

Documenting the implementation of sandtray therapy with clients in a rural school

Corneli Oosthuizen

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Documenting the implementation of sandtray therapy with clients in a rural school

by

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Submitted in partial fulfillment of the requirements for the degree

**MAGISTER EDUCATIONIS
(Educational Psychology)**

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PRETORIA

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DECLARATION OF ORIGINALITY

I, Corneli Oosthuizen (29639591), declare that the mini-dissertation entitled: “*Documenting the process of sandtray therapy with clients in a rural school*”, which I hereby submit for the degree Masters in Educational Psychology at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

.....

Corneli Oosthuizen

31 March 2017



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ABSTRACT

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Supervisor: Prof. Liesel Ebersöhn

Degree: Magister Educationis (Educational Psychology)

The purpose of this study was to document the process of ASL students (n=12: male=1; female=11) using sandtray therapy as educational psychology assessment and intervention technique, with young people (Grade Nine clients, n=65) in a high-risk, high-need rural school. The aim of the study was to inform knowledge on educational psychology intervention in South Africa given the need for knowledge on relevant psychological techniques in an ecology of resource constraints, adversity and diversity.

The Common Factors Model of therapeutic alliance framed the study by taking cognisance of the therapeutic relationship and therapist skills in the use of sandtray therapy with clients in the given context. A single design case study was used with a phenomenological epistemology.

Qualitative data sources included observations (captured in field notes), observations (captured visually and audiovisually), as well as ASL students' written reflections.

Thematic data analysis revealed three main themes: the sandtray process and format used in a rural school; the role of the sandtray in therapeutic alliance; and the enabling and restricting roles of the rural school context during the sandtray therapy.

The research findings indicated that by making certain adaptations to the standard sandtray therapy process, it could be implemented successfully as educational psychology

assessment and intervention technique with clients in a high risk high need rural school. Steps that could be implemented according to the standard process and format of sandtray therapy included introduction of the sandtray and miniatures, the postcreation phase as well as documenting the completed sandtray. Steps that were adapted for implementation within the rural school context included the setup step, the creation of the sandtray as well as the cleanup of the sandtray. These adaptations were necessary as a result of certain barriers and enablers within the context of the rural school. Barriers included multilingualism, lack of privacy and group format constraints. The sandtray itself, selection of miniatures as well as the collectivist nature of clients' culture were identified as enablers. This study can therefore inform knowledge on Educational Psychology intervention in South Africa.

KEY WORDS:

- ❖ Standard sandtray procedure and format
- ❖ Rural school
- ❖ Therapeutic alliance
- ❖ Therapeutic space
- ❖ Sandtray
- ❖ Barriers within rural school context
- ❖ Enablers within rural school context
- ❖ Academic service learning students
- ❖ Client/youth
- ❖ Educational psychology intervention
- ❖ High risk high need schools
- ❖ Diversity
- ❖ Multilingualism
- ❖ Group format intervention



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1 January 2014

DATE OF CLEARANCE CERTIFICATE

28 March 2017

Please note:

For Master's application, Ethics Clearance is valid for 2 years.

For PhD application, Ethics Clearance is valid for 3 years.

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This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:

- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.



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CHAPTER 1: INTRODUCTION, BACKGROUND AND THEORETICAL FRAMEWORK

1.1 INTRODUCTION AND RATIONALE

Psychological services in South Africa are neither sufficient nor appropriate to serving the demands of the diverse range of cultural and language groups in a postcolonial country. Psychological services were mainly developed for the minority of people in South Africa, and are mostly formulated out of a Western perspective. This type of intervention does not take into account marginalised people and the worldviews of the majority of South Africans. Existing South African psychological services are therefore mostly focused on individual change and one-on-one interaction with clients. Within a Western perspective, the individual is seen as the agent of change within psychology. According to Foxcroft (2004), a major concern within psychological services in South Africa, is that the majority of frequently used assessment instruments are not adapted for a multicultural context. There is therefore a need for psychological instruments that can be used in a socially responsible way within a multicultural South Africa.

Most existing educational psychology measures are validated for specific ages and cultural groups that differ from the Grade Nine learners who formed part of this study (Ebersöhn, 2014). Educational psychology instruments have, until very recently, only been available to white learners whose home languages are Afrikaans and English (Maree, 2009). Traditional educational psychology assessment instruments are no longer appropriate for a post-apartheid South Africa (Maree, Bester, Lubbe & Beck, 2001).

The purpose of this study is to document the process of sandtray therapy as psychological assessment and intervention technique with Grade Nine clients in a high-risk, high-need rural school. This sample of clients is descriptive of an under-served (in terms of psychological services) South African population in terms of geography, culture, language, school. The results of this study may inform knowledge on accountable educational psychology in comparable school settings in South Africa.

Various aspects related to high diversity, such as a diverse range of cultural

and language groups, has an impact on psychological assessment and intervention processes. A broader range of interventions must be used to meet the cultural needs of clients, and to form stronger alliances with clients and their families (Suzuki, Alexander, Lin & Duffy, 2006). In terms of assessment, very few new and culturally relevant tests have been developed that can be applied to a diverse range of cultural and language groups in South Africa, and this has an impact on the assessment and intervention techniques that can be used with clients from this background (Foxcroft, 2004).

According to Pretorius-Heuchert and Ahmed (2001) another impact that diversity in South Africa has on psychological assessment and intervention, is the limited number of people in helping professions, limited financial and physical resources, inefficient and inappropriate mental health services, as well as societal factors such as apartheid, poverty and oppression, that cause psychological problems. A search for relevant psychological assessment and intervention processes is required to address these challenges, and intervention needs to take place in the larger system, where psychology moves beyond individual sessions to focus instead on the community and society as a whole (Pillay, 2003).

1.2 CONTEXTUALISING THE STUDY

According to Ebersöhn, Bender and Cavalho-Malekane (2010), the training of educational psychologists ought to prepare these professionals to function within an ecosystemic paradigm, where the focus is on prevention and mass intervention, while developing theory and research, especially in the context of marginalised communities. Sandtray therapy may have utility for psychological intervention within high-risk and high-need rural schools, to focus on prevention and group intervention within the South African context. Over the last few years, an increased amount of research has been done regarding the use of sandtray intervention with individuals and learners in urban schools in South Africa. Sandtrays have been used in therapy with children who suffer from post-traumatic stress disorder (Weyers, 2004), with learners experiencing behavioural, emotional and learning difficulties (Davids, 2005; Richards, Pillay & Fritz, 2012; Pillay & Terlizzi, 2009), in multi-cultural settings (Kukard, 2006) and with adolescents in group settings (Lubbe-De Beer & Thomm, 2013; Thomm, 2011; Pretorius &

Pfeifer, 2010). The format and process of sandtray therapy within high-risk and high-need rural schools has, however, not been described. Describing the implementation of sandtray therapy within a high-risk and high-need rural school may contribute towards a knowledge base of relevant psychological services within a multicultural South Africa.

This study forms part of Flourishing Learning Youth (FLY), a decade-long partnership between the Centre for the Study of Resilience, University of Pretoria and a remote South African secondary school (Ebersöhn, 2014). FLY is an academic service learning practicum where educational psychology services are provided to Grade Nine learners within a resilience framework (see appendix L for extract from study guide) (Ebersöhn, 2010; Ebersöhn, Bender, Carvalho-Malekane & Bender, 2010, Ebersöhn, 2014). Postgraduate students in Educational Psychology provide this service as part of their academic service learning practicum (Ebersöhn, 2014). For the purpose of the current study the group of ASL students (n=12) consisted predominantly of white females (n=9) speaking English (n=4) and Afrikaans (n=5). The rest of the group of ASL students included an Afrikaans male (n=1), a Tswana female (n=1), and an isiNdebele female (n=1). The Grade Nine learners (n=65) consisted of boys (n=31) and girls (34) with siSwati and isiZulu as home languages.

Students within the FLY partnership use postmodern, qualitative measures when interacting with Grade Nine learners, in order to be responsive to culture and context (Ebersöhn, 2014). Sandtray therapy is one of the measures used with Grade Nine learners during career counselling. The assumption for the use of sandtray therapy is that it might have utility in a diverse setting (language, cultural and contextual).

A range of knowledge has emerged from the FLY partnership. These knowledge bases include: school violence (Mampane, Ebersöhn, Cherrington & Moen, 2010); teaching and literacy (Du Plessis, 2013; Joubert, Ebersöhn, Ferreira, Du Plessis & Moen, 2014; Ebersöhn, Swart, Joubert & Kriegler, 2014; Mampane, 2017); community engagement and academic service learning (Ebersöhn, Bender & Carvalho-Malekane, 2010; Ferreira, Ebersöhn & Mbongwe, 2015; Grobler, 2016; Du Toit, 2016; Edwards, 2016; Machimana, 2016); resilience, poverty and education (Loots, Ebersöhn, Ferreira & Eloff, 2012; Ebersöhn, 2014; Ebersöhn, 2012); HIV/AIDS challenges in schools and homes (Boeving, Finestone, Eloff,

Sipsma, Makin, Triplett, Ebersöhn, Sikkema, Briggs-Gowan, Visser & Forsyth, 2013; Ebersöhn & Ferreira, 2011; Loots, Ebersöhn, Ferreira & Eloff, 2012; Ferreira, Ebersöhn & Odendaal, 2010; Ferreira, Ebersöhn & De Jager, 2013); teacher resilience (Ferreira & Ebersöhn, 2011; Ebersöhn, Ferreira & Mnguni, 2008); and educational psychology assessment and therapy (Ebersöhn, 2012; Ebersöhn, 2014; Malan, 2011; Nel, 2015; Van der Walt, 2013). The current study contributes to this last research focus by documenting the process of the implementation of sandtray therapy with young people in a rural school.

FLY was established in 2006 as a long-term partnership between the CSR, University of Pretoria and schools in rural Mpumalanga. For the purpose of the current study, the secondary school research site was purposefully sampled. The purpose of the FLY partnership is twofold. It provides the scope to generate knowledge on pathways to resilience in rural schools and communities, and also provides a platform for academic service learning. This school is situated in a remote rural area of Mpumalanga province in South Africa (see photograph 1.1 for an aerial view of the location of the school).



Photograph 1.1: Aerial view of school and surrounding area (maps.google.com, 2017)

According to Statistics South Africa (2014) the school is one of 1,762 public schools in Mpumalanga. During a community survey conducted in 2016 (Statistics South Africa, 2016) it was found that young people made up 38.1% of the total population of Mpumalanga. Of these young people, only 36.1% over the age of five years attended school in 2016 (Statistics South Africa, 2016). The school is located in Elukwatini District in the Mpumalanga Province of South Africa, approximately 160 kilometres from the nearest town. Poverty is one of the many

realities faced by people living in Mpumalanga. Government grants and subsidies made up 91.4% of total household income in this province during 2015 (Statistics South Africa, 2016) and poverty intensity increased from 41.8% to 42.7% between 2011 and 2016. According to research conducted in Mpumalanga, during 2012 (Makiwane, Makoae, Botsis & Vawda, 2012), other challenges faced by families living in this province are access to services, including health services, nutritional challenges and child-headed households. Most learners live near the school and walk to school, but transport is available for those living far away. There are daily challenges at the school, including water, electricity, a lack of furniture and laboratory equipment, as well as a limited number of books in the library. The school has a computer centre, which was donated. As a result of fragmented electricity supply and theft, this centre is not used for teaching and learning purposes, and serves as a staff room (see Appendix 3.2 for extract from research journal). Learners receive a meal daily during break time as part of the National School Nutrition Programme implemented by the Department of Basic Education in secondary schools during 2008 (Department of Education, 2009). For many learners, this is their main meal of the day (see photographs 1.2, 1.3 and 1.4 for a context of the school).

The building at the far left of Photograph 1.2 shows the counselling room, where a part of the roof has collapsed and has not been fixed. Photograph 1.3 depicts the agricultural rural context of the school, showing a goat from the community walking around on the school grounds. In Photograph 1.4, women from the community are cooking a meal for learners provided by the Department of Basic Education as part of their School Nutrition Programme.



Photograph 1.2: Inside the school premises



Photograph 1.3: A goat on the school grounds



Photograph 1.4: Women from the community cooking a meal for learners to enjoy during break time

1.3 PURPOSE AND POSSIBLE CONTRIBUTIONS

The purpose of this study is to describe (McMillan & Schumacher, 2010) the systematically documented implementation of sandtray therapy with Grade Nine clients in a rural school. The description involves the direct observation of the target phenomena in a natural environment without experimental manipulation (Sloman, 2010). By using a descriptive method, an in-depth description of the use of sandtrays with groups of youth in a rural school is emphasised.

The advantages of a descriptive study are that it involves observation in a natural environment. The direct observation aspect of descriptive studies was further useful in developing operational definitions of phenomena, rather than relying on verbal reports (Sloman, 2010). However, a shortcoming of a descriptive study includes that the complexity of the natural environment made it difficult to determine which events were functionally related to the target phenomena (Sloman, 2010). It is further noted that descriptive studies do not address hypothesis, correlations or causal relationships (Tripodi & Bender, 2010). Therefore, I did not seek to examine the impact of sandtray therapy.

McMillan and Schumacher (2010) assert that descriptive studies add to the literature by building rich descriptions of complex situations and give direction for future research. The descriptive purposes of this study were to gain new insight with regard to the process of sandtray therapy with groups of youth in a rural school. As a result, by presenting rich descriptions of such a process, it may

inform knowledge on Educational Psychology intervention in rural schools in South Africa.

1.4 RESEARCH QUESTIONS

1.4.1 Primary research question

The study is guided by the following primary research question:

How can insight into the process of implementing sandtrays with groups of youth in a high-risk, high-need rural school inform knowledge on Educational Psychology intervention in rural schools in South Africa?

1.4.2 Secondary research questions

The following secondary research questions are explored in an attempt to understand the abovementioned question:

- *What format and process are followed while using sandtrays with youth in a high-risk, high-need rural school?*
- *What materials are used the most by clients/youth, while using sandtrays in a high-risk, high-need rural school?*
- *How is diversity negotiated between therapist and clients/youth during the process of sandtray therapy in a high-risk, high-need rural school?*
- *How do ASL-students negotiate infrastructure during the process of sandtray therapy in a high-risk, high-need rural school?*
- *How do ASL-students negotiate working with groups versus individual sandtray therapy during the process of sandtray therapy in a high-risk, high-need rural school?*

1.5 CONCEPT CLARIFICATION

The key concepts used in this research study are clarified in the following section. A more in-depth discussion of these concepts is provided in Chapter 2.

