 1994). Relevant questions that may serve as common guidelines for this intervention programme include:

- *Is the intervention effective?*
- *Is it replicable by other users?*
- *Is it simple to use?*
- *Is it practical?*
- *Is the intervention programme adaptable to urban and rural, individual and group contexts?*
- *Is it compatible with local customs, worldviews and values? (de Vos 1998:396).*

In the presentation of the results, only a brief history of each adolescent is provided.

CASE STUDY 1

1. Personal information

Client:	<i>Adolescent A</i>
Age:	12
Gender:	Male
1 st Language:	Xhosa
2 nd Language:	English
Religious denomination:	Roman Catholic

2. Relevant history

The relevant background history was obtained through court reports, social work files and personal interviews with the abusive parent, as well as the social worker involved in the case.

The father was initially employed as a soldier in the South African National Defence Force and currently works as an attorney for a private law firm. The mother is a teacher. She is absent from the family most of the time and resides and works in another part of the country, which the father states are for employment reasons. She visits the family during school holidays. *Adolescent A* resides with his father and two younger brothers, aged six and four years respectively.

The school that *Adolescent A* attends suspected the abuse and reported it to the Child Protection Unit of the SAPS. The police removed him to a place of safety, after investigation confirmed severe physical abuse by the father. According to the court report, this was not the first incidence of physical abuse that *Adolescent A* had suffered.

According to the father, lies about schoolwork led to the "chastisement", which resulted in the severe beating. *Adolescent A* disappeared from home shortly after the incident of abuse had occurred, and was found roaming the inner-city streets by the police. The father stated remorse after *Adolescent A* was removed to a place-of-safety and subsequently volunteered for therapy.

In an interview with the researcher, the father admitted to being "short-tempered" and easily angered. However, he claimed to have a good relationship with his sons and denied any accusation of harming them. According to the father, he "worked for 24 hours without rest" prior to the incident of abuse. He admitted that the pressure and strain he experiences in coping with the three children, without the presence and support of his wife, causes stress.

The social worker who is managing this case is of the opinion that *Adolescent A* is also suffering emotional abuse and that he appears to feel threatened and powerless to do anything about his circumstances. He cries easily, yet describes himself as a happy person. He appears to be in a state of denial. The social worker reports that the adolescent is more attached to the father than the mother.

Adolescent A was placed back with the family, with the prerequisite that he and the family would attend therapy sessions to address the problems experienced.

3. Clinical observation

Adolescent A communicates sadness and unhappiness on a non-verbal level, however, happiness and joy is communicated verbally. He appears to be emotionally incongruent and in a state of denial regarding his true circumstances. He describes his relationship with his father as a good and joyous one and that his father is a good and caring parent.

SESSION ONE

➤ Aim of the session

The specific goal of the first intervention session is to establish a positive rapport with the adolescent and to secure his trust by creating a safe environment. The aim of this session is furthermore to observe and support any pain, confusion, fear, anxiety or feelings of helplessness the adolescent may be experiencing.

➤ Action Steps

□ Step one:

Adolescent A appears to be anxious and emotionally overwhelmed. The session is initiated by discussing the format of the therapy. No reference is made to the reason for referral to the intervention programme, namely the incidence of the family violence. The counsellor is of the opinion that the adolescent is in denial

and traumatised to such an extent that any direct voicing of the family violence will be counter-productive.

□ Step two:

A directive is given to select any art material he cares to employ, thereby placing the adolescent in control and then to "make a person". An image in clay is constructed.

□ Step three:

The clay model representing a person is discussed as with a *Draw-a-Person (DAP)* directive. Negative feelings emerge: *"He feels as if life is like nothing, because he is alone. He wishes for a better life....to have someone around him...always there for him. He is sick and lonely. He feels afraid at night...all the loneliness, funny noises and is afraid that someone will rob him."* No attempt is made by the therapist to interpret these projections, but only to support him emotionally, reflecting his feeling in an empathetic manner.

□ Step four:

The following appointment is made and confirmed with the adolescent.

□ Step five:

Initial Reflections:

Adolescent A lacks confidence to create an image and needs encouragement to do so. The main aim of the session, namely to establish a positive rapport with the adolescent, is achieved. This is concluded by the fact that he shared and expressed feelings, which according to the social worker concerned, with this case, had not happened prior to this session. In previous contacts between the adolescent and social worker, there was total denial of any feelings of unhappiness or fear. Through the technique of art therapy, these emotions were clearly projected in the descriptions attributed to the third person made by the adolescent.

Cross-cultural issues that emerged are that certain terminologies used by the counsellor, for example the concept of anger as an emotion, were not always clearly understood and required rephrasing.

SESSION TWO

➤ ***Aim of the session***

In this session the counsellor should aim to strengthen the relationship of trust that was established in the first session and to assess the adolescent's readiness and responsiveness for specific intended themes in intervention. The adolescent is encouraged to communicate and express feelings regarding his family, mainly in a non-verbal way.

➤ ***Action steps***

□ Step one:

A discussion is elicited regarding the events of the past week, without "forcing" the adolescent to divulge possible painful memories verbally.

□ Step two:

Adolescent A is invited to select materials to make an image showing his family doing something together: *Kinetic Family Drawing (KFD)*. The adolescent is encouraged to tell the counsellor something about his family. This places him in control of that which he chooses to disclose or not to disclose, and ensures that the counsellor does not inadvertently misinterpret the adolescent's intended meaning. Comments made include the following: "*This is a happy family. We can communicate very well with each other. They don't have secrets, do fun things, don't hide things from their parents. The father says to the son: (referring to himself) Oh boy, my son passed, I'm proud of you. (how does that make you feel?) It makes me feel happy and excited. The brother says: (referring to himself) I love my brother the way he takes care of me. The mother says: (referring to himself) Oh my boy, you make me proud. I will buy you something.*"

□ Step three:

The directive is then given to "make your family with clay, as animals". The counsellor notes (but does not comment on) any emerging issues or the characteristics projected onto specific family members. The adolescent agrees to this task, on condition that the counsellor also constructs an image. The following

relevant issues and information emerged: *Mom is a giraffe. She doesn't like fighting with people. Brother (6) is a tortoise, he likes teasing my small brother, my small brother hits him, and he covers himself. Brother (4) is a snake. He makes a sssss-noise when he is about to hit someone. Dad is an elephant, head of the family, he takes care of them, and he wants everyone to be happy*". The adolescent is thanked for his participation.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five:

Initial Reflections

Initially, *Adolescent A* still appears hesitant and reluctant to take part in the session (as with the first session). He asks whether he must include himself and takes his time to complete the first *KFD*-directive. He projects possible feelings of inadequacy concerning his own abilities, as well as a need for acceptance, acknowledgement and appreciation by the parents. Emphatic denial of violence or problems within the family was noted. This raises the question of whether the denial is present because *Adolescent A* does not completely trust the counsellor and / or sees her as being partly responsible for his removal from the family; or a fear of the family not being reunited permanently. This gives rise to the possibility that the father has instructed the adolescent on what to say regarding family relationships. A possible reason for these feelings may also be attributed to the cross-cultural language issue. A decision is made to reaffirm and re-clarify the issue of confidentiality of information and the aims of the intervention with the adolescent.

SESSION THREE

➤ *Aim of the session*

This session specifically aims at assisting the adolescent in coping with stress, painful memories, anger, guilt, fears and confusion. The counsellor facilitates the opportunity for the adolescent to identify and clarify problematic issues.

➤ **Action steps**

□ Step one:

The counsellor enquires about the events and experiences of the past week at school and at home. The previous session is summarised and recapped.

□ Step two:

The adolescent is offered the opportunity to choose from two themes, using whatever medium with which he feels comfortable. Offering a choice, even such a limited choice, affords the adolescent a certain degree of feeling in control. He first chooses to make a scene in the sand with miniatures.

□ Step three:

Opportunity for projection is offered by inviting the adolescent to tell a story about the sand images. The counsellor should accept the story without comment or interpretation. However, the counsellor may reflect any emerging feelings or themes observed and ask for clarification. *Adolescent A* starts by carefully looking at all the objects and figures before choosing those he needs. He appears to be relaxed and at ease with the directive and concentrated deeply while working in the sand.

Title given by him to the scene is: *"Full house. There is a lot of stuff inside the home. The people are rich. There is a zoo in the house, an aeroplane to take my dad to work, he is away a lot. He takes care of children in need. There are a lot of guards: they take care of us. I designed this bedroom for my brother. This is the toy room where we play, movie room....the films come to our house. It is not so nice to be rich. I like the movie room the most."*

□ Step four:

Time allows *Adolescent A* to make another image of his choice. He chooses to make a monster, using clay. He works with purpose and is intentionally well directed. During the making of the clay image, the issues of confidentiality are once again re-affirmed. He appears to be eager to start discussing his monster.

*"His name is Buffy (apparently a dog). He used to be like other dogs, but doesn't like it any more. When he was a teenager a dog bit him, it had rabies. He got injured (becomes quiet for a considerable time) **and with people too.** That's*

where his influence of becoming a monster came from. The monster doesn't like sand(it's itchy) and cars (they might bump him). He likes food. People don't like him because he destroys the world. It happens because of things he experienced....lost his parents, life is not worth living without his parents. He likes animals, they care for him, he doesn't harm animals...they understand the hurt and pain he is feeling. He is lonely and sad, lonely and unhappy. He is comfortable with the animals. People don't like him at all, because of what he does. He is lonely and sad, he wants to destroy houses. (What will make the monster feel better?) The monster must talk about his pain, get it off his chest. (What message can we give the monster?) Talk to people about your hurt feelings, try to control your anger, tell people why you do these things - it is because you feel hurt inside. Thank you."