1.5.1 Educational psychological assessment and intervention

Psychological assessment can be defined according to three characteristics. Firstly, it consists of a variety of procedures for evaluating characteristics of people, including intellectual ability, personality functioning, neuropsychological status, aptitudes and achievement, and interests and attitudes. Secondly, psychological assessment is rooted in the psychology of individual differences, and thirdly, the assessment process involves integrating information obtained from test protocols, interviews, behavioral observations, collateral reports, and historical documents (Weiner, 2013).

Psychological intervention can vary in the way it is used, but reflects a shared foundation of commitment to healing, training and researching. Evidence for the effectiveness of intervention can be found in thousands of individual studies conducted over several decades. Well-developed interventions lead to positive effects and intended outcomes (Campbell, Norcross, Vasquez & Kaslow, 2013).

It has become evident over the years that the traditional individual approach to assessment and intervention is not adequate to dealing with psychological problems in the South African context (Pillay, 2003). Therapists working with clients from other cultural groups need to take into account the realities of these clients when doing assessment and intervention in contexts that differ from their own (Watson, Duarte & Glavin, 2005).

1.5.2 South Africa as a transforming, post-colonial society

South Africa has a very recent colonial past, where prior to 1994, the majority of people living in this country had no experience of living democratically (Eloff, 2015). This history included inequalities that led to unemployment and poverty for a majority of the cultural groups to which South Africa is home (Teffo, 2008). These circumstances in turn led to major psychological challenges, which need to be adequately addressed by educational psychologists within communities. Currently, imbalances and injustices are still very real for children in South African schools (Badat & Sayed, 2014) and learners deal with the legacies of the past on a daily basis (Teffo, 2008).

Previously, educational psychology used to focus on the individual, but according to Donald, Lazarus and Lolwana (2010), these professionals need to

work from a systemic view if they want to be successful in a post-colonial South Africa. Educational psychology interventions must therefore be adapted to fit the context of the local communities (Heath, Donald, Theron & Lyon, 2014). Psychological assessment and intervention was introduced to South Africa during the colonial period, and needs to be adapted to be indigenous to the people living in a post-colonial South Africa (Foxcroft, 2011). Post-colonial educational psychologists needed to develop alternative assessment methods that were focused on groups and could be used as systemic interventions (Eloff, 2015). This led to the development of alternative assessment and intervention practices (Foxcroft & Davies, 2008).

1.5.3 Educational psychological needs and services in high-risk, high-need schools

According to Gouws, Kruger and Burger (2008), the youth face challenges like eating disorders, underachievement and dropping out of school, emotional disturbances, sexual behaviour, alcohol and substance abuse, juvenile delinquency, and technology. Globally, optimal youth development highlights the importance of both reducing negative behaviour and promoting positive behaviour (Youngblade, Theokas, Schulenberg, Curry, Chan-Huang & Novak, 2007). Fergus and Zimmerman (2005) specify that interventions with youth should focus on assets and resources.

According to Heath, Donald, Theron and Lyon (2014), interventions with youth in high-risk, high-need schools must be culturally and developmentally appropriate and should not cause secondary trauma. An individual's family, community, cultural, spiritual and socioeconomic factors should also be taken into account when developing an intervention. Ebersöhn (as cited in Heath, Donald, Theron & Lyon, 2014, p. 326) describes the need for activities that offer therapeutic value and that focus on children's resilience in the face of challenging situations.

Psychological interventions in high-risk and high-need schools in South Africa can benefit from being solution-focused (Ebersöhn & Eloff, 2006). Sandtray therapy can be used within such a solution-focused approach, while being a

culturally and developmentally appropriate activity that focuses on resilience in spite of challenging situations.

1.5.4 Rural schools as high-risk, high-need schools

According to Ebersöhn and Ferreira (2012), 'rural' calls to mind isolation, backwardness and even 'being left behind'. Schools within rural settings can be seen as high-risk and high-need schools with resource constraints. Children attending rural schools are exposed to chronic adversity and socioeconomic disadvantages, such as limited access to clean water, and high levels of HIV, malaria and other infections, which exposes many children to illness and death in family members (Cortina, Fazel, Hlungwani, Kahn, Tollman, Cortina-Borja & Stein, 2013). Other challenges faced by children in rural schools are hunger, having to travel long distances to school, not being able to afford school fees and uniforms, absenteeism, and dropping out of school (Emerging Voices, 2005). In addition, the emotional costs of humiliation, bullying and sexual harassment make rural schools places that do not meet the physical and emotional needs of young people (Emerging Voices, 2005).

1.5.5 Sandtray therapy

Sandtray therapy is a psychological intervention technique and makes use of a selection of materials essential for this intervention. These materials consist of a sandtray, sand and miniatures used by the client to express their inner world in the sand (Homeyer & Sweeney, 2011). The sandtray therapy session can be seen as a process following a certain format when it is conducted with a client and usually involves six steps to be followed, namely: setting up the sandtray and miniatures; introducing the sandtray and miniatures to the client; the client creating a scene in the sand; the post-creation phase; documenting the sandtray; and cleaning up the sandtray and miniatures (Homeyer & Sweeney, 2011).

Sandtray therapy can be used as a projective assessment or intervention technique in therapy (Lubbe-De Beer & Thom, 2013). Psychologists who have developed this technique include Carl Jung, Anna Freud, Melanie Klein, Dora Kalff and Margaret Lowenfeld. Dale and Lyddon (2010) describe sandplay as a therapeutic technique where clients create a scene in the sand, which corresponds

with their reality, by placing miniature figures in a sandtray. Sandplay can be seen as the process and the sandtray as the medium through which a sandworld is created (Allan, 1998). This sandworld is created by the client with no interruption from the therapist and this technique can be seen as non-directive (Boik & Goodwin, 2000). The role of the therapist is to be an empathic observer, allowing the client to work freely without interruption (Vaz, 2000). According to Mitchell & Friedman (1994), sandtray therapy is based on the premise that it creates a free and protected space for clients to experience healing through the process. This free and protected space is created when the therapist shows complete acceptance, care, empathy and respect to the client and the process (Lubbe-De Beer & Thom, 2013).

According to Kalff (1993), healing takes place through the non-verbal expression of the unconscious world of a client in an external form of symbols, by using miniatures in a sandtray. By connecting the unconscious with the conscious, a feeling of wellbeing and wholeness are restored within the client (Simonye-Elmer, 2004).

In South Africa, a country with 11 official languages and a wide variety of cultures, there is a great need for non-verbal therapeutic techniques in particular. Sandtray therapy can be used as such a non-verbal therapeutic medium, and can notably be used in resource-constrained areas, with vulnerable communities (Lubbe-De Beer & Thom, 2013).

1.5.6 Academic Service Learning (ASL) students

According to Pillay (2003), students must do fieldwork in order to gain experience within diverse communities and cross-cultural settings. As part of their training M.Ed. (Educational Psychology) students at the Department of Educational Psychology at the University of Pretoria engage in service learning within a partnership between the University of Pretoria and a rural secondary school in Mpumalanga (Ebersöhn, Bender & Carvalho-Malekane, 2010). These students implement planned group-based activities with Grade Nine clients in order to assist them with career planning (Ebersöhn, Bender & Carvalho-Malekane). This study took place within this service learning partnership and ASL students were observed while working with groups of Grade Nine clients.

1.5.7 Youth as clients

The youth as clients in this study are Grade Nine learners in a rural secondary school in Mpumalanga. Male and female clients' ages ranged between 13 and 18 years, which demarcates the developmental stage of adolescence. According to Papalia, Olds and Feldman (2002), adolescence can universally be seen as the period between childhood and adulthood wherein major physical, cognitive and psychosocial changes take place. Rice and Dolgin (as cited by Gouws, Kruger & Burger, 2008, p.5) mention that the environment in which an adolescent grows up influences their development, relationships, adjustments and problems. Youth in this study received career counseling services, which took into account their environment through the use of assessment and intervention techniques adapted for their context.

1.5.8 Diversity within therapeutic relationships in South Africa

Diversity can be defined in terms of culture, race, ethnicity, socio-economic status, sexual orientation, values and beliefs (Pillay, 2011). Therapists working with clients from diverse cultural backgrounds need to be culturally sensitive to these clients' attitudes, beliefs and behaviours (Yeh, Hunter, Madan-Bahel, Chiang & Arora, 2004). They need to be aware of the impact of diverse contexts on the therapeutic relationship and must be prepared to play a more active role in supporting clients to make sense of their experiences (Bischof & Alexander, 2008).

Therapists need to be able to implement a diverse range of interventions with clients within a diverse range of contexts if they want to be of value to their clients (Pillay, 2003). They need to be able to adjust therapy techniques to address the needs of a diverse South African population (Ebersöhn, Bender & Carvalho-Malekane, 2010).

1.6 PARADIGMATIC LENSES

1.6.1 Theoretical framework

1.6.1.1 Common factors model: therapeutic alliance

The common factors model describes conditions and processes involved in a wide range of different psychotherapy approaches which have been linked to positive

outcomes for clients (Lambert & Ogles, as cited in Cameron & Keenan, 2010). These conditions and processes emerged primarily from studies regarding the effectiveness of psychotherapy (Grencavage & Norcross, 1990). As indicated in literature, psychotherapy can be seen as more effective than no therapy at all and a wide range of psychotherapies and approaches can be used to achieve change for a client (Lambert & Ogles; Wampold; Rozenweig, cited in Pickar & Lindsey, 2008). Grencavage & Norcross (1990) identified 35 commonalities between different approaches within psychotherapy. The authors organised these into five main categories, namely: 1) client characteristics; 2) therapist qualities; 3) change processes; 4) treatment structures; and 5) relationship elements. O'Hara (2010) also identified common factors which could lead to positive therapy outcome, namely: 1) extra-therapeutic factors; 2) the therapeutic alliance or relationship; 3) the theory of practice; and 4) hope and expectancy. Cameron and Keenan (2010) also elaborated on the common factors model and added three more common factors to the four factors identified by O'Hara (2010), namely: 1) therapist factors; 2) practice strategies; and 3) social network factors. Fife, Whiting, Bradford and Davis (2014) proposed a meta-model describing the relationship between two specific common factors, namely: therapeutic alliance, and techniques. They added a third common factor to their meta-model known as the therapist's way of being. This meta-model is a hierarchical model in the form of a pyramid indicating the relationship between the three common factors used within this model. According to this meta-model, the effectiveness of psychotherapeutic techniques depends on the strength of the therapeutic alliance, which in turn depends on the quality of the therapist's way of being.

Despite the fact that this is a very recent model, it is chosen as suitable to guide this research study as it is applicable across different techniques and within different contextual settings (Fife et al., 2014; Beutler & Harwood, 2002). I therefore propose an integration of some of the identified common factors as indicated in the therapeutic pyramid. I will call these factors technical aspects, therapeutic relationship and therapist interpersonal skills, respectively, and assume that these factors contribute to the therapeutic alliance between therapist and client within the therapy situation.

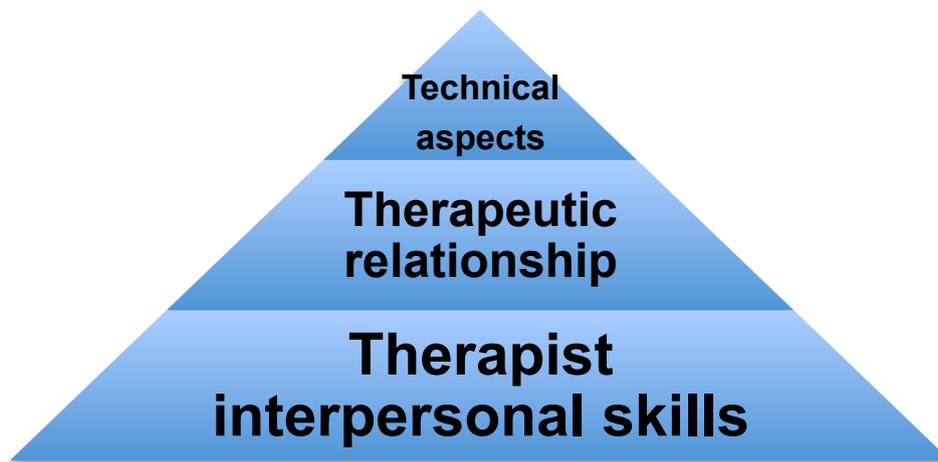


Figure 1.1: Therapeutic alliance for this study based on the therapeutic pyramid of Fife et al., (2014).

1.6.1.2 Therapeutic alliance

Therapeutic alliance is an encompassing term for psychological intervention (Ma, 2007). This term emphasises the cooperative nature of the partnership between the therapist and client. Green (as cited by Campbell & Simmonds, 2011, p. 195) refers to the term therapeutic alliance as a comprehensive term for various therapist–client interactions, as well as the relationship during treatment. The relationship between therapeutic alliance and treatment outcomes has been empirically proven (Horvath; Horvath & Bedi; Krupnick, et al.; Feltham & Horton, as cited by Campbell & Simmonds, 2011, p. 195) and the importance of this relationship is widely recognised (Green; Hubble, Duncan, & Miller; Shirk & Karver, as cited by Campbell & Simmonds, 2011, p. 195). The techniques used, the relationship between the therapist and client and the interpersonal skills of the therapist all contribute to the success of the therapeutic alliance.

1. Technical aspects

Technical aspects can be defined as the implementation of techniques by therapists to reach therapy goals (Oddli & Rønnestad, 2012). Knowledge of therapy approaches and the use of techniques within these approaches are essential to effective therapy outcomes as they form part of the therapist–client relationship (Fife et al., 2014). In the current study, I document sandtray therapy, which is non-directive and non-verbal in nature (Boik & Goodwin, 2000) as sandtray therapy facilitates a free and protected space created by the therapist

within the therapist-client relationship.

2. Therapeutic relationship

Hubble et al. (as cited by Campbell & Simmonds, 2011, p. 196) report that around 30% of client improvement happens within the therapeutic relationship. This places emphasis on the importance of this relationship in therapeutic change. The mutual commitment to and the cohesion within the relationship play an important role in the achievement of positive outcomes during therapy (Orlinsky et al., cited in Cameron & Keenan, 2010). Hobbs (cited in Gravage & Norcross, 1990) calls this relationship a safe environment, where clients can experience intimacy without being hurt by others, and it therefore forms the basis for other relationships outside of therapy.

3. Therapist interpersonal skills

Many personal traits of the therapist, such as being supportive, helpful and kind may be part of the quality of the therapeutic alliance (Ma, 2007; Bachelor & Salame, 2000). An important personal trait of the therapist is empathy, which can be described as a person's capacity to understand what others intend by imaginatively experiencing the other's sensations, emotions, feelings, thoughts, beliefs, and desires (Corradini & Antonietti, 2013; Corey, 2005; Egan, 2010). The therapist must be fully present to the client, and must try to be in the here and now as far as possible; be willing to meet the client honestly and authentically, and in so doing, to be touched and moved by the impact of the client (Joyce & Sills, 2010). Other skills, such as personal well-being, acceptance and genuineness also play an important role in the therapeutic relationship (O'Hara, 2010). The therapist must be able to establish a free and protected space and must possess openness towards the client and the therapeutic environment (Kalf, 1991).

1.6.2 Metatheoretical Paradigm

The aim of this study is to provide a description in order to document the process of sandtray therapy with youth in a rural school. During the gathering and analysis of data phenomenology was used as a methodology.

Phenomenology is concerned with human existence and experience (Terre

Blanche, Durrheim & Painter, 2006). It therefore describes the common meaning for several individuals of their real life experiences of a concept or a phenomenon. The basic purpose of phenomenology is the investigation of a phenomenon itself, rather than breaking it down into its integral parts, where the essence of the experience is explored (Morgan & Sklar, 2012). Phenomenology reduces individual experiences with a phenomenon to a description of its universal essence (Creswell, 2013). It can be described as a way of seeing how things appear through direct experience (Finlay, 2012). During phenomenological research, the researcher looks for a better understanding of a particular phenomena (Finlay, 2012). In this study I tried to get a better understanding of sandtray therapy as intervention in a rural school in order to better understand this phenomena and to capture the essence of its use as an Educational Psychological assessment and intervention tool.

A phenomenological study includes processes of phenomenological reduction, horizontalisation, and imaginative variation (Merriam, 2009; Giorgio & Giorgio, 2008). Phenomenological reduction includes a continuous focus on the essence of the experience for better understanding. Horizontalisation involves the treatment of all data as equally important at the initial data analysis stage. During imaginative variation, the data are examined from different perspectives and frames of reference. A final step during a phenomenological study is the construction of a synthesis of the 'what' and 'how' of the phenomenon being studied (Merriam, 2009). During this study, all three these processes were adhered to, which led to a synthesis of what this process involved, as well as how sandtrays are used with youth in a rural school.

The challenge for researchers using the phenomenological method is the descriptive aspect of the lived world with its temporary, spatial, and interpersonal characteristics (Terre Blanche, Durrheim & Painter, 2006). This challenge was addressed by immersing myself into this lived world, so as to be able to describe this world with all its above characteristics. Further challenges experienced with a phenomenological study include that the bracketing of personal experiences may be difficult for the researcher to implement, because interpretations of the data always incorporate the assumptions the researcher brings to the topic. Thus, the researcher needs to decide in what way his or her personal understandings will be introduced into the study (Creswell, 2013). Throughout the research process, the

researcher needs to remain open to new understanding and go beyond known experiences or established knowledge (Finlay, 2012). This limitation was taken into account by keeping a reflective journal.

1.6.3 Methodological Paradigm

A qualitative research design, that is contextual and interpretive in nature, was used as preferred mode for this study. According to Creswell (2013), qualitative research is conducted to explore a problem or issue or when a complex, detailed understanding of an issue requires explanation. Qualitative research as a research methodology is concerned with understanding the process and the social and cultural contexts that underlie various behavioural patterns. It typically studies people or systems by interacting with and observing the participants in their natural environment and focusing on their meanings and interpretations (Maree, 2007). According to Terre Blanche, Durheim and Painter (2006) qualitative research is naturalistic, holistic, and inductive.

In this study, I documented the process of sandtray intervention to gain a complex understanding of how it took place in a certain setting. During this documentation, qualitative research assisted me in exploring this process in depth. It allowed me to record the participants' actions and behaviours. This led to an insider perspective that added to the richness of the proposed study.

Challenges I faced during the study by using qualitative research was that it might not be possible to generalise the results of this study to other settings. The data collection process was time consuming, and I was also obliged to collect a great deal of data to be able to make reliable assumptions about the sandtray process. The results of the study might also have been influenced by my personal biases, and I was obliged to guard against getting too involved with the data (Terre Blanche, Durheim & Painter, 2006). As this was my first research project, it was necessary to familiarise myself with the data collection and analysis procedures to avoid the influence of personal ignorance on the results of this study.

1.7 RESEARCH DESIGN AND METHODOLOGY

The single design case study used in this study is introduced in this section. The use of other methodology such as case selection, data collection and

documentation, as well as the analysis of data, are also discussed briefly and a visual overview of the research design and methodology are given in Table 1.1. More detail is given on the research process in Chapter 3.

Table 1.1: Overview of research design and methodology

Research Design	
Single case study	
<ul style="list-style-type: none"> • The use of a single case study design in this study made it possible to describe the sandtray process as educational psychological intervention. • This description answered “how” questions regarding the process as it took place within a rural school setting. 	
Defining the single case	Non-probability, purposive sampling of the case
The unit of analysis is masters’ students’ implementation of sandtray therapy in an existing study (Flourishing Learning Youth).	The sampled cases included sandtray process data of all 2014 ASL students (1 male and 11 female) and Grade Nine clients (31 male and 34 female) forming part of the 2014 unit of analysis. Secondary data was also sampled and made up of reflections from 12 M.Ed. (Educational Psychology) students at the University of Pretoria, involved in the Service Learning Partnership at a rural school as part of their training during 2014.
Paradigmatic assumptions	
Methodological paradigm	Qualitative method
Epistemological paradigm	Phenomenology
Selection of participants	
Sampling method: Purposive sampling of the sandtray process data of all 2014 ASL students (one male and 11 female) and Grade Nine clients (31 male and 34 female) forming part of the 2014 unit of analysis, as well as reflections of all 12 2014 ASL students on the sandtray process.	

<p>Sampling criteria: (1) Processes of sandtrays which formed part of the FLY partnership during 2014 in a high-risk, high-need rural school; (2) Instances of sand trays administered with clients as part of an Educational Psychological intervention in a rural school; (3) Diversity of clients with regards to language, race and gender; (4) Diversity of ASL students with regards to language, race and gender; (5) Complete data sources of sandtray intervention captured through photographs, videos, ASL reflections and research journal; (6) The context within which the intervention took place was a high-risk, high-need rural school.</p>	
<p>Data collection and documentation</p>	
<p>Data collection techniques:</p> <ul style="list-style-type: none"> • Observations as non-participant observer of the process of sandtray therapy by ASL students with youth in a rural school • Research journal • Secondary data 	<p>Data documentation techniques:</p> <ul style="list-style-type: none"> • Photographs • Verbatim transcriptions of videos • Field notes • Reflections of ASL students
<p>Data analysis and interpretation</p>	
<p>Thematic analysis was used inductively to analyse the data based on the six phases described by Braun and Clarke (2006).</p>	

1.8 QUALITY CRITERIA

For this study, I made use of the model of trustworthiness by Guba (as cited by Shenton, 2004, pp. 64-72). This model consists of four general criteria: credibility, transferability, dependability and confirmability. Authenticity described by Seale (1999) was also added to ensure the quality of the study. Table 1.2 shows a representation of these strategies. See Chapter 3 for a detailed discussion of the quality criteria of this study.

Table 1.2: Summary of quality criteria strategies:

Criteria	Description	Strategies
Credibility	Significance of results of the study for participants and	<ul style="list-style-type: none"> • Appropriate, well recognised research methods.



Criteria	Description	Strategies
	readers of the study (Miles & Huberman, cited by Di Fabio & Maree, 2012).	<ul style="list-style-type: none"> • Thick description of phenomena being studied. • Examination of previous research to frame findings of study. • Use of various data sources. • Two visits to the research site to familiarise myself with the context.
Transferability	Generalisation of research findings (De Vos, 2005) to enable comparisons of the research findings to similar situations (Lincoln & Guba, 1985).	<ul style="list-style-type: none"> • Rich background description of the research setting. • Detailed description of data collection process. • Detailed description of methods used in this study.
Dependability	Dependability and stability of research methods over time (Goetz & LeCompte, as cited by Di Fabio & Maree, 2012).	<ul style="list-style-type: none"> • Using different methods of data collection. • Audit trail of data collection and analysis.
Confirmability	Research results are based on the data collected from research participants and research methods as opposed to the subjective opinion of the researcher (Lincoln & Guba, 1985).	<ul style="list-style-type: none"> • Rich description of methodology. • Audit trail. • Reflective journal.
Authenticity	Representation of a range of different viewpoints (Seale, 1999).	<ul style="list-style-type: none"> • ASL students' reflections. • Supervisor opinion and viewpoint on analysis of raw data.

1.9 ETHICAL CONSIDERATIONS

This study formed part of the FLY project for which the Ethics Committee of the University of Pretoria granted ethical clearance. Care was taken to ensure that no persons in this study could be identified in the reporting of the results. The observations captured in visual data were kept secure and anonymity was guaranteed.

For the use of data in this study, informed consent and assent has been obtained from clients, caregivers and ASL students. These individuals were treated with respect and confidentiality was guaranteed throughout the study.

As I was also a part of the FLY project and also involved in the sandtray intervention as part of my training in 2015, I had to be conscious of the concept of reflexivity. By reflecting on my own experiences I was able to monitor those that might have influenced the research results.

1.10 CONCLUSION

This chapter provided a background and introduction to the research study. The purpose and possible contributions of the study were discussed followed by the primary and secondary research questions. The key concepts related to the study were then discussed, followed by the paradigmatic lenses of the study, which included the theoretical framework. The research design and methodology were discussed in brief and the chapter concludes with an outline of all the chapters.

1.11 CHAPTER OUTLINE

Chapter 1: Overview of the study

Chapter 1 provides a brief overview of the study by contextualising the study and providing the rationale, purpose and possible contributions of the study. The questions guiding this study are formulated and the key concepts are defined. The theoretical framework used in the study is discussed in detail followed by an overview of the paradigmatic lenses, research design and methodology. The chapter concludes with a brief discussion of the quality criteria and ethical considerations for the study.

Chapter 2: Literature review

Chapter 2 presents a review of global and South African literature that relates to the study. It explores the key concepts of the study and provides an overview of educational psychological assessment and intervention in a transforming, postcolonial society. This is followed by a discussion of high-risk, high-need schools globally and in South Africa as well as sandtray therapy. The chapter concludes with the conceptual framework that frames the study and a visual representation of this framework is provided.

Chapter 3: Research methodology

Chapter 3 provides a detailed discussion of the research design and data generation. This includes data collection methods, sampling of the case and the documentation of the data. This is followed by a discussion of the data analysis process. The chapter concludes with a detailed review of the quality criteria and ethical considerations.

Chapter 4: Research results and discussion of findings

Chapter 4 presents the findings of the study in a discussion of the themes and sub-themes that emerged from the careful analysis of the data. These findings are linked with relevant literature reviewed and the conceptual framework discussed in Chapter 2 as well as with the theoretical framework and background to the study discussed in Chapter 1.

Chapter 5: Conclusions and recommendations

Chapter 5 provides a summary of the main findings as they address the research questions. This chapter further provides contributions and potential limitations of the study. It concludes with recommendations for practice, training as well as future research.



CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This study describes the implementation of sandtray therapy as educational psychological assessment and intervention technique by Academic Service Learning (ASL) Educational Psychology students with young clients in a rural high school. The aim is to inform knowledge on educational psychological assessment and intervention techniques used with clients in high-risk and high-need schools and thereby build knowledge on educational psychological assessment and intervention techniques needed in rural high risk, high need environments. A literature review is provided into high risk, high need schools in order to understand the need for educational psychological services in such contexts. This literature review includes the educational psychological needs of schools in challenging contexts and the educational psychological services currently available for intervention in South African schools. A brief overview is provided on educational psychological assessment and intervention in a transforming, postcolonial society. This is followed by a review of sandtray therapy as an educational psychological assessment and intervention tool. The chapter concludes with an overview of the conceptual framework.

2.2 EDUCATIONAL PSYCHOLOGICAL ASSESSMENT AND INTERVENTION IN A TRANSFORMING, POSTCOLONIAL SOCIETY

The effects of colonisation usually last well into any post-colonial period (Duran & Duran, cited in Donald, Lazarus & Lolwana, 2010, p. 152). In South Africa, these effects are still very real, as this country has the most recent colonial past of all the countries in Africa (Donald, Lazarus & Lolwana, 2010). Poverty can be seen as one of these effects and social problems as well as barriers to learning in schools can be directly or indirectly linked to the after effects of colonisation in South Africa (Donald, Lazarus & Lolwana, 2010).

Although educational psychologists are health professionals who work primarily in the education sector, their scope of practice extends beyond schools and classrooms (Eloff, 2015). During the apartheid era, educational psychologists

had numerous job opportunities, as they played an important role in the education sector. This role was fixed and psychometric assessment was an integral part of their responsibilities (Eloff, 2015). According to Ebersöhn (2012), the training of psychologists might not have equipped them to work with clients in resource scarce environments. Assessments were done individually, and interventions were planned according to the results. Moving into a democratic South Africa, the use of these psychometric assessment tools created challenges for educational psychologists as they were developed and standardised on a small part of the population, which lead to barriers with for instance language (Eloff, 2015). The use of psychometric assessment tools that were based on imported knowledge led to a non-acknowledgement of local South African knowledge, and therefore to misunderstanding and interventions that were not necessarily therapeutic for the population in which it had been used (Ebersöhn, 2012).

In order to best address clients' emotional needs, psychosocial interventions must be adapted to fit the context of the country and local community (Heath, Donald, Theron & Lyon, 2014). These interventions must move beyond one-on-one services, and must rather focus on community-based support (Amzel et al., cited in Heath, et al., 2014, p. 320). It has become evident over the years that the traditional individual approach to assessment and intervention is not adequate to deal with psychological problems in the South African context (Pillay, 2003). This is complicated by the fact that the majority of the South African population does not have the finances or access to private psychological services (Pillay & Lockhat, 2001). According to Pretorius-Heuchert and Ahmed (2001) there are not enough psychological help for the vast number of people with psychological problems in South Africa who do not have the financial resources or ability to reach out to psychologists.

The core ethical consideration for those conducting psychological assessment and intervention in South Africa is to be sensitive to clients' cultural backgrounds and values during the selection, administration, interpretation and reporting phases of the assessment process (Foxcroft, 2011). Multi-cultural intervention and the importance of adapting these interventions to meet the cultural values and expectations of individual clients must not be underemphasised (Corey, 2009). The term multicultural does not only include racial and ethnic categories, but also refers to diversity in the areas of politics,

language, religion and socio-economic status (Hartzenberg, 2001). Multicultural societies may therefore be defined as the different races, languages, cultural groupings, religions and socio-political backgrounds that exist within a society (Beck, 2003).