- Step five:

The following appointment is made and confirmed with the adolescent.

- Step six

Initial Reflections

Adolescent A's non-verbal communication and body posture leads the counsellor to suspect that he identifies with the monster. No interpretation regarding this notion is verbalised. It is the first known occasion that *Adolescent A* has expressed any form of emotional pain, either his own or any other person's pain. It is also significant to note that he offers his own solution to the problem. The adolescent's ability to formulate and express his emotions both verbally and non-verbally with such clarity, leads the counsellor to deduce that his cognitive abilities are above average.

SESSION FOUR

➤ *Aim of the session*

Stressful experiences, such as uncertainty and emotional pain, which were observed and noted in the previous session, are addressed in this session with the aim of offering internal locus of control.

➤ **Action steps**

- Step one:

Events of the week are discussed. The purpose of the intervention is reconfirmed.

- Step two:

Initially the adolescent is given a non-threatening directive such as a tree drawing or a happy day. Adolescent A chooses to draw himself as a tree. *Adolescent A* appears to be tired and takes longer than usual to complete the image. He offers the following description regarding the art image:

"The tree is 15 years old. Before, you could find it in Japan near rivers and mountains, but now you find it everywhere. It is short, not big or thin, medium, green and brown, the roots grow like a shoe. The figure doesn't look like a tree; it's nearly like a mask. (What is behind the mask?) Roots, some long, some short, brown, curvy not straight. The leaves are curvy like bananas. (What is the history of the tree?) It grew thorns at the side to protect it from people. They were quite sharp. The tree had thorns to protect him in the past. He had a lot of pain, now he feels better and doesn't need the thorns anymore. (What made him feel better?) All the other trees surrounding him. He feels better now."

- Step three:

Adolescent A is requested to make an image of someone in the family. Close observation by the counsellor may assist in detecting any emotional reactions this directive may elicit. The person is discussed as follows:

"It is my brother who is four years old. He does a lot of bad things, things that are not nice. When we are sleeping he wakes us up. He is allowed to hit me but I am not allowed to hit him." (How does that make you feel?) *"Angry and sad"*.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five

Initial Reflections

The counsellor identified themes and recurring emotions that accompany these themes. Themes of pain, a need for the support of allies and the offering of own solutions to the presenting problem were identified. Step three can be seen as particularly significant regarding relationships within the family. The image of the

tree is rich in metaphorical content and shows remarkable insight by the adolescent, confirming the counsellor's belief in the quality of his intellectual abilities.

SESSION FIVE

➤ ***Aim of the session***

Prepare the adolescent for the final phase and end of the intervention programme and confirm his adaptive coping skills and ability to find solutions to problem situations.

➤ ***Action steps***

□ Step one:

Events of the past week are discussed as well as any emerging issue that the adolescent cares to discuss. *Adolescent A* declines this.

□ Step two:

The adolescent is asked to create a world in the sand, thus offering him the opportunity of free expression. *Adolescent A* appears to be distracted and only draws lines and forms in the sand without making use of any miniatures. This task is completed in a hurry.

□ Step three:

After completion of the sand work, the directive is given to make an image depicting war and peace or paradise and hell. The adolescent is invited to offer strategies for coping in a war / hell situation. A discussion about peace / paradise is then initiated and what the adolescent's understanding and meanings of these concepts are. Two figures engaged in a sword fight are created using a black pencil. He also draws two people holding hands. He offers the following story:

It started off with white (WT) and black tribes (BT). The BT always stole the WT's cattle. There was always a war. Most of the BT died, 1000 of them, few of the WT. There was always a misunderstanding, they couldn't talk, always fight until people die. It was war all the time. The WT decided to move out and leave them in peace,

which they did. Before they left the WT killed their cattle. The BT wasn't powerful. The BT lost against the WT. Now they all settled down and the history is passed. In the future both tribes decided fighting won't help. It is better to talk about it, not fight. They did and it would solve the problem easy. He hates the way they fight (referring to one of the images). When the two tribe chiefs talked they got along very well. They had their boundaries. (Have you ever been in a situation like that?). Yes, with my friend. I just turned away until he cooled down, and we talked.

- Step four:

The adolescent is prepared for the conclusion of the intervention programme and informed about what will happen in the last session.

- Step five

Initial Reflections

Adolescent A does not appear to be ready for termination of the intervention and starts crying at this stage. His feelings of sadness and uncertainty regarding the termination are discussed. He is reassured that the counsellor can always be reached if he needs her. The following appointment is made and confirmed with the adolescent.

SESSION SIX

The researcher is aware that *Adolescent A* is not ready for termination of therapy. In this case termination may prove to be merely an interruption in treatment, rather than the culmination of the intervention. This possibility is mentioned to the adolescent and his father, with the suggestion that the counsellor should be contacted to make future appointments as deemed necessary.

➤ ***Aim of the session***

The final session aims at identifying any problems that may require further intervention. Developing a positive sense of self by enhancing self-esteem and self-respect, will allow the adolescent to be re-integrated into the family and community with confidence.

➤ **Action steps**

□ Step one:

Confirmation that this is the last session of the intervention programme is given. A review of all the previous sessions and art products are set out, with specific attention to the areas where solutions to problems have been achieved; emphasizing progress, abilities and contributions.

□ Step two:

A directive for creating a self-image is given.

□ Step three:

Adolescent A cuts out a picture of a soccer player kicking a ball and adds the words cut out from a magazine: "*Black - and proud of it*". He declines any discussion about the picture, which is accepted without comment by the counsellor.

□ Step four:

The session is terminated by offering the opportunity to make an image of his own choice ("make any image you like") and then to write or tell a story about the image. The adolescent is encouraged to envisage and plan for the future in the story. The drawing with the adolescent's handwritten story is found in Appendix 1A.

□ Step five:

The adolescent is reassured that he may contact the counsellor at any time that he wishes to. The counsellor's contact details are given to the adolescent as well as an awareness of how to find help when needed. Giving the adolescent the counsellor's professional card serves as a visual reminder and resource during times of stress.

□ Step six:

Initial Reflections

The researcher is of the opinion that *Adolescent A* has shown progress during the course of the intervention. The stated aims of the sessions, as well as the overall aims of the intervention programme were, for the most part, achieved.

5.2.4 REFINING THE INTERVENTION

De Vos (1998: 398) reiterates the view of the researcher that "errors are instructive". Case study one will help to resolve the problems that were experienced during the implementation of the intervention programme. A further two case studies are implemented to refine the effectiveness of the intervention; with the aim that refinement will reliably produce the intended effect (Rothman and Thomas, 1994). These two case studies will be discussed in less depth than the first case study, rather concentrating on the advanced development applied in the research intervention.

Case study 1 is analysed by means of the following relevant questions:

- *Was the intervention in Case study 1 effective?*

Intervention in Case study 1 was effective in the sense that most of the stated session aims were achieved. The most significant outcome was the extent to which the adolescent was able to **express** his emotions and **explore** these feelings and experiences, leading to **new possibilities** and problem solving options. This led to the functioning of problem solving and coping skills that were not previously present.

- *Was the programme simple to use?*

The intervention programme, materials and directives were extremely simple to implement in the therapy setting. It is the researcher's belief that the programme would be equally simple to use in a rural and township setting where resources are possibly less available than at the therapy unit. It is not the available material resources that drive the programme, but the rationale of the C 4 model.

- *Was the programme practical?*

The format of the programme facilitates practical implementation. The researcher and co-therapist experienced no practical problems with regard to the use of the programme. The scoring sheet enhanced collaboration and the practical implementation of the programme

- *Was it compatible with the client's customs, worldviews and values?*

The non-interpretative and non-verbal nature of the programme makes it compatible for use within the cross-cultural context. Issues of transference and counter-transference are adequately addressed with this approach. However, language diversity did initially result in difficulties in understanding certain meanings ascribed to emotions, such as fear and anxiety. No therapy can be entirely non-verbal and therefore it is extremely important that the counsellor remains aware and sensitive at all times to the fact that differences in ascribed meanings can occur and should be clarified to ensure that no miscommunication transpires.

- *What (if any) limitations were experienced?*

Suspicion on the part of the adolescent regarding the role of the counsellor and the perceived relationship between the counsellor and the authorities responsible for removing him from the family, was initially a significant obstacle in the counselling relationship. Honest and open communication successfully addressed this problem.

The short-term nature of the programme was also a limitation in the sense that the adolescent expressed the need for the therapy to continue when termination was reached. The programme is designed for 6 sessions and for the benefit of research validity this will remain so. However, arrangements were made with the adolescent and his father to continue with therapy at the counsellor's private practice. This gives rise to the question whether a short-term programme of 6 sessions is sufficient to address the problem of family violence as a traumatic experience.

- *What was the impact of culture on the counselling process?*

The impact of culture on the counselling process was experienced on a practical level. The adolescent initially missed several sessions due to transport problems and being the eldest child, he had to look after his siblings if the primary caregiver (father or child-minder) was not available. There was a possibility that the adolescent did not perceive the intervention to be a high priority. This, however,

altered as the programme progressed and the adolescent established a trusting relationship with the counsellor.