According to Foxcroft (2004), the majority of standardised assessment instruments currently available in South Africa need to be adapted to be used within a multicultural context, as they are outdated, and not appropriate for use with the different cultures in South Africa. The availability of assessment instruments in the different languages used in South Africa is also a concern, as most of instruments were developed in English or Afrikaans, and those developed in other languages are not updated on a regular basis (Foxcroft, 2004). Approaches and methods currently used for assessment and intervention are normally based on American and European research, which are not applicable to a South African population's multicultural and socio-economic differences (Bester, 2004). Stead and Watson (2006) call for the development of indigenous psychology to address career assessment in South Africa. According to these authors, the use of indigenous psychology will lead to a more open interpretation of different cultural meanings people attribute to the process of choosing a career. Most South Africans do not have access to psychological services, and for those who do, the services are mostly developed for a different cultural group (Jassat, Akhurst & Adendorf, cited in Coetzee, Ebersöhn & Ferreira, 2009). In order to address these shortcomings, assessment and intervention need to also focus on an individual's social and historical background (Maree, 2009). Maree (2009) calls for research into appropriate assessment instruments, to be broadened in order to fit with South Africa's diverse contexts. Stead and Watson (2006) also encourage the development of new assessment instruments or the adaptation of existing instruments, in order to be useful for the South African context. The post-apartheid period in South Africa was characterised by the development of various alternative assessment methods (Moletsane & Eloff, 2006). These assessment methods focused more on group intervention, interventions within the classroom as well as systemic interventions within the school (Eloff, 2015).

PEPFAR (as cited in Heath, et al., 2014, p. 320) recommends that intervention services must be offered within natural settings, such as schools, and within existing community organisations, such as religious or spiritual centres.

Psychologists must be able to culturally adapt existing measures for use in resource-scarce environments with a cross-cultural population (Carter et al., cited in Ebersöhn, 2010, p. 391). These adapted measures, as well as postmodern measures, will enable students to engage with clients who differ from them in terms of race, language, socioeconomic status, geographical variables, and educational level, and, in some instances, gender and religion (Ebersöhn, 2010). In South Africa, educational psychologists responded pro-actively to the challenges of an emerging democracy. Interventions were responsive and inclusive to support a larger population with more flexibility (Eloff, 2015). As psychometric assessment tools, developed for a small part of the population in South Africa, still propose a challenge to a diverse society there is a great need to find ways to support children outside of the traditional modes of assessment and support (Eloff, 2015).

Educational psychologists in South Africa have already started repositioning themselves away from one-on-one services to clients, towards studies into future ways of intervention, such as resilience in townships (Mampane & Bower, 2011), pre-school teacher beliefs about HIV and AIDS programmes (Ruto-Koirr & Lubbe-De Beer, 2012), non-invasive career-counseling techniques (Maree, 2012), to name just a few.

Using educational psychological interventions such as sandtrays with children in high-risk, high-need schools can be beneficial. Children in countries like South Africa are struggling with histories of social and political change. These interventions allow them to externalise trauma in a safe and contained space, within the frame of the tray and the counsellor (Richards, Pillay & Fritz, 2012). They can also be used to focus on systemic change at school level (Eloff, 2015).

2.3 HIGH RISK, HIGH NEED SCHOOLS: GLOBALLY AND IN SOUTH AFRICA

2.3.1 Introduction

The aim of research is generally to generate knowledge in a specific scientific domain as well as improve functioning of the personal and work lives of all participants to the study as well as that of the researcher (Ebersöhn, Loots, Eloff & Ferreira, 2015). Research into the challenges of high-risk, high-need schools can therefore generate knowledge in the domain of educational psychology in order to

improve the lives of young people attending high-risk, high-need schools. This research can also inform knowledge on educational psychological interventions with young people in these schools. Educational psychological research done over the last 10 years has indicated that various new and alternative intervention and assessment approaches have been developed in order to serve a wider variety of clients in diverse settings (Eloff, 2015). Despite this research, there is still a great need for intervention and assessment instruments that can address the psychological needs of young people facing hardships in their everyday lives, and more research is therefore needed in this area.

Globally, high-risk, high-need schools possess certain characteristics that set them apart from high-functioning schools. These schools face a wide variety of challenges, which include: overcrowding; limited resources (Gehrke, 2005); facilities and buildings in need of repair; high levels of economic and social deprivation (Lupton, 2004); low levels of parental education; high teacher turnover rates; and inexperienced teachers (Bantwini, 2009). These schools can be primary or secondary schools, and are found in urban as well as rural areas. The school used for the purpose of this study is a rural secondary school in Mpumalanga, South Africa.

According to the Department of Basic Education (2014), approximately 14 million learners attended school in South Africa during 2014. The majority of these learners attended public schools. Learners not attending school cited reasons such as lack of money, poor academic performance, family commitments and seeing education as useless. Although less than one percent of learners felt that transport was a barrier to attending school, it was found that 72.2% of learners walked to school every day. Learners in public schools who benefited from school nutrition programmes made up 75.6% of total learners attending these schools, and learners in Limpopo, Eastern Cape and Mpumalanga provinces were the most likely to benefit from this nutrition programme.

Most schools in South Africa consist of a multiracial, multicultural and multilingual school population (Pillay, 2011). According to Prinsloo (2007) barriers to the provision of quality education for children in these schools include issues such as poverty, disintegration of family life, a decline in morals and values, violence, the effects of HIV/AIDS and language and cultural differences. There are significant discrepancies in the resourcing of schools, which leads to under-

resourced schools experiencing shortages in textbooks, teachers and educational psychological support (Pillay, 2011). Maree (2010) summarises factors that contributes to underachievement of learners in South African schools as being poor management by headmasters, inadequate training of teachers, poor infrastructure, absenteeism of learners and teachers, lack of support from the Department of Education, as well as poor communication between schools and the communities in which they are situated.

2.3.2 Rural schools as high risk, high need schools

As discussed previously in this chapter, high-risk, high-need schools have certain characteristics that set them apart from high functioning schools. In South Africa, rural schools display these characteristics mostly as a result of being isolated and under-resourced (Arnold, Newman, Gaddy & Dean, 2005).

According to Hart (as cited in Magano & Rambado, 2012), the lifestyles in rural areas differ greatly from those in urban areas, and the main reason for this is the limited availability of services to rural areas. In South-Africa, rural settings are challenged by issues such as severe poverty, high levels of illiteracy, poorly developed infrastructure, limited access to health and social welfare services, and HIV and AIDS-related loss and grief, which leads to caretaking responsibilities and additional financial strain (Howley & Howley, Maltzan, Tickamyler, cited in Ebersöhn & Ferreira, 2012, p. 34). Poverty and unemployment are an everyday reality for people living in rural areas (Emerging Voices, 2005). Schools within these settings face a unique set of challenges (Arnold, Newman, Gaddy & Dean, 2005). Most rural schools reside in inaccessible areas, which makes it difficult for resources and facilities to reach them. There are also limited transport resources to these areas, where learners usually walk long distances to school (Herselman, 2003). Post-apartheid South African rural schools often have buildings that need repair, they have limited or no access to water, electricity and sanitation and restricted access to resources needed for teaching and learning to take place (Ebersöhn & Ferreira, 2012; Ebersöhn, 2014). Rural settings are usually isolated and this makes it difficult to find qualified teachers for schools in these environments (Gregson, Waters & Grupetta, 2006). Another challenge within rural areas is domestic and agricultural duties, which can create tension between

school schedules and family responsibilities and roles. These duties are necessary for survival, and form part of the daily routine of rural life (Emerging Voices, 2005), but lead to absenteeism and school dropouts. School dropouts have been identified as a major problem among young people living in marginalised areas of South Africa (Petersen, Swartz, Bhana & Flisher, 2010). These dropouts usually occurs from Grade Nine onwards, as a result of repeating grades, poor academic support, poor relationships with teachers, boredom, and perceptions of poverty in relation to others (Petersen, Swartz, Bhana & Flisher, 2010).

The identification of the above challenges in high-risk, high-need schools, especially in rural settings in South Africa, indicate that research is necessary to identify educational psychological intervention tools to support learners facing the above challenges in these school settings.

2.4 THE DEMAND FOR EDUCATIONAL PSYCHOLOGY SERVICES IN HIGH RISK, HIGH NEED RURAL SCHOOLS

2.4.1 The need for Educational Psychology in high risk and high need schools

According to a report compiled by the United Nations (Human Sciences Research Council, 2011), one in five people are between the ages of 15 and 24. Globally, young people are currently seen as the most educated of all generations (Human Sciences Research Council, 2011), but also as vulnerable (Looney, 2015; Li, Liebenberg & Ungar, 2015). Vulnerability can be as a result of war and disease, being orphaned, mental health issues, child labour, or cultural, gender, racial or religious discrimination (Looney, 2015). As a result of these vulnerabilities, young people may suffer from poor psychosocial development (Li, Liebenberg & Ungar, 2015).

During 2010, 93% of South African school-going young people were enrolled in public schools (Human Sciences Research Council, 2011). These young people are not a homogenous group and they live in a country where everyday life is characterised by uncertainty. According to the Youth Risk Survey (Human Research Council, 2011), South African young people had been exposed to a wide variety of change, which affected them on a personal, political, social and economic level. Adding this change to their developmental processes, they

are at risk for the consequences of behaviours related to violence, substance abuse, risky sexual activity, and other health risks. Young people in South Africa have an expected lifespan that is the lowest in the world (Human Sciences Research Council, 2011). Most South African young people can therefore be viewed as vulnerable (Booyesen & Arntz, cited in Ebersöhn, 2010, p. 385). Chronic adversity is one of the biggest risk factors for psychological problems in children (Cortina, Faze, Hlungwani, Kahn, Tollman, Cortina-Borj, Stein, 2013). Personal risk factors include the emotional costs of being humiliated, bullied and sexually harassed in school (Emerging Voices, 2005). Environmental risk factors include poverty, care-taking responsibilities for family members as a result of HIV&AIDS-related illnesses, learning barriers as a result of second or third language learning, and attrition, which partly results from teenage pregnancies (Brookes, Shisana, & Richter; Cluver & Gardner, cited in Ebersöhn, 2010, p. 385). Socioeconomic disadvantages, such as limited access to clean water, and high levels of HIV, malaria, and other infections, expose many children to illness and lead to death of family members. All these factors make children vulnerable to a spectrum of psychological problems (Cortina, Fazel, Hlungwani, Kahn, Tollman, Cortina-Borja & Stein, 2013). Psychologists need to provide young people with functional tools to support them, in designing lives that demonstrate resilience (Bray; Cluver, Gardner, & Operario, cited in Ebersöhn, 2010, p. 385). The use of cultural sensitivity when engaging with children from diverse cultures is of utmost importance (Richards, Pillay & Fritz, 2012).

Interventions in South African schools take longer, because of the abovementioned chronic and cumulative adversities. These interventions need to be able to adapt to constant changes (Ebersöhn, 2014). The place in which intervention are implemented in South African schools includes high risk and high need barriers as well as significant resource constraints (Bantwini, 2009). According to Moletsane (2012) urgent studies are needed to identify existing resources and assets in schools and communities, in order to implement these to make a difference in the lives of young people in rural contexts. These studies need to acknowledge and make use of authentic knowledge and assets, as well as resources from the communities, to create interventions that will fit these communities.

2.4.2 Educational Psychological services in high-risk, high-need schools

According to the World Health Organisation (WHO, 2001), people in many parts of the world do not have access to mental health services. Areas with crippling social conditions, including unemployment, poverty, violence, and orphans resulting from HIV/AIDS, are especially in need of psychological services (Freeman, 2004) while these services are not readily available. Currently, years after the end of apartheid, psychological services in South Africa continue to be inadequate to addressing the mental health needs of the majority of people living in South Africa (Van Wyk & Naidoo, 2006). People living in areas with little resources, especially rural areas, are still struggling to gain access to health services, including mental health (Moletsane, 2012). Schools situated in these areas have a greater need for psychological services, as they have fewer resources, which leads to a number of socio-economic barriers impacting on young people within these communities (Ebersöhn, Loots, Eloff & Ferreira, 2015). Educational Psychologists in South Africa are trained to do psychological assessments and intervention in order to optimise human development (Health Professions Act, 2011).

Psychological assessment can be defined as a process-orientated activity, which is aimed at gathering a wide variety of information. This information can be gathered by using assessment measures including tests, as well as information from other sources, like interviews or a person's history. The information is then evaluated and integrated to reach a conclusion (Foxcroft & Roodt, 2005; De Bruin & De Bruin, 2006). There has been a gradual shift away from isolated psychometric testing towards a more dynamic assessment culture, as well as a need for more cooperation and participation with everyone involved in the assessment situation (Lubbe, 2004). Assessment in educational psychology can be seen as both individual and systemic. Individual assessments include the use of psychometric testing, dynamic assessment, functional assessment and play-based assessment, while systemic assessments include eco-systemic and community-based assessments (Lubbe, 2004).

Psychological intervention accompanies the assessment process, and can follow, or be integrated with the assessment process (Ferreira, 2004). According to Feltham (2012), there are no single agreed upon definition of intervention, where the author offers the following working definition:

Counseling [sic] and psychotherapy are mainly, though not exclusively, listening-and-talking-based methods of addressing psychological and psychosomatic problems and change, including deep and prolonged human suffering, situational dilemmas, crises and developmental needs, and aspirations towards the realization [sic] of human potential. In contrast to biomedical approaches, the psychological therapies operate largely without medication or other physical interventions and may be concerned not only with mental health but also with spiritual, philosophical, social and other aspects of living. Professional forms of counseling and psychotherapy are based on formal training which encompasses attention to pertinent theory, clinical and/or micro-skills development, the personal development/therapy of the trainee, and supervised practice.

The intervention process deals with personal, social, vocational, empowerment and educational concerns (Atkinson, cited in Thompson & Henderson, 2007, p. 22). The process is theory based, and structured. It involves the building of a relationship between two people who meet, so that one person can help the other resolve a problem. Intervention can also happen as a group process, where the group counsellor functions as both a facilitator and a counsellor (Thompson & Henderson, 2007; Ferreira, 2004).