- *What changes should be effected to ensure and achieve intended aims?*

Adjustments will be made to language use, content, and implementation procedures so that the desired and intended outcomes are achieved to the fullest extent possible.

1. The **language** used in therapy is English, which is the adolescent's second language. This could lead to miscommunication, in particular if the adolescent refrains from questioning the counsellor's meaning (this non-questioning attitude could be ascribed to cultural customs).
2. Adjustments to **content** will be done regarding issues of trust. Family violence impacts on trusting relationships within the family, and the adolescent usually feels betrayed by the primary caregiver who is the abusing parent. The counsellor will take specific care in the therapeutic relationship with the adolescent by being accepting, accommodating and available. Special attention should be given to clarifying and confirming confidentiality and the safety of the therapeutic setting.
3. The **implementation** of the KFD directive appears to be of significant importance and elicits powerful emotions. The counsellor should be aware of these emotions when giving the directive and in addressing the resulting issues.
4. The counsellor should accommodate the adolescent's wish to change the **format** of the intervention from non-verbal interaction to verbal communication when he indicates the need.

With these issues in mind, intervention in case study 2 and 3 will refine and modify the programme. Discussion and descriptions in these last two case studies will be brief and will not offer the same detail and rich description as the first pilot case study. Complete records are however available on request from the researcher.

CASE STUDY 2

1. Personal information

Client:	<i>Adolescent B</i>
Age:	14
Gender:	Male
1 st Language:	Tswana
2 nd Language:	English
Religious denomination:	Non-formal

2. Relevant history

The relevant background history was obtained through court reports, social work files and personal interviews with the teacher as well as the social worker involved in the case. *Adolescent B's* teacher referred him to the therapy unit as a result of an art image he made in the classroom (see first image in Appendix 1B). She suspected family violence and abuse and feared that he showed signs of being a high suicide risk. The case was initially referred to the Child Protection Unit of the SAPS, but was not followed up.

Adolescent B is the eldest of four brothers. His biological father is from Zimbabwe, unemployed and with no fixed address. He abandoned the family when *Adolescent B* was approximately five years old and only makes contact with the family sporadically. The mother married *Adolescent B's* stepfather when he was six years old. The stepfather is accused of allegedly sodomising the adolescent over a period of seven years. The mother left the stepfather after repeated incidences of family violence towards all the family members and threats by *Adolescent B* to commit suicide. However, she is still financially dependant on him and returns to him periodically. The adolescent feels betrayed and does not approve of this contact (social worker's report).

3. Clinical observation

Adolescent B appears extremely withdrawn and anxious. He wrings his hands continuously. He seems to understand directives given by the counsellor, but responds only in monosyllables and with non-verbal communication.

SESSION ONE

➤ ***Aim of the session***

The first goal of intervention is to establish a positive rapport with the adolescent and secure his trust by creating a place of safety. The aim of this session is furthermore to observe and support any pain, confusion, fear, anxiety or feelings of helplessness the adolescent may be experiencing.

➤ ***Action Steps***

□ Step one:

The session is initiated by discussing the format of the therapy. No reference is made to the reason for referral to the intervention programme, namely the incidence of the family violence. The counsellor is of the opinion that the adolescent is extremely anxious and traumatised to such an extent that any direct voicing of the family violence will be counter-productive.

□ Step two:

A directive is given to select any art material he cares to work with (thus placing the adolescent in control) and then to "make a person". He initially refuses, but after reassuring him, an image is drawn on paper. He is also requested to draw a tree as well as a house. These themes are viewed as non-threatening and therefore "safe" directives for a first session.

□ Step three:

The person made is discussed as with a *Draw-a-Person (DAP)* directive. Negative themes and feelings emerge. No attempt is made by the therapist to interpret

these projections, but only to support him emotionally, reflecting his feelings in an empathetic manner. The same procedure is followed with the other images.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five:

Initial Reflections

The main aim of the session, namely to establish a positive rapport with the adolescent, is not sufficiently achieved in this first session. However, through the technique of art therapy, significant non-verbal communication of emotions clearly occurred (see Appendix 1B). Cross-cultural issues of importance that emerged are a possible different concept of time (he was 30 minutes late for the appointment). On the other hand the counsellor needs to be aware that this may possibly have been due to problems with transport. Further investigation is needed to clarify this issue and to accommodate the adolescent's needs.

SESSION TWO

➤ *Aim of the session*

In this session the counsellor aims to strengthen the relationship of trust and to assess the adolescent's readiness and responsiveness for specific intended themes in intervention. The adolescent is encouraged to communicate and express feelings regarding his family, mainly in a non-verbal way.

➤ *Action steps*

- Step one:

A discussion is elicited regarding the events of the past week, without "forcing" the adolescent to divulge possible painful memories verbally. Cross-cultural barriers that emerged in the first session regarding punctuality and problems with transport are cleared. It emerges from this discussion that the adolescent not only experiences transport problems (he lives a considerable distance away from the therapy unit), but also has financial problems regarding the cost of the transport.

The counsellor undertakes to assist him with these problems by providing his taxi fare.

□ Step two:

The counsellor is aware, that with the background history in mind, inviting the *Adolescent B* to make an image showing his family doing something together, *Kinetic Family Drawing (KFD)*, may cause him to re-experience trauma. Rephrasing this request to “make your family, as animals”, therefore accommodates him and is viewed as less threatening. The family made is discussed with care and sensitivity as with the *Kinetic Family Drawing (KFD)*. The counsellor notes (but does not comment on) any characteristics projected onto specific family members as well as emerging issues. The stepfather, as an animal, is depicted as being removed from the rest of the family.

□ Step three:

The directive is then given to also draw his family, but a separate piece of paper is offered for the drawing of the stepfather. The adolescent agrees to this task, but appears agitated and immediately removes the image of the stepfather. Explicit non-verbal communication in the form of hand-wringing and constant physical movements, closing his ears with his hands, putting his head in his hands after making the images are observed. Psychosomatic symptoms in the form of back and shoulder pains manifest during this task. The use of colours in these images is particularly significant (see Appendix 1B). He is thanked for his participation.

□ Step four:

The following appointment is made and confirmed with the adolescent.

□ Step five:

Initial Reflections

Adolescent B still appears hesitant and reluctant to participate in the session (as with the first session) and avoids eye contact. He asks whether he must include himself and hastens to complete the *KFD*-directive. He projects possible feelings of repulsion concerning the images of his stepfather. He refuses to discuss any of the images. The question arises whether the *KFD* should rather be avoided or implemented at a later stage of the intervention programme, in the case of such an intense traumatic experience.

SESSION THREE

➤ ***Aim of the session***

This session aims at assisting the adolescent in coping with stress, painful memories, anger, guilt, fears and confusion. The counsellor facilitates a safe environment for the adolescent to identify and clarify problematic issues.

➤ ***Action steps***

□ Step one:

The counsellor enquires about the events and experiences of the past week at school and at home. The previous session is summarized and recapped.

□ Step two:

A non-threatening directive is given to build a scene / story in the sand using any miniatures that he may require.

□ Step three:

Adolescent B starts by carefully looking at all the objects and figures before choosing those he needs. He appears to be eager to start and at ease with the directive and concentrates well while working in the sand. The whole process expires without any verbal interaction, although he whistles while working.

□ Step four:

Opportunity for projection is offered by inviting the adolescent to tell a story about the sand images, which he does with enthusiasm and surprising eloquence. He builds three different scenes with one uninterrupted story, with a theme of good overcoming evil. The counsellor accepts the story without comment or interpretation, but reflects the emerging feelings and theme observed and asks for clarification. Snakes feature strongly in the story, as well as the rescue of a young prince from evil. His story ends on a positive and happy note.

□ Step five:

The following appointment is made and confirmed with the adolescent.

- Step six:

Initial Reflections

This was the first time that the counsellor observed such a significant degree of animation and energy from the adolescent. Sand therapy appears to be particularly effective in the context of cross-cultural counselling.

SESSION FOUR

➤ ***Aim of the session***

The adolescent is offered the opportunity to attain an internal locus of control.

➤ ***Action steps***

- Step one:

The events of the week are discussed and the adolescent is encouraged to share any achievements or difficulties he experienced since the previous session.

- Step two:

The adolescent may use whatever medium with which he feels comfortable. With the previous session in mind, the counsellor concentrates on offering a positive theme, namely to make an “I wish....” picture. Opportunity for projection is offered by inviting the adolescent to tell a story about the image. He prefers rather to write a “story”. The counsellor accepts the story without comment or interpretation.

- Step three:

There is time to request another image. The “road-map-of-my-life” is explained to him, which he complies with in a detached and disinterested manner. The counsellor responds with empathy and encouragement, accepting his performance without judgment.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five:

Initial Reflections

Adolescent B appears disinterested (depressed?) while making his images and is in a hurry to leave the therapy session. The counsellor accepts that the adolescent requires time to work through the emotions possibly evoked by the previous and / or current session. The directive, concerning his life map, may have been too painful or too soon in the intervention programme, resulting in a passive attitude. The role of the counsellor as facilitator dictates that the possible rejection of the directive given in this session is accommodated without judgment or interpretation. Cross-cultural issues that emerge are of a socio-economic nature. His mother is often away or unavailable, and *Adolescent B* is then responsible for his younger brothers. This has resulted in 2 sessions being missed, which the researcher rescheduled.