Educational psychological intervention can take many forms, which include different techniques that have been developed over the years. Researchers and practitioners often focused on the use of a single approach, or on a set of techniques. This has however changed, and today, a blend of multiple approaches and therapeutic techniques are used in order to address the specific needs of clients facing specific challenges within their unique contexts, and within the framework of their unique personal characteristics, strengths and assets (Ferreira, 2004).

The accessibility of educational psychologists varies dramatically across countries (Jimmerson, Stewart, Skokut, Cardenas & Malone, cited in Theron & Donald, 2012, p. 52). Access is more likely in developed societies, with stable

economies and emancipated worldviews (Theron & Donald, 2012). In Sub-Saharan Africa, interventions to prevent neglect and abuse of children require much higher profile and priority (Jewkes, Dunkle, Nduna, Jama & Puren, 2010). The majority of therapists in South Africa are, however, still white (Maree & Van der Westhuizen, 2011). According to Maree, Ebersöhn & Molepo (2006), these therapists can be seen as largely privileged, offering their services to marginalised clients, who differ from them in respect of cultural and language backgrounds. Psychologists were previously trained in skills and techniques that did not necessarily equip them to work in situations with no available resources (World Health Organization, 2010). This is especially true for students practicing in rural, multicultural settings in South Africa. Assessment and intervention instruments used by educational psychologists do not address the needs of the majority of people in South Africa (Nicholas, Naidoo & Pretorius, 2006). According to Coetzee, Ebersöhn & Ferreira (2009) more research is needed into the indigenisation of assessment instruments. Globally, cultural integration and conflict and challenges assessment and knowledge of psychopathology, and therefore personal perspectives of educational psychologists ought to be broadened beyond their own personal backgrounds (Achenbach, Becker, Döpfner, Heiervang, Roessner, Steinhausen & Rothenberger, 2008).

Psychologists are often not trained to use interviews and assessment measures in culturally appropriate ways. Language and communication problems can develop when clients and test developers do not share a common cultural background (Byrne, Oakland, Leong, Van de Vijver, Hambleton & Cheung, 2009). There is a growing acknowledgement of the necessity to develop and adapt assessment instruments and procedures to be used with diverse populations (Carter, Lees, Murira, Gona, Neville & Newton, 2005). In the development of an assessment or therapy tool, care must be taken to understand what certain constructs mean to different cultural and language groups. When such a tool is developed, the theory upon which it is based must be appropriate and relevant for the various cultural groups (Foxcroft, 2004).

Internationally, educational psychologists are seen as agents of change, who can make a considerable difference in the lives of young people and schools, in countries with high adversity and high diversity (Pillay, 2011). Educational psychologists have to think and act from an ecosystemic perspective, and should

take into account the interactiveness and interdependence of the home, community and school in improving the lives of young people. They must be prepared to move beyond the boundaries of school, into families and communities in terms of intervention programmes (Pillay, 2011; Theron & Donald, 2012). Educational psychologists have to play multiple roles as result of the variety of social problems in society, such as HIV/AIDS, poverty, crime, and substance abuse. Their roles should be driven by social issues (Pillay, 2011).

Postmodern assessment and intervention processes such as sandtrays can be used effectively in adverse and diverse contexts. A postmodern counseling approach restructures the role of the therapist, client and assessment and moves towards the co-construction of narratives and life stories. The emphasis moves from formal testing to autobiographical material and the role of the therapist becomes one of co-author. The goal of assessment is not the seeking of an absolute truth that can be measured, but rather the seeking of contextual meaning, that can be meaningful to the client (Watson & Kuit, 2007).

2.5 SANDTRAY THERAPY

2.5.1 Introduction to sandtray therapy

Sandtray therapy falls within the field of play therapy, and has been used with diverse groups in a wide range of settings. This versatility makes sandtrays useful with individuals or groups of different ages, cultures and presenting problems (Sangganjanavanich & Magnuson, 2011). Sandtrays should be used purposefully and intentionally. It is the role of the therapist to be clear regarding the purpose for using the sandtray with a particular client at a particular time (Homeyer & Sweeney, 2011).

Homeyer and Sweeney (2011) define sandtray therapy as “a projective and expressive mode of psychotherapy involving the unfolding and processing of intra- and interpersonal issues through the use of specific sandtray materials as a nonverbal medium of communication, led by the client and facilitated by a trained therapist”. Weinrib (cited in Knoetze, 2013, p. 460) describes the expression in sand as a ‘game without rules’. This refers to the freedom of expression without guidance from the therapist. This freedom can be seen as the same as Dora Kalff’s original description of the ‘free and protected space’ of the sand tray. During

the sandtray process, the client becomes the “creator of their own healing process,” through freedom to create their own world in the sand, without being judged. This can lead to enhanced self-awareness and self-esteem (Pearson & Wilson, cited in Swank & Lenes, 2013, p. 331). The use of sandtrays during counseling also strengthens clients’ internal resources and facilitates healing (Taylor, cited in Swank & Lenes, 2013, p. 331). Sandtrays provide a bridge between verbal and nonverbal communication. The clients undergoing this form of therapy can express themselves without using talk therapy alone (Flahive & Ray; Pearson & Wilson, cited in Swank & Lenes, 2013, p. 332). All approaches to sand therapy can be seen as projective techniques, because of the interpretive nature of the process (Bradway & McCord; Castellana & Donfrancesco; Jackson, cited in Preston-Dillon, 2008, p. 2).

Sandtray therapy has been documented for its use with: career facilitation (Sangganjanavanich & Magnuson, 2011); vulnerable children in schools (Thom, 2011), adolescents (Shen & Armstrong, 2008); groups of adolescents (Draper, Ritter & Willingham, 2003); children with emotional and behavioural problems (Richards, Pillay & Fritz, 2006); pre-adolescents (Flahive & Ray, 2007; Swank & Lenes, 2013); trauma and grief counseling (Webber & Mascari, 2008); ego-state therapy (Da Silva & Fritz, 2012); and post-traumatic stress disorder in children (Weyers, 2004). The use of sandtrays to overcome language and cultural barriers has also been documented in research (Kukard, 2006; Thom, 2011).

2.5.2 History of sandtray therapy

Margaret Lowenfeld, a British pediatrician, has been described as the first person to describe and use sandplay as a therapeutic technique (Dale & Lyddon, 2000). Lowenfeld was inspired by H.C. Wells's book, *Eloor Games* (Bainum, Schneider and Stone, 2006). She made use of small sandtrays that she placed close to figurines, which children could use to build their own imaginary worlds in the sand (Dale & Lyddon, 2000). Lowenfeld coined this technique The *Lowenfeld World Technique* (Dale & Lyddon, 2000; Homeyer & Sweeney, 2011).

The Swiss Jungian analyst Dora Kalff is seen as the most influential person to refine the sandtray therapy technique (Dale & Lyddon, 2000). Kalff, encouraged by Jung to further her work with children, adapted and refined Lowenfeld’s

technique and called it sandplay (Carey, 1990). She drew on Jung's theory to promote healing and wholeness through sandplay by activating the psyche (Labovitz Boik & Goodwin, 2000). Kalff developed the term 'free and protected space' in sandplay therapy, which refers to a place where the client feels completely accepted. This allows the client to work freely in the sand (Bainum, Schneider & Stone, 2006).

In the 1980s, Gisela De Domenico conducted phenomenological research with children using sandtrays. She developed her own theory and practice from research, which led to a new name "sandtray–worldplay" (Labovitz Boik & Goodwin 2000; Gallerani & Dybicz, 2011). De Domenico took a developing postmodern approach to sandplay. Her theory viewed humans as multidimensional beings, who "are conscious in many different dimensions and use different bodies of consciousness to experience, respond to, create, and modify the different aspects of reality" (Labovitz Boik & Goodwin, 2000).

In recent years, there has been a shift away from the original Jungian analysis of sandtrays, and this shift has effectively taken the sandtray out of the confines of the therapy room, and into other settings like hospitals, schools, and homes (Preston-Dillon, 2008; Knoetze, 2013). Jungian therapists still use sandtrays as a powerful and deeply transformative therapeutic technique but alternative lenses are also being used (Knoetze, 2013). Dale and Lyddon (as cited in Knoetze, 2013, p. 1) have described the use of sandtray work as an assessment tool in the meaning construction of children and their worlds, introducing this technique as a postmodern interpretation. Gallerani and Dybicz (2011) describe sandtray therapy as a narrative approach, where the therapist is actively encouraging, exploring different meanings and alternative understandings in search of new and preferred identities. One commonality amongst most orientations to sandtray work is the fact that both the process and the product are significant in the transformative healing process (Knoetze, 2013).

2.5.3 The process of sandtray therapy

According to various authors such as Kalff, Weinrib and Bradway et al. (as cited in Davids, 2005, p. 18) the basic equipment for sandplay consists of a shallow rectangular tray, sand, water and realistic miniature figures. Traditionally clients

use a wood sandtray (Preston- Dillon, 2008). The measurements of the tray used by Kalff (1980, as cited in Davids, 2005, p. 18) and her followers are approximately 57cm x 72cm x 7cm deep. The sandtray is more than just a container for the sand; it is a container for the psyche as well. The inside of the tray should be painted blue at the bottom to simulate water and blue on the insides to simulate the sky (Homeyer & Sweeney, 2011). The paint also protects the tray when a client adds water to the scene (Preston-Dillon, 2008). The sand should fill about one half of the depth of the tray. Sand is the basic medium for this treatment modality. Sand has an ethos of its own and therefore a basic therapeutic quality (Homeyer & Sweeney, 2011).

The tray should usually not be placed higher than the usual table height, a comfortable level for most people (Homeyer & Sweeney, 2011). Thompson (as cited in Davids, 2005, p. 18) argued that it seems as if therapists differ about the height that the sand tray should be from the floor. Thompson (as cited in Davids, 2005, p. 18) wrote that Lowenfeld specified that the sand tray should be waist-high, whereas Karen Signell placed the tray on the floor. Thompson (as cited in Davids, 2005, p. 18) wrote that for Dora Kalff it was important that the tray be placed in such a way that the whole scene be observable without having to move the head.

Miniatures represent the words, symbols, and metaphors of the client's non-verbal communication. The clients express feelings, thoughts, beliefs and desires that may be too overwhelming for words through the use of miniatures. It represents symbols and metaphors that provide an expression for that which cannot be expressed in words (Homeyer & Sweeney, 2011). An assortment of realistic miniature figures must be provided (Davids, 2005). Amatruda and Phoenix (as cited by Davids, 2005, p. 76) recommended that the figures include "everything that is in the world, everything that has been, and everything that can be". The miniatures must facilitate a wide range of psychological expression. Amatruda and Phoenix (as cited in Davids, 2005, p. 76) suggest the following categories of miniatures: people, animals, monsters, vegetation, furniture, fantasy figures, half-human/half-animal figures, fighting figures, buildings, barriers, food, mountains and volcanoes, rocks, shells, fossils, miscellaneous (stones, paper, pieces of string, feathers). Professional literature suggests that there must be at least 300 miniatures available to a client during a sandtray session (Homeyer &

Sweeney, 2011). Sandplay practitioners differ with regard to the display of the miniatures (Davids, 2005). Thompson (as cited in Davids, 2005, p. 20) has noted that Lowenfeld preferred to keep them in drawers, whereas Kalff and Weinrib kept them on shelves. The miniatures should always be presented in organised categories, and in such a way that it does not overwhelm the client. The primary reason for this is the ongoing therapeutic need for consistency. Consistency is important for predictability, which promotes safety (Homeyer & Sweeney, 2011).

Conducting a sandtray session has several important steps (Homeyer & Sweeney, 2011). These steps are summarised in the following table:

Table 2.1: Steps in conducting a sandtray session

STEPS	PROCESS
Step 1: Setting up	This process will vary depending on the particular situation.
Step 2: Introduce the sandtray and miniatures	Depending upon the purpose for using a sandtray, a directive or non-directive approach might be used. With a non-directive approach no or minimum direction is given to the client. This allows the client the freedom to build a scene in the sand that will be the result of the client's interaction with the miniatures and sand. Some therapists prefer using particular words such as 'create a world', 'create your world', 'create a scene', 'build a world', 'build your world' or 'build a scene'. Some clients might feel overwhelmed by an unstructured experience and in these cases giving a specific task may be more protective (Homeyer & Sweeney, 2011). Jungian therapists such as Estelle Weinrib, Kay Bradway, Joel Ryce-Menuhin and Lois Carey use sandplay in addition to verbal therapy. Dora Kalff, on the other hand, preferred to use sandplay as a therapeutic modality on its own. The instructions given to the sandplayer is also kept to a minimum. The sandplayer may choose to work with the miniatures, or may just create patterns in the sand. Weinrib has argued that this affords the sandplayer the freedom to play out fantasies and to externalise the inner world in a three-dimensional picture (Davids,



STEPS	PROCESS
	2005).
Step 3: The client creates the scene in the sand	While the client creates a scene in the sand, the therapist honors both the process that is occurring and the product that is being formed. The role of the therapist is to create a ‘free and protected space’. While the client is building and creating in the sandtray, the therapist must be fully present. While the product is important, observing the process is equally important (Homeyer & Sweeney, 2011). Weinrib (as cited by Davids, 2005, p. 21) have emphasised the fact that the therapist should be a silent witness to this process.
Step 4: The procreation phase	After completion of the tray, the therapist must firstly visually observe the completed sandtray. This communicates to the client that the therapist places value on their world, and respects them. Secondly, the emotional content of the sandtray must be observed. Thirdly the organisation of the sandtray must be evaluated. Lastly, the theme of the content must be evaluated. Once these steps have been completed, the therapist can invite the client to discuss the scene (Homeyer & Sweeney, 2011). According to Weinrib (as cited by Davids, 2005, p. 21) the therapist may ask the client to tell the story of the picture or may ask relevant questions. The client may comment on or spontaneously provide associations and meanings regarding his picture. The client must not be pressed for associations or explanations.
Step 5: Sandtray cleanup	After the session the sandtray must be taken apart after the client has left the room (Homeyer & Sweeney, 2011). According to Weinrib (as cited by Davids, 2005, p. 33) “to destroy a picture in a patient’s presence would be to devalue a completed creation, to break the connection between the patient and his inner self, and the unspoken connection to the therapist.”
Step 6: Documenting	Photographs of the sandtrays can be taken with the client’s permission and placed in the client’s file (Homeyer & Sweeney,

STEPS	PROCESS
the sandtray session	2011; Davids, 2005). Ravat (as cited in Davids, 2005, p. 22) has suggested that the photograph be taken from the angle from where the client started to build his scene.

2.5.4 The role of the therapist during the sandtray process

According to Kalff (1980), Weinrib (1983) and Amatruda and Phoenix (1997) (as quoted by Davids, 2005) the therapist witnesses the process in silence, and with empathy. The aforementioned authors have emphasised that the sandplayer ought to be allowed to play freely and creatively. De Domenico believed that the role of the therapist was not to interpret the sandplay world of clients, but to become co-explorers of their world. This marks an important step away from previous modernist approaches, which emphasise a problem-oriented concern with functioning and adaptation (Gallerani and Dybicz, 2011).

A basic premise of sandplay is that it allows for or creates a free and protected space for the client's imagination to emerge (Mitchell & Friedman, as quoted by Lubbe-De Beer and Thom, 2014). The protected space lies in the therapist's recognition of the client's boundaries, where negative or destructive tendencies are not suppressed, but are transformed, and the free space is a space of acceptance, care, empathy and respect in order to create a secure setting. With sandplay, the therapist largely stays out of the process and lets self-healing subsequently take place, guided by the client's psyche (Lubbe-De Beer and Thom, 2014).

2.6 CONCEPTUAL FRAMEWORK

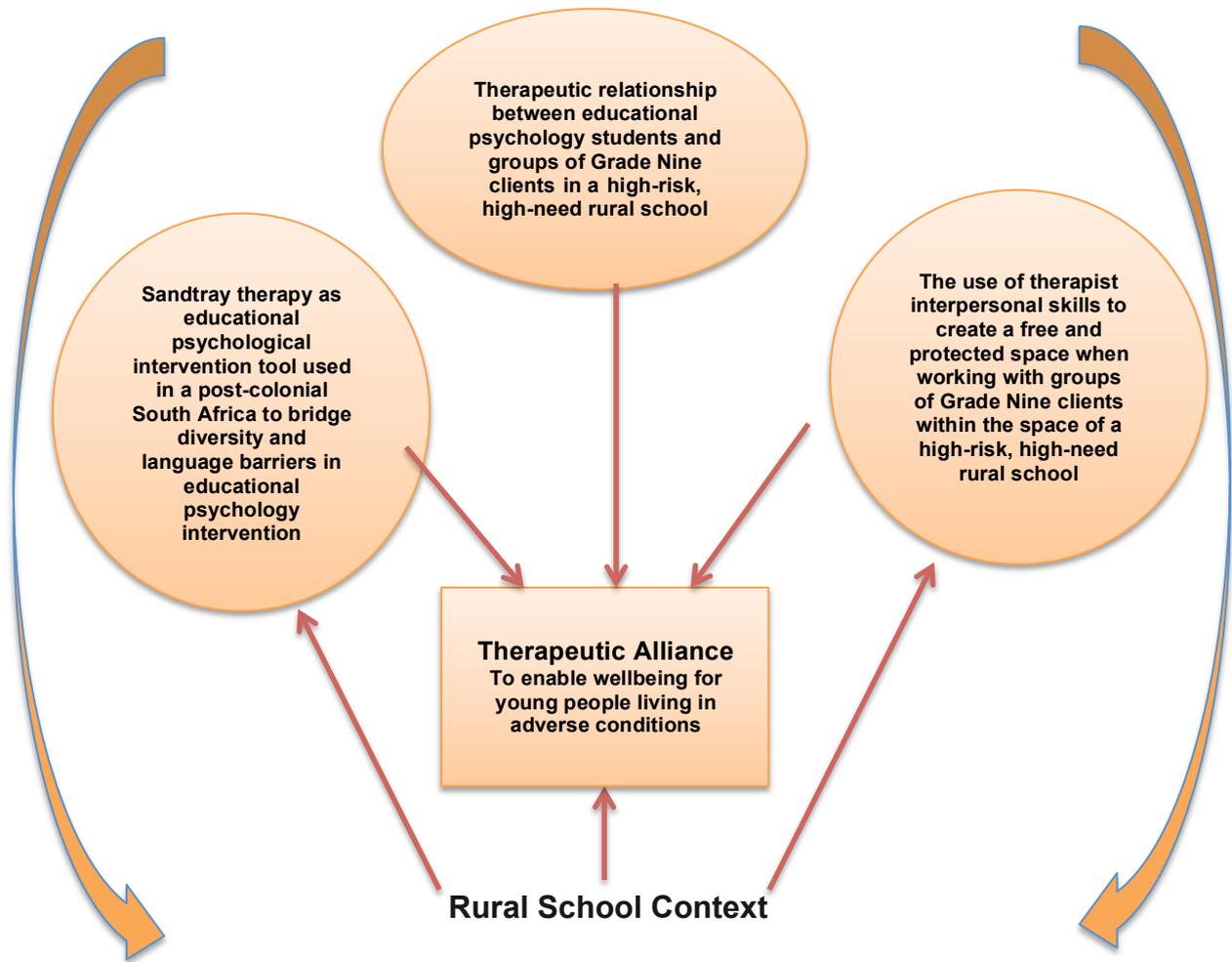


Figure 2.1: Conceptual Framework

In Figure 2.3, I propose a conceptual framework framed within the therapeutic alliance that guided the generation and analysis of the data in the current study.

The conceptual framework indicates how sandtray therapy is implemented within a high-risk, high-need school with clients in Grade Nine. Sandtray therapy is used to assess and undertake intervention within high-adversity and high-diversity contexts. The role of educational psychologists as well as the therapeutic alliance is important during the assessment and intervention processes. This study looks at how these concepts impact on the implementation process and how this process can inform knowledge on educational psychological interventions in South Africa.

Psychological assessment can serve many purposes, such as the identification of strengths and weaknesses, mapping of development, career

choices, making a diagnoses, identifying intervention needs or increase psychology's knowledge base about human behaviour (Foxcroft & Roodt, 2005). According to Egan (2010), interventions enhance life-outcomes, it leads to self-help and it is focused on prevention.

Educational psychologists need to think and act from an ecosystemic perspective if they are to help vulnerable children and schools. They have to promote healthy schools, which are safe and secure, take multicultural context such as diversity into account, and play multiple roles as a result of social problems in society, which includes HIV/AIDS, poverty, crime and substance abuse (Pillay, 2011).

During educational psychological assessment and intervention processes, the therapeutic alliance plays a crucial role in the outcome of these processes. Sandtray therapy can be seen as such a psychological assessment and intervention process. Therapeutic alliance is regarded as a key concept during sandtray therapy. Dora Kalff (1991) has defined this alliance as a free and protected space. Conducting sandtray therapy with young people in a high-risk, high-need rural school warrants further exploration, as constraints can be placed on therapeutic alliance by differences in culture, language and socio-economic backgrounds. On the other hand, the therapeutic alliance can be strengthened in this context by the non-verbal nature of sandtray therapy. These factors might influence the foreseen role of the educational psychologist within the assessment and intervention process within a high-need and high-risk context. Educational psychologists need to make use of assessment and intervention practices that can be used within diverse contexts, and sandtray therapy can be used as such a practice within high-risk, high-need rural schools. I therefore assume that the documentation of the sandtray process within these contexts will inform knowledge of educational psychological assessment and interventions in South Africa.

2.7 CONCLUSION

Based on the literature review, theoretical framework and conceptual framework, the following working assumptions inform this research:

- ❖ sandtray therapy as educational psychological intervention tool can be implemented with Grade Nine clients in a rural school in a post-colonial South Africa;
- ❖ sandtray therapy can address diversity and language barriers in educational psychology intervention;
- ❖ a therapeutic alliance can be formed between the therapist and client despite cultural and language differences;
- ❖ this therapeutic alliance can also bridge the physical and emotional absence of a therapist during a sandtray therapy session while the therapist is busy with group activities with other clients; and
- ❖ despite barriers in the rural school context such as language and lack of privacy for clients to create their sandtray scenes, sandtray intervention are still experienced as positive by clients and therapists.

In this chapter, the concepts related to this study were discussed and explored. From this discussion and exploration, it became clear that little knowledge exists in the literature on the process of sandtrays as educational psychological intervention technique with clients in rural schools. This study will therefore document the process of the sandtray intervention technique within the context of a rural school.

Concepts related to the study included a literature review on high-risk, high-need schools looking at the educational psychological needs of these schools and the educational psychological services currently available for intervention in these schools. A brief overview was provided on educational psychological assessment and intervention in a transforming, postcolonial society. This was followed by a review of sandtray therapy as an educational psychological assessment and intervention tool. The chapter concludes with an overview of the conceptual framework for this study.



CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter, I describe the use of a single case study research design, the data collection process, data analysis process, quality criteria, as well as ethical considerations of this study, in order to answer the following research question: how can insight into the process of implementing sandtrays with groups of youth in a high-risk, high-need rural school inform knowledge on educational psychology intervention in rural schools in South Africa?

3.2 RESEARCH DESIGN: SINGLE CASE STUDY

Research design links data collected and conclusions drawn from the research study to the initial research questions of the study, and therefore provides a conceptual framework and an action plan for getting from questions to a set of conclusions (Yin, 2003). A single design case study was used for this study. The case selected in this study is: 'the process of implementing sandtray therapy as educational psychological intervention with Grade Nine clients in a rural school'. The choice and rationale for this design are in line with the definition of a case study as given by Merriam (as cited in Davids, 2005, p. 6), in which she described the qualitative case study as "an intensive, holistic description and analysis [...] of an institution, a person, a process or a social unit".

This study documents and describes a process taking place. A case study can be described as the investigation of a contemporary phenomenon, within a real-life context. Characteristics of a case study include the rich description of a phenomenon over a period of time within a certain context, using different sources of information (Morgan & Sklar, 2012).

An advantage of case studies is that they gain in-depth understanding of a case in its natural setting, whilst acknowledging its complexity and context (Seabi, 2012). The case in question was therefore selected purposefully to include a phenomenon in its natural environment.

Case studies are used when researchers are looking to answer "how" and "why" questions about contemporary events over which they have little or no control. It may be used to describe an intervention (Yin, 2003). The latter fitted this

study as the sandtray process as educational psychological intervention was described. This description answered “how” questions regarding the process as it took place within a rural school.

A limitation of case study design is the lack of generalisability (Morgan & Sklar, 2012). This limitation was addressed by giving rich descriptions of the research conducted in order to increase transferability (see Chapter 1 Table B and section 3.5 of the current chapter). Using photographs, videos, field notes, reflections of ASL students and a research diary (Appendix A) made it possible to give rich, nuanced descriptions of the research. This allows readers to make their own judgment regarding transferability (Morgan & Sklar, 2012) of findings to a comparable context. Another weakness is described by Yin (2009) as having a lack of rigour, where the biased views of the researcher could influence the direction of the research results. To address this I used different data sources to support the findings, as well as keeping a research diary (Appendix A).

Data was collected from a non-probability, purposive sample. This sampling procedure refers to situations where processes are selected with a specific purpose in mind (Maree, 2007). The case that is sampled is usually typical of the population selected and does not depend on the availability of participants or their willingness to participate (Terre Blanche, Durheim & Painter, 2006). The cases sampled from the population included sandtray process data of all 2014 ASL students (n=12, 1 male and 11 female) and Grade Nine clients (n=65, 31 male and 34 female) forming part of the 2014 unit of analysis (see Table D). The unit of analysis is the process of ASL masters’ students’ implementing sandtray therapy, with young clients, in a high risk, high need, rural school. The sampling criteria included:

- ❖ data sources (field notes, visual data, audio visual data and ASL students’ reflections) capturing processes of sandtrays which formed part of the FLY partnership during 2014 in a high need, high risk rural school (as discussed in Chapter 1);
- ❖ a sample of sandtray data sources generated by diverse clients with regards to language, race and gender;
- ❖ a sample of sandtray data sources generated by diverse ASL students with regards to language, race and gender; and
- ❖ examples of sandtray data sources that are complete, and which include field

notes, photographs, videos, ASL reflections, and research journal.

A limitation of purposive sampling is that it is difficult to transfer research findings beyond the sample selected (Rubin & Babbie, 1997). This was overcome during this study by keeping an audit trail of the data documentation and analysis processes (see Appendix I). The audit trail provided thick descriptions of the data. Purposive sampling can be done incorrectly if there is not enough information available on the population being studied (Daniel, 2012). This limitation was not problematic during this study, as the research forms part of an existing partnership, where sufficient information on the population is available (see Chapter 1).

3.3 DATA GENERATION

3.3.1 Introduction

For the purpose of this study, the context and process of implementation of sandtray therapy included visits to the school twice annually during 2014 for two-day visits (see Appendix H). During these visits, one male and 11 female Academic Service Learning (ASL) students travelled to the school for two consecutive days (OPR800 study guide, 2014). Students worked with groups of Grade Nine boys and girls for three to four hours on 29 and 30 May 2014, as well as on 4 and 5 September 2014 (see Table D for breakdown of student and client information). The first annual visit entailed the implementation of planned group-based Educational Psychological activities with Grade Nine clients, in terms of assessment. These activities included a variety of qualitative assessment instruments, as well as expressive and projective educational psychology assessment techniques (collages, the ubuntu hand, role models, draw a person, draw a person in the rain, sandtrays, see Appendix J). Sandtray therapy was included in the group-based activities. The purpose of the assessment visit was to determine the strengths and barriers of each client, so that an ASL student could plan an educational psychological therapeutic intervention per client-group. During the second annual two day school visit, planned group-based therapeutic intervention activities were implemented (Ebersöhn, Bender & Cavalho-Malekane, 2010), which again included sandtray therapy. I collected process data on

sandtrays by making use of observations of the sandtray process as it happened during the two school visits. These observations included observations captured in field notes (see Appendix D), and observations captured as visual (see Appendix E and F) and audio-visual data. Reflections of ASL students regarding the sandtray process (see Appendix G) were also generated to supplement the observational data. The source of reflections data was also sampled purposefully, and selected on its availability.

3.3.2 Observations



Photograph 3.1: Researcher observing sandtray process (29-05-2014)



Photograph 3.2: Researcher making a video of the sandtray process (30-05-2014)

Observation data is presented in Appendix E and Appendix F. Observation is an essential data gathering technique as it holds the possibility of providing us with an insider perspective of the group dynamics and behaviours in different settings. It allows us to hear, see and begin to experience reality as participants do (Maree, 2007). Observation is the act of noting a phenomenon in the field setting through the five senses of the observer (Creswell, 2013). The focus of observation ought to be linked to the research question or sub-questions guiding the study (Maree, 2007).