SESSION FIVE

➤ ***Aim of the session***

This session aims at preparing the adolescent for the final phase and end of the intervention programme and to confirm his coping skills and ability to find solutions to problem situations.

➤ ***Action steps***

- Step one:

Events of the past week are discussed, as well as any emerging issue that the adolescent cares to discuss (which is declined by *Adolescent B*).

- Step two:

With the preceding session in mind, as well as the success and enjoyment of the previous sand therapy session, the adolescent is asked to create a world in the sand, thus offering him the opportunity of free expression. Once again, *Adolescent B* tackles the task with complete commitment and concentration, initially not communicating verbally.

□ Step three:

After completion of the sand work he is offered an opportunity to discuss the scene, which he does with intense concentration. He creates two clearly defined and divided worlds, with the theme of good overcoming evil, recurring. An angel is placed to watch over the figure he chooses to represent himself.

□ Step four:

Adolescent B appears to be positive and prepared for termination of the intervention. He is informed that the next session will be the last and that something special is planned. The following appointment is made and confirmed with the adolescent.

□ Step five:

Initial Reflections

The counsellor is of the opinion that the sand therapy is particularly effective with *Adolescent B* as a medium for non-verbal expression of emotions. He utilizes the medium to confirm his coping skills by finding solutions to his problems and exploring new and alternative possibilities where it is possible for good to triumph and overcome evil. This leads the counsellor to believe that he has reached closure in the trauma suffered at the hands of his stepfather and he displays feelings of empowerment.

SESSION SIX

This session takes a more direct approach than any of the previous sessions. The issue at hand, namely violence and trauma experiences within the family, is directly addressed.

➤ ***Aim of the session***

This session is directed at identifying any problems that may require further intervention. Developing a positive sense of self, by enhancing self-esteem and self-respect, will allow the adolescent to be re-integrated into the family and community with confidence.

➤ **Action steps**

- Step one:

Confirmation that this is the last session of the intervention programme is given. A review of all the previous sessions and art products are set out, with specific attention to the areas where solutions to problems have been achieved; emphasizing progress, abilities and contributions.

- Step two:

A directive for creating an image of himself and his life as it was, is now, and his hopes for the future, is given.

- Step three:

Adolescent B decides to make a collage, using magazine pictures. While working on the collage he spontaneously refers to his stepfather and about having recurring nightmares about his stepfather. When asked by the counsellor about this, he says that he has not had any nightmares in the past month (since starting with the therapy). His conversation turns to comments about God, with the themes of good people and evil people recurring.

- Step four:

The session is terminated by reassuring the adolescent that, if the need arises, he may contact the counsellor at any time. The counsellor's contact details are given to the adolescent, as well as an awareness of how to find help when needed. The adolescent is given the counsellor's professional card and a photograph of one of his sand tray scenes to serve as a visual reminder and resource during times of stress. A small "celebration party" is held at the end of the session.

- Step five:

Initial Reflections

The counsellor is of the opinion that *Adolescent B* has shown remarkable progress during the course of the intervention and it appears that he has started taking responsibility for himself and his future. The adolescent is reassured that he may contact the counsellor at any time if the need arises. The counsellor's contact details are given to the adolescent, as well as an awareness of how and

where to find help when needed. The stated aims of the sessions, as well as the overall aims of the intervention programme, were for the most part achieved.

5.2.5 ADVANCED PROGRAMME DEVELOPMENT

The third case study is done to facilitate possible further refinement. The question that the researcher poses during this case study is the following: *did the changes implemented in the course of case study 2 ensure that the intended aims were achieved?* Answers to this question will be sought by taking the following decisive factors into consideration:

- ***Obstacles encountered***

Sessions were missed at critical times during the intervention programme due to school holidays, transport problems and the financial restraints of the family. The researcher addressed the financial problem by assisting the adolescent in terms of transport fare to the therapy unit.

- ***Significant events***

During case study 2 it was significant to observe that in effect very little verbal communication occurred. *Adolescent B* chose not to interact on a direct verbal level, but rather through the execution of the art and sand therapy directives. The recurring themes of good overcoming evil are seen as significant events in the intervention, and which the counsellor believes indicates the adolescent's owning of this in his own life. His disclosures concerning his nightmares that have ceased since starting therapy confirm this view.

- ***Aspects which demand adjustments***

The intense emotional response provoked by the *KFD* directive, demands that this directive be adjusted. The request will be amended to the making of the family as animals. At a later stage a request will be made for a portrayal of the family interacting. The directive, regarding "the roadmap-of-my-life", was perceived as being implemented too soon in the programme, resulting in apathy from the

adolescent. This directive should be considered during the termination phase as a way of reviewing the adolescent's life and progress.

CASE STUDY 3

The intervention programme as employed with Case study 2, including the adjustments with regard to the KFD and Life-map directives, will be implemented.

1. Personal information

Client:	<i>Adolescent C</i>
Age:	15
Gender:	Male
1 st Language:	Afrikaans
2 nd Language:	English
Religious denomination:	Dutch Reformed Church

2. Relevant history

The relevant background history was obtained through court reports, social work files and personal interviews with the foster parents of *Adolescent C*, as well as the social worker involved in the case. Prior to the researcher's involvement with the adolescent the family underwent a series of therapy sessions with the social worker assigned to the case, to address issues of family violence.

Adolescent C has an elder half-brother aged 16 years and a half-sister aged 1 year. His biological mother left the family when he was three years old and since then her whereabouts have been unknown. His father remarried when he was four years old. After a marriage of 11 years his stepmother left the family with her daughter, citing the father's unemployment status and continuous alcohol and physical abuse, as reasons for divorcing him. The family experienced severe financial difficulties and this, together with the father's unemployment and alcohol

abuse, led to repeated incidences of family violence, with the father being the perpetrator.

Continuous family violence resulted in *Adolescent C* applying to the family court in August 2000 to be removed from his home and to be placed with a foster family. (The elder brother applied to be placed in a children's home). *Adolescent C's* application to the court was granted and he is currently in foster care with the family of a school friend. The departure of *Adolescent C* from his home has caused much bitterness from the father towards him. The adolescent has subsequently rejected any contact with his family. *Adolescent C* was consequently again referred to the therapy unit by the presiding magistrate of the family violence court.

3. Clinical observation ,

Adolescent C appears anxious and extremely mistrustful of the counsellor. He is uncommunicative up to a point of being taciturn and mute, answering only in monosyllables.

SESSION ONE

➤ Aim of the session

The first goal of intervention is to establish a positive rapport with the adolescent and secure his trust by creating a place of safety. The aim of this session is furthermore to observe and support any pain, confusion, fear, anxiety or feelings of helplessness the adolescent may be experiencing.

➤ Action Steps

- Step one:

Adolescent C appears to be suspicious and hostile towards the counsellor. The session is initiated by discussing the format of the therapy. He questions the

motives of the counsellor and asks if she wants to get to know what is inside his head. Reference is made to the reason for referral to the intervention programme, namely the incidence of the family violence (which was not done in the first two case studies). The counsellor is of the opinion that a different approach is required than with the first two cases. In this case, the adolescent is not in denial and therefore direct and honest voicing of the family violence, could be productive in gaining his trust.

□ Step three:

A directive is given to select any art material he cares to work with (thus placing the adolescent in control) and then to "make a person" and also to show what he would be like as a tree. These images are drawn on paper.

□ Step four:

The person made is discussed as with a *Draw-a-Person (DAP)* directive. A positive and negative image emerges with the DAP directive (see Appendix 1C). No attempt is made by the therapist to interpret these projections, but only to support him emotionally, reflecting his feeling in an empathetic manner. With the tree drawing he becomes hostile and questions the counsellor's motive for this directive. The counsellor once again explains the intervention programme to him in an open and honest manner, specifically confirming the non-interpretative approach that underlies the programme.

□ Step five:

The following appointment is made and confirmed with the adolescent.

□ Step six:

Initial Reflections

The main aim of the session, namely to establish a positive rapport with the adolescent, is not achieved as envisaged. This is concluded by the fact that he remains suspicious and expresses hostile feelings. Through the technique of art therapy these emotions were also clearly projected (see female DAP image, Appendix 1 C). The question arises whether the clear expression of hostility towards the counsellor may be viewed as a cross-cultural issue, where respect for elders was not evident (although expected by the counsellor). The adolescent's hostility, as portrayed in his drawings as well as in communication with the counsellor, should be viewed within his particular context (thus the **context-**

centred approach), where he has experienced frequent rejection and abandonment by significant maternal figures.

SESSION TWO

➤ ***Aim of the session***

In this session the counsellor should aim to strengthen the relationship of trust that was not established in the first session and to assess the adolescent's readiness and responsiveness for specific intended themes in intervention. The adolescent is encouraged to communicate and express feelings regarding his family, mainly in a non-verbal way.

➤ ***Action steps***

□ Step one:

A discussion is elicited regarding the events of the past week, without "forcing" the adolescent to divulge possible painful memories verbally. He spontaneously expresses anger and guilt feelings towards his father, resulting from the court case to place him in foster care, which was held earlier in the day. He appears agitated and unreservedly tells of the violence and abuse suffered at the hands of his father.

□ Step two:

The directive is given to "make your family with clay, as animals". He refuses to make any images of his own family, but offers to make clay animals depicting his foster family. He keeps to non-committal stereotypical and "safe" characteristics, and declines to discuss anything about the images.

□ Step three:

Adolescent C is invited to select materials to make an image showing his family doing something together: *Kinetic Family Drawing (KFD)*. Once again he declines to make any images of his family, saying that he is "finished with them" and that they are now irrelevant to him in his life. The counsellor accepts and

accommodates his feelings without interpreting or forcing him to do any further work.

- Step four:

The following appointment is made and confirmed with the adolescent.

- Step five:

Initial Reflections

The emphatic refusal to make any images related to his family, yet free verbal expression regarding the family violence and problems within the family was noted and later discussed with the social worker responsible for this case. According to the social worker, this is the first time that *Adolescent C* has ever admitted or referred to the family violence, previously declining to discuss anything connected to the problem. This once again, gives rise to the question regarding the suitability of the KFD directive in the second session. It could be argued that because the KFD elicited the expression of emotions of anger and guilt relating to the family, this session could be viewed as succeeding in its aim of facilitating the communication and expression of emotions towards the family. However, on the grounds that all three case studies reacted vehemently to this directive, it is recommended that the KFD be implemented at a later stage of the programme.

SESSION THREE

➤ ***Aim of the session***

Coping with stress, painful memories, anger, guilt, fears and confusion. Helping the adolescent identify and clarify problematic issues.

➤ ***Action steps***

- Step one:

The counsellor enquires about the events and experiences of the past week at school and at home. The previous session is summarised and recapped. The counsellor offers the adolescent the opportunity to express his emotions, with

regard to his own request for removal from his father's home. However, he declines this and reiterates that he does not view his father as part of his life. He does, nevertheless, see and interact with his brother at school, thereby indirectly keeping contact with his family.

□ Step two:

The adolescent is allowed to choose from two themes, using whatever medium with which he feels comfortable. Offering a choice gives the adolescent a certain degree of being in control of his situation. He questions the counsellor on the directive given, possibly testing the counsellor's reaction to being challenged. He chooses to make a scene in the sand with miniatures.

□ Step three:

He starts by carefully looking at all the objects and figures before choosing those he needs. Opportunity for projection is offered by inviting the adolescent to tell a story about the sand images.

□ Step four:

He is asked to give the sand scene a title, which he names "*A different kind of zoo*". He declines any further discussion and appears to be indifferent to the sand therapy work.

□ Step five:

The following appointment is made and confirmed with the adolescent.

□ Step six:

Initial Reflections

Adolescent C is friendlier and less suspicious towards the counsellor. It was important in this session to remain aware of the adolescents underlying emotions regarding his biological family. The counsellor remained flexible, not forcing him to deal with his guilt, but accommodating him and facilitating an opportunity to deal with these emotions on a non-verbal level. Both positive and negative images are present. Note: He buries a crocodile (therefore not visible on the photograph in Appendix 1C) at the foot of the bridge. There are numerous symbols of aggression present in the sand scene. Sand therapy facilitates the expression and exploration of emotions on a non-verbal level with considerable success.

SESSION FOUR

➤ ***Aim of the session***

The counsellor facilitates an opportunity to attain an internal locus of control and the exploration of new possibilities of coping with stressful experiences.

➤ ***Action steps***

□ Step one:

Events of the week are discussed. The purpose of the intervention is reconfirmed.

□ Step two:

Initially the adolescent is given a non-threatening instruction such as *I wish...* or a *happy day*. Adolescent C chooses to make a collage of the theme *I wish*. Adolescent C appears to be more relaxed and less suspicious than previously and enjoys discussing his collage with the counsellor (see Appendix 1C).

□ Step three:

There is sufficient time left in the session and Adolescent C is requested to make an image of a monster. Initially he refuses to attempt the directive. The adolescent is reassured that the "how" is not important and the underlying principles of the therapy being non-verbal and non-interpretative are reconfirmed to calm his apparent fear of being "psychologically interpreted". He rushes to finish the drawing.

□ Step four:

The following appointment is made and confirmed with the adolescent.

□ Step five:

Initial Reflections

The counsellor accepts and accommodates the adolescent's feelings of insecurity. The principle of non-interpretation, which underlies the therapy, is again explained to him. Thereafter he readily complies with the task that is set. The directive is completed in haste. He devalues and criticises the results of his art product, yet uses the opportunity to project and explore his feelings regarding his future (Appendix 1C).

SESSION FIVE

➤ ***Aim of the session***

This session aims at preparing the adolescent for the final phase and end of the intervention programme, and to confirm his coping skills and ability to find solutions to problem situations.

➤ ***Action steps***

□ Step one:

Events of the past week are discussed as well as any emerging issue that the adolescent cares to discuss.

□ Step two:

The adolescent declines to complete any art or sand therapy. He requests rather to verbally explore and express concerns and emerging problems he is faced with in his foster home. He feels emotionally isolated from his foster family and perceives that they have rejected him. According to him his foster brothers do not respect his privacy and he expresses hostile feelings towards the foster mother for not supporting him.

□ Step three:

The entire counselling session is committed to assisting him in exploring problem solving strategies. He is encouraged to communicate his fears, anger and anxiety to his foster family. The counsellor offers to see the foster parents with the adolescent to facilitate communication, but the adolescent declines this. He states that he prefers to address the situation himself.

□ Step four:

The adolescent is prepared for the conclusion of the intervention programme and informed what will happen in the last session.

- Step five:

Initial Reflections

This session required the counsellor to be flexible in her approach and not stick rigidly to the format of the intervention programme. At the outset, the counsellor experienced feelings of frustration at the "obstacle" of not being in control of the session and initially considered the aims of the session to have failed. However, after mutual reflection with the co-therapist and the social worker, the conclusion was reached that this session was successful in that the adolescent did not have the need to work through his trauma and experiences indirectly. He had progressed to the extent where he was able to directly and verbally explore the issues without projection through the medium of art or sand.

SESSION SIX

Adolescent C has progressed beyond the issue of trauma and family violence to the adjustment problems he is experiencing in his foster family. This session will concentrate specific attention on the adolescent's future perspective and expectations.

➤ ***Aim of the session***

The last session aims at identifying any problems that may require further intervention. Developing a positive sense of self by enhancing self-esteem and self-respect, which will allow the adolescent to return to normal functioning and be re-integrated into the family and community.

➤ ***Action steps***

- Step one:

Confirmation that this is the last session of the intervention programme is given. A review of all the previous sessions and art products are set out, with specific attention to the areas where solutions to problems have been achieved; emphasizing progress, abilities and contributions.

- Step two:

A directive is given to create a collage depicting a self-image and a future perspective.

- Step three:

Adolescent C completes the collage, which he appears to enjoy making and discusses in length how he views his future. From this discussion it emerges that he strives for financial security, independence and loving relationships in his future.

- Step four:

The adolescent is reassured that he may contact the counsellor at any time he wishes. The counsellor's contact details are given to the adolescent, as well as an awareness of how to find help when needed. Giving the adolescent the counsellor's professional card, serves as a visual reminder and resource during times of stress.

- Step five:

Initial Reflections

The researcher is of the opinion that *Adolescent C* has shown significant growth during the course of the intervention programme. The position with regard to his adjustment to the foster family requires further attention, which will be addressed by the social worker in family therapy.

5.3 FINAL REFLECTIONS

The researcher has applied continued and attentive reflections during the case studies. This was done with the specific aim of

- questioning and monitoring the implementation and results of each session;
- to gain an insight into the researcher's role in cross-cultural trauma counselling (the researcher's meta-cognition of the intervention process);
- and to critically examine the effectiveness of the intervention.

The long-term and specific aims of the programme sessions, and the results achieved in each individual case, guided the researcher in her reflective discourse. The insight gained during reflection was put into practice during the subsequent sessions.

1. During the implementation of the C 4 programme, it became clear that although there were **universal responses** by all three adolescents to their trauma experiences, (for example inability to verbalise emotions at the outset; suspicion towards the counsellor; and low self-esteem), unique contextual related issues and responses were also apparent. These **unique responses** were context bound and confirms the researcher's paradigm, which views the interacting individual from his context and perception. Examples of these contextual responses to the programme can be found in *Adolescent A's* fear of revealing any negative emotions towards his abusing father; *Adolescent B's* preoccupation with living in two worlds (good and evil); and *Adolescent C's* questioning and challenging behaviour towards his parents, foster parents and the counsellor.
2. The KFD directive, which demands that the adolescent discuss his **family dynamics**, remained problematic. It is recommended that this directive should initially be given in a less threatening manner, such as "make your family as if they were animals". Only at a later stage in the programme,

when a relationship of trust and a feeling of safety are well established between the counsellor and adolescent, should the KFD directive be given.

3. *Adolescent B* showed almost immediate **progress**, while *Adolescent A* progressed at an irregular pace. *Adolescent C's* verbalisation of his trauma at an early stage of the intervention could be ascribed to the fact that he communicated in his first language with the counsellor, while both the other adolescents had to express themselves in a second language. All three adolescents could have benefited from additional sessions to address certain unresolved issues, but only *Adolescent A* made such a request.
4. The C 4 model's content and process as point of departure in the intervention programme, confirmed the researcher's belief that the counsellor's understanding / knowledge of **cultural and linguistic issues**, is of minimal importance in achieving an effective outcome to the intervention. The concern is the extent to which the counsellor and client are aware, accepting, and accommodating of one another and the trauma intervention process. *Adolescent B's* response and immense progress during the sand therapy sessions, which were to a large extent non-verbal, confirms the researcher's assumption regarding the issue of the counsellor's cultural knowledge and skills in cross-cultural counselling (see 3.5).