The type of observation that fitted well with my study was that of complete observer (Creswell, 2013), where I was a non-participant observer, looking at the situation from a distance. This is the least obtrusive form of observation, but has the limitation that the researcher does not become immersed in the situation and might therefore not really understand what she or he observes (Maree, 2007). As researcher, I did not form part of the implementation team. Rather, I made my observations during the two visits by ASL educational psychology students to a

resource constrained rural school, where sandtray assessment and intervention was conducted with young people. I observed this process in a natural way, noting how the process worked, and what happened during this process. I made notes on these observations to add to my data, which I used to document this process. These observations therefore needed to be objective, and as detailed as possible, so as to create evaluation rich data, which can be used for the analyses of the proposed study. During these visits, I shared my observations with my supervisor, who was also on site, and we exchanged important information regarding our sense making of the process. I had also visited the same rural school during my studies in the previous year, and already had an idea of what the process looked like, and what I might expect.

Challenges with observations include issues such as remembering to take notes and photographs, keeping from being overwhelmed at the site with information, and learning how to make sense of the observations, so as to go from the broad picture to a narrower one (Creswell, 2013). This challenge was overcome by gathering as much data as possible, in the form of observation notes and photographs. As this was not my first visit to the site, I knew what to expect, and this supported me to not feel overwhelmed by all the activities taking place within the assessment and intervention processes.

3.3.3 Observations documented in field notes

I made field notes (see Appendix D) of observations during visits to the school in May and September 2014. Field notes are an excellent medium to record observations in qualitative research (Flick, 2014). According to Maree (2007), field notes record what you hear, see and experience as you are seeing it for the first time. Field notes include unique empirical observation and interpretation, as well as emotions, preconceptions, expectations and prejudices of the researcher (Greeff, 2005). According to Lofland and Lofland (as cited in Flick, 2014 p. 323), field notes should be made immediately or alternatively, as soon as possible after the observations had been made to ensure the authenticity of what was observed. I made field notes while observing the sandtray process taking place. Observations captured in field notes should be written down according to a specific framework in order to answer certain questions regarding the case being

studied (Mack, Woodsong, MacQueen, Guest & Namey, 2011). The framework used for field notes in this study included the context of the school, the format and process followed, infrastructure, materials used, and the negotiation of diversity, while ASL students used sandtrays as Educational Psychological intervention with youth in a rural school. ASL students also made notes consisting of their reflections on the sandtray process as part of their assessment and intervention with youth in the rural school.

Disadvantages of field notes are that the process of logging them can be time consuming and highly subjective (Hamo, Blum-Kulka & Hacoheh, 2004). I therefore aimed to make my observations as objective as possible, and also discussed my meaning-making with my supervisor, so as to ensure that I was not depending on my observations alone. My lack of skill in documenting the richness of my observations was another disadvantage in respect of the current study (Leedy & Ormrod, 2005). On such reflection, the field notes did not comprehensively reflect non-verbal communication and therapeutic alliance (Bailey, 1987 in Greeff, 2005) during the assessment and intervention sessions. Visual data permitted the enhancement of the interpretation of the field notes. Selective perceptions and documentation of observations is another disadvantage that could lead to the subjective view of the researcher being recorded in the field notes (Flick, 2014). By making use of other data sources, such as visual data, and the reflections of ASL students, I was able to reduce the selectivity of the documentation process.

As researcher, I was obliged to be conscious of reflexivity in research. According to Creswell (2013) reflexivity constitutes two parts. Firstly it involves past experiences with the phenomenon under critical scrutiny, and secondly how these past experiences influence interpretations of the phenomenon. During the documentation of observations in field notes, I had to take into account my own experiences with sandtray therapy in a rural resource-constrained school, as I have already been part of the FLY project during the course of 2013, as well as how these experiences may have influenced my observations.

In order to enhance my reflexivity, I made use of a research journal (see Appendix A) to document my thoughts regarding the research process. According to Reed and Koliba (1995) journals are a written form of reflection, which allows for the examination of thoughts and experiences with regard to specific issues.

Research journals are used to document and reflect on the on-going research process, and to increase the comparability of individual field notes (Flick, 2014). According to Babbie and Mouton (2001), a research journal can be seen as a document in which the author's human and personal characteristics are expressed to give clarification to his/her insights of specific events. In this study, my research journal gave insight into my experiences, understanding, perceptions and making sense of the sandtray process, as I witnessed it within the context of a rural school. See Appendix A for an example from my research journal.

3.3.4 Observations documented as visual and audio-visual data

In recording observational data, researchers can use anecdotal records, namely short descriptions of basic actions observed, that ought to be objective, with no self-reflective notes. Running records could also be used which are more detailed, continuous or sequential accounts of what are observed, which focus not only on the actions, but also the situation, and try to describe the action in the context in which it occurred. The last recording method is structured observation where researchers identify predetermined categories of behaviour that they would like to observe (Maree, 2007). In my study, I made use of anecdotal records as well as running records. The observations were made in a naturalistic setting, while the students were busy conducting sandtray therapy with youth at a resource constrained rural school. I did not conduct my observations with a set of predetermined categories, but rather, made objective observations of the process, and the actions within the context in which they happened.

Visual data can be used in a wide range of different research projects and is especially useful when the research question cannot be adequately addressed through analysis of textual material alone (Gibson & Riley, 2010). I captured observations of the sandtray process as it was undertaken by ASL-students with Grade Nine clients in a rural school, acquired non-verbally, that is, by taking photographs and recording audio and video. The audio-video recordings were later transcribed verbatim (see an example of a transcription in Appendix B). Verbatim transcriptions refer to the reproductions of verbal data. This reproduction is done word-for-word, and the written words are an exact replication of the recorded words (Halcomb & Davidson, 2006). Disadvantages of these verbatim

descriptions are that it can be time consuming, the transcripts may contain errors, and some information may be difficult to translate into text (Tessier, 2012).

Capturing data as visual and audio-visual is a highly visible means of data collection, which can be disruptive to the observation process, as it causes participants to become very aware of the fact that they are observed (Kanstrup, 2002). I tried to take photos in a discreet way and as data for the study also included the process of sandtray therapy, I took photos of the environment and tools used for the process and not only of participants. According to Flick (2014), photos can be manipulated to reflect the issue captured on them. They are therefore selective and limited in the way that they reveal topics for research. By taking a wide variety of pictures, I ensured that I focused on all aspects necessary to document the sandtray process through these. Another disadvantage of photo and video is the ethical matter, where participants are captured and their consent is thus required (Flick, 2014). As my research forms part of the FLY project, I had the consent and assent of the participants to undertake both visual and audio-visual recordings of their activities.

3.3.5 ASL Reflections

Secondary data used in qualitative research studies can include data retrieved second-hand from interviews, ethnographic accounts, documents, photographs or conversations (Smith, 2008). The secondary data I used for this study comprised reflections of second year Master's students on their experiences with the use of sandtray therapy with youth in a resource constrained rural school (see Appendix G for ASL students' reflection). These reflections contributed to this study, as I used it to verify information obtained from other data sources (Merriam, 2002).

When documents are used as a data gathering technique, the focus will be on all types of written communication that might clarify the phenomenon being studied. The reflections I used are primary sources of data, as they are unpublished, and have been gathered from the ASL student participants. I used these reflections to add to the richness of the data. Challenges with using secondary data included that I had to make sure that the sources of the data were reliable and not biased (Maree, 2007). Another limitation is that not all ASL students wrote content-rich reflections on their experience, and I therefore had a

limited number of rich data sources to include.

3.4 DATA ANALYSIS

I used thematic analysis to analyse data within and across all data sources, namely observation data sources (field notes and visual data) and reflections of ASL students (see Appendix G). According to Braun and Clarke (2006), thematic analysis is a method for identifying, analysing and reporting themes within the data, which organises and describes a data set in detail. Thematic analysis is not connected to any pre-existing theoretical framework, and therefore, it can be used within different theoretical frameworks (Braun & Clarke, 2006).

Thematic analysis involve an in-depth, personal reading and thinking about the data collected. This is done in order to develop authentic conceptualisations and understanding of the data. More structured analytical techniques are also used, such as categorising, identifying and naming themes, and counting them. In qualitative research the method of data analysis depends on the nature of the study, the context of the study and the subjective experiences of the researcher (Mayring, as cited in Kukard, 2006, p. 53).

Themes or patterns within data can be identified in one of two primary ways in thematic analysis, namely, in an inductive or 'bottom up' way, or in a theoretical, deductive or 'top down' way. An inductive approach means the themes identified are strongly linked to the data themselves (Patton, as cited by Braun & Clarke, 2006, p. 83). Inductive analysis is a process of coding the data without trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions. In this sense, this form of thematic analysis is data-driven (Braun & Clarke, 2006). I used an inductive approach, and did not try to fit the data within a pre-existing frame. Themes developed naturally, and I worked with these themes to discover the results of my study.

One of the benefits of thematic analysis is its flexibility. Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can provide a rich and detailed, yet complex account of data (Braun & Clarke, 2006). Other benefits include that it is a relatively easy and quick method to learn, and to do, where it offers a detailed description of the data set, potentially generating unanticipated insights (Braun & Clark, 2006). Thematic analysis was

suitable for this study, as it provided detail that is rich and descriptive in order to document the sandtray process.

Challenges with thematic analysis includes that data might not be analysed properly, and results are merely a repeat of the content of the data. Another challenge is that there may be an overlap between themes, and themes are not internally consistent. There might be a mismatch between the data and the analytic claims made about it (Braun & Clark, 2006). As a first time researcher, I was obliged to be very sensitive to these challenges, so as to ensure that the analysis did not fall into one of the above challenges. I did this by understanding the steps of this method before I started with the analysis, and by checking myself regularly, so as to ensure that I was still following these steps. In the following section, please refer to Appendix I for examples of evidence of the process of coding and creating themes within the data.

Coding refers to the grouping of information through the use of codes. This facilitates the examination of the concrete and symbolic meaning of the data that has been collected (Nieuwenhuis, 2007). Babbie and Mouton (2001) state that content analysis involves the development of coding schemas, or systems. According to Bryman (2001), coding is a crucial stage of content analysis.

Braun and Clarke (2006) describe the process followed to code and generate themes according to six phases when conducting thematic analysis. These phases are as follows:

Phase 1: Familiarising yourself with the data involves transcribing data where necessary as well as reading and re-reading the data and noting down ideas.

I approached this phase by transcribing video data (Appendix B) as well as reading through these transcriptions as well as field notes and my reflective journal (Braun & Clarke, 2006). Further photographs taken were studied in-depth. This process was done at least twice in order to gain an understanding of the data in its entirety and to identify initial themes on the process of sandtray therapy, before the formal analysis was done. These initial themes were recorded, and different colour pens were used to mark possible indicators of these themes (Appendix I).

Phase 2: Generating initial codes coding interesting characteristics of the data in a systematic manner across the data while collating relevant data to each identified code.

Coding refers to the use of analytically relevant ways to break up the data into themes (Terre Blanche, Durheim & Kerry, 2006). Codes identify characteristics of data the researcher finds to be of interest or insight, and can be seen as the most basic element of raw data that can be interpreted meaningfully (Braun & Clarke, 2006). During this phase, I worked through the data in a systematic way and identified interesting characteristics of it that could form the basis for themes across all the data. I coded the data manually, by writing notes on the photos, and transcribed data with coloured pens to indicate potential patterns in the data. After coding, I grouped the different codes together according to their similarities (Appendix I).

Phase 3: Searching for themes collating codes into potential themes and gathering all the relevant data for each potential theme.

During this phase, all the different codes are sorted into potential themes (Braun & Clarke, 2006). Significant themes and subthemes of the process of sandtray therapy as educational psychological intervention process with youth in a rural school, started to emerge by looking at the relationship between codes and grouping these together into primary themes and subthemes (Appendix I).

Phase 4: Reviewing the themes generating a thematic map of analysis in order to check if themes work in relation to the coded extracts from the data, as well as to the whole data set.

This phase involves the refining of the themes identified in Phase 3. The refinement of themes leads to some themes being discarded, as there is not enough data to support them and other themes being combined as they might be found to overlap (Braun & Clarke, 2006). Some themes were broken down into subthemes, as enough data were available to identify themes within a primary theme. At the end of this phase, I had a fairly good idea of the primary themes and subthemes, and of how they fit together to explain the findings from the data (Braun & Clarke, 2006).

Phase 5: Defining and naming themes the on going analysis of data to refine the themes and getting clear definitions and names for each theme.

During Phase 5 the essence of each theme is identified, as well as how it answers the research question (Braun & Clarke, 2006). To do this, I wrote a detailed analysis of each theme (Appendix I), in which I tried to create a deep understanding of what each theme represents. I also named and identified criteria for subthemes during this phase (Braun & Clarke, 2006).

Phase 6: Produce the report involves the final opportunity for analysis, the selection of vivid extracts and examples which relate back to the research questions and producing a scholarly report of the analysis.

The final phase involves writing the final report after the identification of a set of themes and subthemes. This report should explain what is to be found by analysing the data and should convince readers that this analysis is valid (Braun & Clarke, 2006). Ultimately, the report presents the data in an understandable and logical way, so as to answer the research question driving the research.

3.5 QUALITY CRITERIA

To ensure the quality and validity of this study, I made use of the model of trustworthiness by Guba (as cited by Shenton, 2004, pp. 64-72).

3.5.1 Dependability

Dependability refers to the degree to which the research process and methods are dependable and stable over time (Goetz & LeCompte, as cited by Di Fabio & Maree, 2012). Dependability in this study was ensured by using different methods of data collection, namely audio-visual data (photos and videos), personal field notes, as well as reflections of ASL students (Guba, as cited by Shenton, 2004). The quality of these methods was monitored by maintaining an audit trail of the way in which data was collected and analysed (Hoepfl, as cited by Di Fabio & Maree, 2012).

3.5.2 Transferability

Transferability refers to the generalisation of research findings (De Vos, 2005). Providing suitable background data to contextualise the study as well as detailed descriptions of the phenomena under scrutiny maximised transferability to other situations. Providing a rich background description of the context of the school setting and a detailed description of data collection process increased transferability in this study (see Chapter One). This allows comparisons to be made to other situations (Lincoln & Guba, 1985). Describing the methods used in this study in detail ensured these comparisons (see Chapter One for methodological paradigm). These descriptions enabled an informed my opinion regarding the specific conditions under which the results can be generalised (Di Fabio & Maree, 2012).

3.5.3 Confirmability

Reducing the effect of researcher bias by admitting the researcher's beliefs and assumptions as well as the shortcomings in the study's methods, ensured confirmability (Guba, as cited by Shenton, 2004). According to Lincoln and Guba (1985), research results can be seen as confirmable when obtained from the research participants and research methods, as opposed to the subjective opinion of the researcher. In this study, confirmability was ensured, by giving a rich description of methodology, as well as an audit trail, which ensured the integrity of the research results. I also kept a reflective journal and documented the data analysis process to ensure that the findings were in line with the research study, and not a result of my own personal opinion and bias (Appendix A).