Taking all the findings of the study into consideration, the researcher has therefore, come to the conclusion that cultural differences among people are tied to variations in the construction of reality and the perception of what constitutes a traumatic experience. *It is the adolescent's unique context that determines the content and process of the intervention.*

5.4 METHODOLOGICAL LIMITATIONS AND CONSIDERATIONS OF THE RESEARCH DESIGN

All research designs have relative strengths and limitations (Mouton, 2001; De Vos, 1998; Merriam, 1991). The merits of this particular research design are inherently related to the rationale for selecting the qualitative case study as the most appropriate method for addressing the research problem. It may thus be stated, that in this research, the strengths of the case study method outweigh its limitations. The special features of the case study that provides the rationale for its selection, also presents certain limitations in its selection, as seen in Table 5.1.

TABLE 5.1 STRENGTHS AND LIMITATIONS OF THE RESEARCH DESIGN

STRENGTHS	LIMITATIONS
Establishes rapport and trust with research subjects. The collaborative and participatory nature of the research design increases trust and credibility.	The emphasis on naturalistic forms of inquiry makes it difficult to evaluate the intervention programme's outcomes systematically and rigorously. Inferences regarding intervention benefits and impact are thus difficult to make.
Investigates complex social issues consisting of multiple variables of potential importance in understanding the phenomenon of family violence.	Inadequate time and financial funds.
Anchored in the real life situation of family violence, resulting in a holistic account of the phenomenon.	The programme may be deemed to be too detailed, too involved or even too simple for policymakers to use.
Offers insider perspective and insights and illuminates meanings of cultural perceptions regarding traumatic events.	The amount of description, analysis or summary material is up to the discretion of the investigator and thus may be seen as subjective.
Insights gained during intervention can be construed as hypothesis that may help future research.	Oversimplification or exaggeration of a situation encountered in the intervention, may lead to erroneous conclusions regarding the outcome of the study.
Plays an important role in advancing the field of cross-cultural trauma counselling knowledge base.	There is a danger of masquerading as a whole when in fact the case study is only a part - a slice of life.
The cross-cultural trauma counselling process, model, programme and problems can be examined to bring about understanding that in turn can affect and improve practice.	Observation and interviewer bias makes it imperative that the researcher, as primary instrument of data collection, should be trained in observation and interviewing.
Useful for studying counselling innovations as seen in the C 4 model proposed by this study, for evaluating trauma counselling programmes and for informing policy.	The researcher needs to be aware of personal, cultural, gender and race biases that may affect issues of reliability, validity and generalisation, and therefore the outcome of the research findings.

The source of most of the difficulties in doing the research for this study was the nature of the phenomena under study. Problems with the research design, in which the rigors of quantitative investigations cannot be met, are typical of field research strategies. This is compounded when cross-cultural issues are at the centre of the research. The strict requirements of cross-cultural research, which is designed to limit cultural bias in such areas as sampling and data analysis, demands specific and careful attention from the researcher (Marsella *et al*, 1996). With these requirements and challenges in mind, the researcher proposes a contextual paradigm that could guide the research.

5.5 DISSEMINATION PHASE

The dissemination phase refers to the proposed publication of articles in accredited journals, in-service training programmes for counsellors in a cross-cultural trauma counselling setting and the introduction of the C 4 model and C 4 intervention programme, including a manual. The goal of the dissemination phase consists of the adoption of the C 4 model and C 4 intervention programme by the intended consumers. De Vos (1998: 399) distinguishes several operations that determine the success of the dissemination phase.

5.5.1 PREPARING THE INTERVENTION PROGRAMME FOR DISSEMINATION

Issues that demand attention when preparing the intervention programme for dissemination include the choice of a brand name, establishing a price, and setting standards for the use of the programme.

❖ Choosing a brand name

The purpose for choosing a brand name for the intervention programme is to distinguish the C 4 programme from other similar programmes during the adoption and use, thereby ensuring that the C 4 model and C 4 intervention programme are associated with the desired standards of effectiveness and value. The choice of

the brand name (C 4) was prompted by a need for an effective and uncomplicated label.

❖ **Establishing a price**

De Vos (1998) asserts that choosing the right price for the intervention programme is important when attempting to penetrate a market sector. The C 4 intervention model is simple and straightforward, and would correspond to a market related, moderate price to reflect the modest development and production costs, as well as the limited budget of potential adopters in the community and mental health fields. The researcher foresees that the established price will rise annually in accordance with economic principles.

❖ **Setting standards for use**

It is imperative that guidelines are set for the correct use of the C 4 intervention programme to ensure and provide the basis for upholding the integrity of the programme. The researcher will aim to uphold the standards for the use of the C 4 programme by insisting that users be trained before the programme can be implemented. Programme material will only be issued to counsellors trained in the intervention techniques based on the C 4 model of cross-cultural trauma counselling.

5.5.2 IDENTIFYING POTENTIAL MARKETS FOR THE INTERVENTION PROGRAMME

Rothman and Thomas (1994) pose various questions when defining potential markets for the intervention programme. These questions include who would benefit from the programme; whether dissemination would entail broad-based or restricted use by adopters; the particular market that would most likely benefit from the intervention; and the most appropriate strategy of informing the potential market. Rothman and Thomas (1994) also add that it may be useful to identify adopters of the programme whose use would promote the adoption of the intervention by others in the market segment. The researcher has identified the

therapy unit of the Child and Family Care Society as an early adopter of the C 4 intervention programme. The therapy unit has the potential need, willingness and the human and physical resources to implement an innovative intervention programme.

5.5.3 CREATING A DEMAND FOR THE INTERVENTION PROGRAMME

The relevant strategies to convince potential adopters of the programme take account of arranging sampling of the innovation and its benefits, and advertising (de Vos, 1998).

❖ Sampling

Potential adopters of the intervention programme can be offered opportunities to view a model or a demonstration of the intervention techniques. A web site on the Internet can offer this opportunity.

❖ Advertising

Advertising the C 4 programme highlights its beneficial features, simple and uncomplicated implementation, and low cost and short-term administration. A description of the training and support services available with the purchase of the programme, may further promote adoption. Modern technology and Internet facilities can be used to promote the model and adoption of the programme

5.5.4 ENCOURAGING APPROPRIATE ADAPTATION

Adaptation usually occurs when adopters amend and modify (by adding or deleting) certain elements of the programme to suit local conditions. The unique inherent qualities and characteristics of the C 4 model and programme, ensure that it would be appropriate and suitable for implementation in any context. However, should an adopter feel it is salient to modify the programme, the

developer will have to establish a system of determining that reputable standards are upheld.

5.5.5 PROVIDING TECHNICAL SUPPORT FOR ADOPTERS

De Vos (1998:402) remarks that technical support may be critical in implementing the product, since those innovations that reliably produce the intended consequences are more likely to maintain long-term client satisfaction. Technical support for the adopters of the C 4 programme will consist of a training course for counsellors wishing to implement the programme by means of workshops, programme material such as manuals, as well as evaluation forms to facilitate continued improvement and development. A web site on the Internet will also provide information and support to adopters of the C 4 programme.

5.4 SYNTHESIS

In this chapter the researcher implemented the C 4 programme by selecting an experiential design. Data was collected and analysed using qualitative methods. The intervention programme was replicated under field conditions, utilizing the first case study as a pilot test. The C 4 programme was refined with the implementation of the second case study. Advanced programme development was done in the third case study.

Consideration to the problems encountered by the researcher, the value and critique of the investigation, as well as a brief synopsis of the research findings, will be made in Chapter six, with the principal aim of formulating motivated recommendations.

CHAPTER SIX

REVIEW, PROBLEMS ENCOUNTERED, LIMITATIONS AND RECOMMENDATIONS

Every person is a living document

6.1 INTRODUCTION

This study was undertaken to address the problem of effective counselling of adolescents exposed to family violence in a multicultural society such as South Africa. The question central to the study can be formulated as follows:

To what extent are the cultural differences among people tied to variations in the social construction of reality and would the perception of what constitutes a traumatic experience therefore demand a contextual approach to counselling?

It is not the aim of this study to concentrate on any specific form or the causes of family violence as a traumatic experience for the adolescent. The purpose of this study is to develop and describe a cross-cultural programme for the counselling of adolescents traumatised by family violence. Such a programme will aim to identify and address the complex dynamism that shape and determine the psychological well-being of the youth in the multicultural South African society, and is based on a contextualised model. The investigation of the research problem, through an in-depth literature study and interviews with various experts in the field of trauma and family violence, have led the researcher to believe that the stated research problem has established valid deficiencies with the regard to conventional cross-cultural approaches to trauma counselling.

The constructivist and neopragmatic paradigms as point of departure for this research, assume a humanistic commitment to study the world from the perspective and context of the unique interacting individual. The basic issue in pragmatic contextual research is simple: *how best to offer intervention for the trauma experiences of diverse people and cultures?* The researcher is of the opinion, that by including the research subject (adolescent) in the research process and allowing the individual to explore and express himself through the implementation of intervention research, the researcher can hope to authentically report (but not interpret) the experiences. In the qualitative contextual approach the subject speaks and interprets for himself.

There were four major considerations that guided the research design of this study.

- The needs of the adolescent (client)
- Programme processes (the nature of the counselling intervention techniques)
- Programme outcomes (meeting of programme goals)
- Cost effectiveness of the counselling programme.

This would imply that research will follow development, which in turn will contribute to further design and development as deemed necessary, and ultimately proceed to the adoption and widespread use of the intervention programme.

The aim of this chapter is to clarify the answers to the initial research problem.

The following issues of importance are included in this chapter:

- A synopsis of the research findings
- The problems encountered by the researcher
- The value of the study
- Recommendations based on the research findings.

6.2 SYNOPSIS OF THE STUDY

A brief synopsis of the study and its findings will be offered.

6.2.1 FINDINGS OF THE LITERATURE

There is a growing body of research with regard to family violence, which has intensified since the end of 1998 with the implementation of the Domestic Violence Act no. 116. The researcher, however, became aware that most of the attention vis-à-vis family violence is concentrated on adult female victims, with the plight of children and especially the predicament of adolescents, receiving only incidental attention. A further concern regarding the phenomenon is the method implemented when recording the cases of family violence, resulting in inaccurate statistics. The extent to which adolescents are exposed to family violence depends on the view of the victim, the perpetrator, the law-enforcing officer and the magistrate of the court. It would appear that many victims of family violence do not know their legal rights and so may feel helpless and reluctant to report the violence as a crime. As a result, the actual number of family violence cases is almost certainly far greater than the number of cases recorded by the police. It can, however, be assumed that family violence constitutes a significant proportion of all violent crimes that are committed in South Africa, necessitating an investigation into the phenomenon of the adolescent who is exposed to family violence.

An extensive scientific literature study was implemented in chapter two regarding family violence, with specific attention to the adolescent within the South African context. In South Africa, traditional normative expectations have undergone rapid change due to urbanization, with socio-economic and political changes. The changing expectations and demands for equality could result in an increase of violence in the family. Given the exposure of many South Africans to traumatic events and the inadequacies in the criminal justice system, both complex and continuous stress conceptualisations appear to have bearing on the treatment of adolescents exposed to family violence.

An additional complication to the phenomenon of family violence as a traumatic experience is the influence of culture on the provision of expertise and service within a multicultural society, and which has only recently been researched. Cultural heritage affects the perception of the stressful event and the subsequent interpretation and processing by both the counsellor and the client. Intervention will not be effective if the counsellor is not aware of the cultural factors that effect the individual's processing of the traumatic event. In chapter three the characteristics of a multicultural society were explored in order to determine the needs of the traumatised adolescent within the cross-cultural counselling context. In the process of executing the literature study, the researcher became sensitised to the fact that current established cross-cultural counselling models do not comply with the demands of a multicultural society like South Africa. Intervention in a cross-cultural setting is highly complicated and this demands an alternative counselling model be designed prior to the development of an effective cross-cultural counselling programme.

6.2.2 THE INTERVENTION PROGRAMME

In chapter four, Intervention Research design was employed, as suggested by the *Design and Development* research model of Rothman and Thomas (1994), which led to the development of the C 4 model and C 4 programme. The research is oriented toward case study research that is qualitative in nature, emphasising description and interpretation **within the context** of counselling traumatised adolescents in a multicultural society.

With the challenges of a multicultural South African society in mind, the counselling programme was based on a unique self-developed model of counselling that depends on the principles of *awareness, acceptance, availability* and *accommodating*. The C 4 model is context-centred as opposed to person-centred, in order to distinguish the C 4 model from the school of person-centred counselling, as developed by Carl Rogers. The term context-centred implies that **the individual is the only authority of his trauma experience**. Therefore, it can be assumed that he is the one who can fit his trauma experience into the context

of his own life and how it translates into his relationship with others. The client, in exploring his own world, guides the counsellor, who can only share this unique world through an introduction by the client.

The model uses an integrative approach, where the counsellor does not rigidly stick to any one therapeutic orientation; rather selecting techniques that would help the client deal with the problem more efficiently. The C 4 model is non-interpretive and mainly non-verbal and the researcher found that art and sand therapy techniques successfully fulfilled these requirements. This assumption does not, however, exclude other therapeutic techniques from successful application.

6.2.3 EVALUATION OF THE INTERVENTION PROGRAMME

The intervention programme that was designed and developed in the study integrates **a therapeutic facilitation process** and is evaluated in terms of the following questions:

- ***To what extent was the intervention effective?***

The long-term aims of the intervention programme are:

- placing the adolescent in control (empowerment);
- offering coping strategies;
- promoting self-esteem through an internal locus of control;
- relieving anxiety, fear and depression;
- facilitating a safe environment for exploring and expressing emotions.

Taking these aims into consideration, the intervention is deemed to have had effective results in terms of the adolescent's progress and the accomplishment of the stated overall and specific aims. Adaptations were made to lineage use, content and implementation procedures, thereby achieving the desired and intended outcomes.

Follow-up interviews with the adolescents' parents and / or social workers involved in the study, confirmed the view of the researcher that re-integration into the family and society had proceeded successfully. However, it is essential to note that in all the case studies, the adolescents would have benefited from further counselling sessions to resolve deep-rooted problem issues surrounding the family violence.

- ***To what extent was the intervention programme simple and practical to implement?***

The C 4 intervention programme is exceptionally simple to implement. The easily available materials and simple directives facilitated practical and convenient use. The intervention programme engages the adolescent in using a variety of easily obtainable and economic materials for drawing, painting, clay and sand tray work. Ongoing assessment in the form of a uncomplicated and practical checklist (see Appendix 4) is used to ascertain which type of task is most appropriate for each individual. The work done by the adolescents are kept in individual folders and serve as a record of each session.

- ***To what extent was the intervention programme compatible with the client's language, culture, worldviews and values?***

It is the researcher's unreserved belief that the characteristics and principles of the C 4 model and programme make it particularly compatible and accommodating to diverse languages, worldviews and values. In Case studies 1 & 2, where language and cultural differences were most obvious, this was especially evident. The non-verbal nature of the intervention succeeded in its intended aim of providing a non-threatening and safe environment for the linguistically disadvantaged adolescent to explore and express his emotions.

- ***What (if any) limitations were experienced?***

With the implementation of the intervention programme the researcher experienced no significant limitations. However, all three adolescents would have benefited from further therapy sessions to address deep-rooted issues concerning family relationships. In case studies 2 & 3, family counselling sessions to deal with these issues, were scheduled with the social worker. The researcher does not, however, claim that other counsellors will not experience other limitations due to the unique context of each individual.

- ***What was the impact of culture on the counselling process?***

1. Cross-cultural issues that emerged were that certain **terminology** used by the counsellor, for example the concept of anger as an emotion, were not always clearly understood and required rephrasing. The non-verbal nature of the C 4 programme supported the counsellor in overcoming this language barrier.
2. There was a possible cross-cultural issue relating to the **disclosure of private family matters** to an outsider, which could have impacted on the therapy. Clarification of confidentiality overcame this barrier effectively.
3. An important cross-cultural issue that emerged during the intervention programme was the **socio-economic status** of *Adolescent B*. Initially he would not arrive for therapy as arranged with the counsellor. It was then established that he did not have the financial resources to pay for transport to the therapy centre. The counsellor accommodated this by supplying the necessary funds for his bus fare. However, for universal implementation of the C 4 programme, creative strategies should be used to link services to target populations. A possibility that demands further investigation, is to bring the intervention programme to the traumatised adolescent through school-based programmes.

4. **Perception of time** may be construed to be a cross-cultural barrier. All three adolescents who participated in the study regularly arrived late for their therapy appointments. However, the researcher is of the opinion that the unpunctuality had more to do with transport problems than with cross-cultural issues.

5. **Avoiding eye contact** with the counsellor may be ascribed to certain cultural customs. It is the researcher's opinion, nonetheless, that lack of self-esteem, disempowerment and the nature of trauma can also account for this observed behaviour.

6. The **inability to verbally discuss** the family violence with the counsellor is not seen as a cross-cultural issue, but rather a result of the trauma experienced by the adolescents.

- ***To what extent is the intervention programme replicable by other users?***

The simplicity and ease with which the programme can be implemented in all settings, makes it straightforward to be replicated by other users, with the understanding that the counsellor will be familiar with the underlying rationale of the model and techniques used in the programme. The programme could also be effective for group counselling sessions, such as at a community centre or a safe haven setting, and schools. However, it is strongly advisable that counsellors should attend training workshops in cross-cultural and trauma theory, the process and content of the C 4 model, and the prescribed therapy techniques employed in the C 4 programme. Workshops and a comprehensive manual will be offered in order to facilitate the replication and practical use of the intervention programme.

- ***To what extent is the intervention programme adaptable to urban and rural, individual and group contexts?***

The intervention programme should be equally uncomplicated to implement in an urban, rural or township setting. The required materials, the straightforward directives, and above all, the non-verbal and non-interpretative nature of the programme, incline the C 4 programme for use in a broader context than employed in this study. Each context is, however, unique and gives rise to unique needs and challenges. The trained and creative counsellor, who employs meta-cognitive reflective strategies (as implemented in this research's case studies), should not experience problems with the adaptation.

6.3 PROBLEMS ENCOUNTERED

❖ Number of case studies

The researcher selected qualitative case studies as the method to implement intervention research. The study would have possibly benefited from additional case studies to enhance the conclusions reached. The researcher is, however, also of the opinion that each adolescent brings a unique perspective to the phenomenon of cross-cultural trauma counselling, leading to the conclusion that regardless of the number of cases, each will have distinctive elements and outcome.

❖ Short-term therapy

The intervention is of such a short-term nature that the counsellor at times felt that not enough had been achieved or accomplished by way of visible progress or change. These feelings can be extremely frustrating and also emotionally draining for the counsellor. The researcher attempted to overcome this problem through forming collaborative coalitions with colleagues in other disciplines involved in the case study. The impact and effectiveness of the programme was enhanced by this working relationship. A social worker who was familiar with the case,

continued with family therapy after the conclusion of the individual session, thus assisting the counsellor in addressing any unresolved issues.

❖ **Functional activities**

Most short-term intervention programmes make use of functional assignments between sessions, where the adolescent is given a particular activity to complete at home. The nature of the phenomenon of family violence, where the adolescent is often removed from the family by a court order; where socio-economic factors lead to material resources being limited or unavailable; or where the adolescent suffers from depression as a result of the trauma experience, resulted in functional assignments being difficult to implement. The researcher instigated functional activities by having interviews with the foster parents and caregivers, and during multidisciplinary discussions with the teachers and social workers involved with the adolescent concerned.

❖ **Discontinuity of sessions**

The continuity of sessions was often interrupted. This problem was experienced in all three case studies. Factors that played a part were school vacations, where the adolescent went to spend this time with his family; simply not arriving for sessions; economic difficulties in paying for transport to the therapy centre; and unreliable public transport resulting in the adolescent arriving up to an hour late for an appointment. These problems can be ascribed to cross-cultural issues and the nature of the phenomenon of family violence. School-based programmes may overcome this problem.

❖ **Data collection**

The issue of what data to collect and how the collection should be implemented were critical for the success of this study, and for the development and growth of the field of cross-cultural trauma counselling. Problems experienced and which

demanded attention in the planning and execution of the research design were the following:

- An awareness and acceptance of the adolescent's norms and customs had to be gained and incorporated in the research design.
- Obtaining access to victims was a problem and the co-operation of non-governmental organisations had to be elicited in order to obtain information regarding counselling agencies treating traumatised adolescents. Certain agencies were unwilling to provide names of victims because of confidentiality.
- Potential subjects could not participate in interviews because of involvement in legal procedures.
- Great care was taken to conduct interviews with sensitivity, so as not to exacerbate trauma distress.
- Initially subjects appeared to be reluctant to participate in research and did not keep appointments, possibly because the sharing of traumatic experiences can be extremely painful.
- Many important questions in the field of trauma research are related to the impact of a range of stressor experiences on a variety of individuals, most of whom never seek treatment.
- In this research study the population under study, namely traumatised adolescents, as well as the phenomena under study, namely a cross-cultural approach to trauma counselling, had to be sought out rather than screened, at a treatment facility such as the therapy unit of the Child and Family Care Society.
- Cultural factors play an important role in access to subjects, for example the availability of telephones, inability to conduct interviews during working hours, and transport problems.
- The ability of subjects to understand the goals of the research varied with education and had to be taken into consideration.
- Subjects were initially suspicious of the researcher.
- Scheduling of specific appointment times were not always adhered to.

- There appears to be a need for intervention to occur with a minimum of delay, since memories of the trauma events are progressively lost to recall, and maladaptive responses could become entrenched.

6.4 CONCLUSION AND RECOMMENDATIONS

6.4.1 VALUE OF THE STUDY

This study can contribute to research development in the following ways:

- The advantage of an in-depth qualitative study lies in its distinctive characteristics, where insight into the personal experiences and psychodynamics of the subjects is gained, and which may be lost in quantitative studies. This study departs from the assumption that the counsellor is accepting, aware, and accommodative of the adolescent, as the authority of his own trauma experience, within his own unique context.
- The multiple case study method provides excellent data for an in-depth study of the cross-cultural counselling process. It provides detailed information regarding the process as proposed in the C 4 model, as well as a continuous development of the programme.
- The use of the specific cross-cultural counselling programme as set out in Table 4.2 provided sufficient information for a thorough understanding of the psychodynamics of adolescents traumatised by family violence.
- The qualitative research method improved and supported theory building regarding counselling within the South African context.
- Deductions made from the existing cross-cultural theory regarding counselling in a multicultural context, is extended by this study. An alternative model, to that which is currently in use for cross-cultural counselling, is suggested in Figure 1, which could lead to the discovery of possible new theoretical constructs.

6.4.2 CRITIQUE OF THE STUDY

The following points of critique can be made in reference to this study.

- There can be an incongruity between the type of programme conceived by the researcher and that which eventually occurs when the programme is implemented in diverse settings. Counsellors may independently make their own judgements about what part of the programme to administer; omitting portions of the programme with which they do not agree, or that is perceived as more difficult to implement. This is more likely to arise if there is no access to supervision or training. This problem can be overcome by "manualizing" (Durlak, 1997: 237) key elements of the programme so that it can be replicated by other counsellors.
- The scope of the study was too limited in terms of the number of case studies to reach theoretical saturation.
- The case studies were also limited to a specific population of adolescents who came to the attention of Family and Child Welfare Society's therapy centre through court orders. It may be possible that the adolescents exposed to family violence who were removed from their family home, may have different dynamics from those adolescents whose cases have not been reported, and still live within the violent home. Such variables may influence the outcome and conclusions reached by the researcher.
- The outcome of the study may have been influenced by the fact that certain adolescents had received some form of intervention prior to the implementation of the programme that could have impacted on the results obtained by the researcher.
- The clinical histories of the subjects were limited to the case reports of the social workers involved with the specific case.
- Although reports on family violence and the prominence of the problem are well documented, gaining access to suitable subjects was not without problems. This may suggest that the adolescents traumatised by family violence do not always come to the attention of counsellors. Creative strategies must be used to link services to target populations. A possibility

is to bring the intervention programme to the adolescent through school-based programmes.

6.4.3 RECOMMENDATIONS FOR INTERVENTION AND PREVENTION

6.4.3.1 Recommendations regarding intervention

- Professionals in the fields of trauma and cross-cultural counselling should coalesce multidisciplinary resources and expertise in a collaborative involvement to co-ordinate and integrate the interventions that currently exist independently from each other. Such collaboration could improve the economy and impact of the C 4 programme.
- Focus-group interviews with other professionals in a multi-disciplinary forum can gauge the appropriateness of the C 4 programme and assist with the necessary adjustments if required.
- Services for traumatised children should be embedded in the contexts accommodative of the child's particular needs (for example language, access to treatment location) and value systems (for example cultural beliefs about violence, intervention, family ties and family roles).
- The C 4 model and C 4 programme should be further investigated, and implemented and evaluated on a wider scale in order to obtain extensive feedback for the further development and refinement of the programme.

6.4.3.2 Recommendations regarding prevention

- Prevention should focus on early detection of adolescents in families at risk. Schools, day-care centres and church groups should be involved with preventative measures and their collective lobbying efforts can influence policy and funding priorities. There is thus a need to coordinate community-based initiatives and coalitions to achieve this recommendation.
- Schools should offer guidance programmes about family violence to parents and learners as awareness campaigns and preventative measures. These programmes should address the issues and consequences of

violence within the family. Violence prevention is a fundamental need of teachers, learners and society. Without a safe environment, learning cannot take place.

- Awareness campaigns launched through the media, would improve communication channels and support systems for children and adolescents exposed to family violence. Efforts that are theory driven, sustained and intensive, use sound marketing strategies, adopt realistic goals, and are complemented by community action strategies, should accomplish this recommendation.
- Social attitudes and expectations regarding the traditional roles within the family structure should be addressed through the media and social programmes.
- Empowerment of women and children in terms of equality, personal worth and gender attitudes, should receive attention at national and local government level.
- Political change should focus on the containment of violence in the media as well as in the community.
- Police officers should receive training in the aspects of family violence and the treatment and assistance of the victims, especially children and adolescents.
- Magistrates and prosecutors should receive training in the implementation of the Domestic Violence Act.

6.4.4 RECOMMENDATIONS FOR FURTHER RESEARCH

Future research should concentrate on the following aspects:

- Additional case studies would promote theoretical saturation.
- Research with regard to the effect and influence of limited cognitive abilities on the efficacy of the format of the C 4 programme.
- Research regarding the extended implementation of the C 4 programme in group therapy settings, such as schools and community centres.

- The C 4 model on which the intervention programme is based, should be researched and evaluated in more depth, in order to enrich the understanding of the demands of effective counselling in a multicultural society.
- Statistics should be researched to verify the prevalence of family violence across all population groups and social strata.

SYNTHESIS

The researcher has strived to gain a full understanding of the adolescent traumatised by family violence, to explore the influence of culture, individual uniqueness and human universality. This led to the development of a practical and functional cross-cultural counselling programme, based on a contextual model, and which could be implemented in all settings by trained counsellors from diverse cultures. The C 4 model will contribute to a wider understanding by counsellors of the needs of the youth of South Africa who have suffered trauma at the hands of their caregivers. It is anticipated that the C 4 intervention programme will succeed in its aim of establishing a format for the expression and exploration of painful emotions in a non-verbal and non-interpretive manner, thereby moving the adolescent into a position of stability, empowerment and actualisation of self and new possibilities.