3.5.4 Credibility

Credibility refers to significance of the results of a study, as well as the credibility these results have for participants as well as readers of the study (Miles & Huberman, as cited by Di Fabio & Maree, 2012). Credibility in this study was promoted by using appropriate, well-recognised research methods, a thick description of the phenomenon studied as seen in Chapter 2, and an examination of previous research to frame the findings also found in Chapter 2. Various data sources, in the form of field notes (Appendix D), data captured in photos and

videos (Appendix E and F), as well as reflections of ASL students (Appendix G) were used, which contributed to credibility, as it extended beyond my own meaning of the sandtray process to incorporate other meanings. I also ensured validity by visiting the research site on two occasions to familiarise myself with the context (Appendix H).

3.5.5 Authenticity

Authenticity in a study refers to the representation of a range of different viewpoints (Seale, 1999). It is also linked to credibility, where it reflects the lived experiences of participants in a study (Whittemore, Chase & Mandle, 2001). The authenticity of this study was enhanced by the different viewpoints of the sandtray process reflected in the ASL students' reflections (see Appendix G). My supervisor sharing her insight and opinion on the analysis of the raw data and the initial interpretation thereof further ensured authenticity.

3.6 ETHICAL CONSIDERATIONS

According to Wassenaar (2006), the essential purpose of research ethics is to protect the welfare of research participants. In social research, the researcher has a responsibility towards her own profession, as well as towards the research participants (Strydom, 2005). The current research study was done with youth in a marginalised rural community, and according to Brown and Danaher (2012), one approach that is helpful in framing and enabling effective and ethical rural research projects is the respectful, responsible and reciprocal researcher–participant relations. Treating youth as competent participants creates new ethical challenges for researchers (Freeman and Mathison, 2009). In this study, I was conscious of these ethical guidelines on the treatment of participants and the nature of the researcher-participant relationship.

The ethical code for psychologists (Health Professions Council of South Africa, 1999) stipulates the way in which psychologists ought to conduct themselves when doing research. ASL students working with youth in this rural school also adhered to this ethical code. The ethical issues of concern in this study were that of consent, anonymity and confidentiality and protection from harm.

This study forms part of the FLY partnership for which the Ethics Committee of the University of Pretoria granted ethical clearance. I strove to uphold the highest levels of scientific and professional integrity, avoiding falsification, fraud and plagiarism, as well as abuse of research participants in any way that took advantage of my position as researcher, or which compromised my objectivity (Terre Blanche, Durrheim & Painter, 2006).

3.6.1 Informed Consent

This research study formed part of a larger project, and permission had already been obtained from clients and caregivers (see Appendix C for informed consent). According to Strydom (2005), informed consent ought to be obtained at the beginning of a study in order to give participants the opportunity to refuse or withdraw at any stage of the process. All participants in this study have been informed on the assessment and intervention processes followed, and no participants were coerced into participating. These individuals were treated with respect, and confidentiality was guaranteed throughout the study.

3.6.2 Anonymity and confidentiality

These principles refer to respect and protection for research participants (Halai, 2006). For the purpose of this study, anonymity referred to information being dealt with as private (Strydom, 2005). This was honoured by not including any identifiable information in photographs or videos. All visual data included only sandtrays as well as the context of the school and no names or faces. Confidentiality in this study refers to the protection of identities of participants, as well as treating all information with respect. Care was taken to ensure that no persons in this study were identifiable in the reporting of the results. The observations captured in visual data were kept secure and anonymity was guaranteed.

3.6.3 Protection from Harm

No participant in this research was harmed during data collection. Postgraduate students in Educational Psychology administered the sandtray therapy with clients while adhering to the ethical obligation placed on them as candidate psychologists.

They also used the sandtray therapy as a psychotherapeutic technique that led to empowerment through research (McMillan & Schumacher, 2010) to those who participated in the process.

As I am also a part of the FLY project and was also involved in the sandtray intervention as part of my training in 2015, I had to be conscious of the concept of reflexivity. Reflexivity means that the researcher is conscious of the biases, values and experiences that he or she brings to the study (Creswell, 2013). By reflecting on my own experiences, I was able to monitor those that might influence the research results.

3.7 CONCLUSION

This chapter describes the setting of the research, the research process, data collection and data analysis. The chapter is concluded by the discussion of quality criteria and ethical norms.



CHAPTER 4: FINDINGS OF THE STUDY

4.1 INTRODUCTION

The previous chapter contains a discussion of the research design and processes. A description is given of the phenomenological paradigm directing this research as well as the single case study design. The data collection and documentation strategies are discussed in detail and the data analysis and interpretation techniques are given. The chapter concludes with a discussion of the quality criteria used to confirm the quality and validity of the study as well as the ethical considerations taken into account during this research.

This chapter will focus on the research results obtained from inductive thematic analysis. In addition it will also contain extracts of the data and visual images to support the themes identified. Firstly, a reflection will be given on the research process.

4.2 REFLECTION ON THE RESEARCH PROCESS

According to Agar (as cited in Krefting, 1991, p. 218) a researcher's previous experiences will have an influence on the framework from which research will be organised, studied and analysed. These previous experiences include all resources available to the researcher to better understand the experience. Multiple roles played by the researcher during the research process can be seen as one of these resources (Krefting, 1991).

As I was part of the FLY project in 2013 as a fieldworker, 2014 as a researcher and 2015 as an ASL student, I had to be conscious of the concept of reflexivity (see Appendix H for researcher schedule). The following sections contain a reflection of these multiple roles. Reflexivity means that the researcher is conscious of the biases, values and experiences that he or she brings to the study (Creswell, 2013). By reflecting on my own experiences in a research journal (see Appendix A for an extract from the research journal) I was able to monitor those experiences that might have influenced the research results.

4.2.1 Role as fieldworker

I became part of the FLY initiative during 2013 as fieldworker and visited the research site once during the year. During this visit I was part of a support team working with the setup and clearing of the sandtrays used by ASL students with their clients. This participation gave me insight into the context of the rural setting in which the school is situated. I also gained a better understanding of the process of sandtray therapy as it took place within this context.



Photograph 4.1: Fulfilling role as fieldworker in 2013 (12-09-2013)

4.2.2 Role as researcher

As described in detail in Chapter 3 (Section 3.3), I collected data for this research study during two visits to the research site in 2014 (see Appendix H for research schedule). I was constantly required to remind myself of my role as researcher during these visits. As I was involved in the sandtray process during the previous year, I had to remind myself of my role as non-participant observer, and to resist getting involved as a fieldworker, in order to retain my role as objective researcher.



Photograph 4.2: Fulfilling role as part of the research team in 2014
(05-09-2014)

4.2.3 Role as ASL student

During my third annual visit to the research site, I was required to fulfill the role of ASL student. This entailed me being personally involved as an educational psychologist to train in sandtray therapy with youth in a rural school. My involvement on this personal level lead to valuable insight into the process of sandtray therapy with youth in a rural school on a tangible level. I was obliged, however had to guard against this insight clouding my analysis and interpretation of data collected during 2014.



Photograph 4.3: Fulfilling role as ASL student with a male client (20-08-2015)

4.3 DATA ANALYSIS RESULTS

Based on the inductive thematic analysis of the data (field notes, researcher journal, verbatim transcriptions of videos, photographs and reflections of ASL students), three themes emerged. The first theme includes the sandtray process and format. The second theme includes the therapeutic alliance during sandtray therapy as well as the role of the sandtray. The third theme indicates the context in which sandtray therapy took place. Sub-themes within these themes surfaced and an overview is provided in Figure 4.1.

Theme 1:	Sandtray process and format in a rural school
Sub-theme 1.1:	Standard procedure for sandtray therapy in a rural school
Sub-theme 1.2:	Deviation from the standard sandtray process and format when used in a rural school
Theme 2:	Therapeutic alliance and role of the sandtray in creating a therapeutic space for the client
Sub-theme 2.1:	Experiences expressed by the client
Sub-theme 2.2:	Experiences expressed by the therapist/student
Sub-theme 2.3:	Role of the sandtray in creating a therapeutic space for the client
Theme 3:	Context of the rural school
Sub-theme 3.1:	Barriers to using sandtray therapy with youth as a result of the context of a rural school
Sub-theme 3.2:	Enablers of sandtray therapy with youth as a result of the context of a rural school

Figure 4.1: Themes and Sub-themes

4.3.1 Theme 1: Sandtray process and format in a rural school

As discussed in Chapter 2 and summarised in Table C, a sandtray therapy session has several standard procedural steps (Homeyer & Sweeney, 2011). ASL students were trained to implement sandtray therapy as part of their theoretical training and received class notes on the standard format and process of sandtray therapy (see Appendix K). During the sandtray therapy sessions conducted with youth at the rural school, steps were evident in data

collected during the implementation on sandtray therapy. Sub-themes that emerged from this theme included the standard procedure and format of the sandtray process in a rural school, and instances where there were deviations from this standard process when used in a rural school. Table E provides an overview of the inclusion and exclusion criteria used to categorise the data within this theme.

Theme	Inclusion criteria	Exclusion criteria
Sub-theme 1.1: Standard procedure for sandtray therapy in a rural school	Any reference to the standard procedure followed during a sandtray therapy session	Any reference to sandtray therapy that does not fit into the standard procedure and format
Sub-theme 1.2: Deviations in the standard sandtray process and format when used in a rural school	Any reference to deviations in the standard procedure followed during a sandtray therapy session in a rural school	Any reference to a sandtray therapy session that fits into the standard procedure and format of such a session when used in a rural school

Table E: Inclusion and exclusion criteria for theme 1

4.3.1.1 Sub-theme 1.1: Standard procedure for sandtray therapy in a rural school

During the sandtray therapy sessions conducted with youth at the rural school, ASL students followed the standard procedure for sandtray therapy. Examples of the different steps within this procedure can be seen as follows.

Step 1: Setting up

The setting up step in the standard sandtray process happened within the context of the rural school. In Photograph 4.4 the setting up process is captured, where a student is unpacking miniatures and placing the sandtray for the intervention to take place. All quotations from participants are transcribed verbatim.



Sandtray placed on ground outdoors in school playground and female ASL student 4 unpacking miniatures in containers

Photograph 4.4: Setting up process (29 May 2014)

During the setting up process I observed (Field notes 3, Line 1) “*sandtrays were standing on the floor*” and (Field notes 4, Lines 6 to 10) “*toys are unpacked in containers or mixed together in one container or placed in a heap on the floor. There is a general toy station where clients can fetch water and more toys*”. ASL students mentioned this process (ASL 1, Lines 2 to 3): “*...laid all my sandtray objects out on the floor in their containers and placed the sandtray nicely on the ground in front of the client group*”. Video 2 (Lines 1 and 2) also captures the setting up process: “*sandtray placed on ground. Toys lying on ground.*”

Step 2: Introduce the sandtray and miniatures

Evidence of this step can be found in Photograph 4.5 where a student is explaining the sandtray and use of miniatures to a client.



Female ASL Student 11 introducing the sandtray and miniatures to a female client

Photograph 4.5: Female student introducing the sandtray and miniatures to a female client (29-05-2014)

This step was captured in field notes (Field notes 4, lines 55 to 60): *“instructions given by students to clients: I want you to play in the sand, look out at nature and think about your life, build your world in the sand, build your story in the sand, build a story in the sand”* as well as (Field notes 4, Line 30 and 31): *“...instructions were given by the student”*. ASL students also mentioned this step (ASL 6, Line 3): *“he (sic) client were then asked to do an individual sand tray”* and (ASL 1, lines 8 and 9): *“I introduced the tray to him and all the sandtray objects that he could use”*. The introduction of the sandtray and miniatures is captured in Video 4 (Line 8): *“Inside this box there is a lot of different things ok”* and (lines 11 and 12) *“So you can use anything that you want in this box and you must build me a story in the sand ok”*. This step is also captured in video 8 where instructions are given to the group and not to each individual client (lines 4 to 7) *“I’m gonna [sic] ask each and everyone of you to individually build a picture in the sand. You can use anything that is around here to build me a picture in in the sand. Ok, so you will see that the sides and the bottom well it’s blue it’s coloured blue so you can use it in anyway you like. Alright?”*

Step 3: The client creates the scene in the sand

During this step, the client creates a scene in the sand, while the therapist is fully present and acts as a silent witness to the process (Kalff, 1990). This step can be seen in Photograph 4.6.



Male client creates a scene in the sand with female ASL Student 7 observing as silent witness

Photograph 4.6: Male client creates a scene in the sand (29-05-2014)

I documented this step in field notes (Field notes 4, lines 3 to 4): “*one client is doing a sandtray at a time while rest of group continue with other activities*” and (Field notes 4, Line 40) “*...others sat with the client*”. In ASL student reflections it is mentioned (ASL 9, lines 17 and 18): “*one client is busy with the sandtray with me*” and “*I kept the others busy with activities such as the letter, timeline and demographical questionnaire which demand writing and concentration*”. “*...became more skilled at keeping the group occupied constructively, while at the same time creating a space for the individual client to be attended to*” (ASL4, lines 27 and 28). In Video 5 (lines 1 and 2) this process can be seen: “*client sitting on hunches outside building sandtray. Student sitting on ground next to sandtray taking notes.*”

Step 4: The postcreation phase

In the postcreation phase the student needs to visually observe the completed sandtray and then engage with the client by initiating a discussion about the scene and asking relevant questions (Homeyer & Sweeney, 2011). Photograph 4.7 captures this phase.



Female ASL 11 student engages with male client by listening to the story of the sandtray and by asking relevant questions

Photograph 4.7: Female student busy with postcreation phase with male client (29-05-2014)

I captured this phase in my field notes (Field notes 4, lines 46 to 51): “*questions asked by students to client about their trays: Where is your favourite place in the tray? Where in the tray would you not want to be? How did you feel when making the tray? Where are you in the tray.*” This phase is

also mentioned by ASL student reflections (ASL 3, lines 5 and 6): “...*privilege to be the witness to the unfolding story/narrative of each of my clients*” and (ASL 4, lines 14 and 15): “*some of them were shy to share their sand play narratives with me, while other elaborated more.*”

Step 5: Sandtray cleanup

During this step the sandtray is taken apart. See Photograph 4.8 for an example of this step.



Female ASL Student 9 cleaning up sandtrays in cleanup phase

Photograph 4.8: Female student cleaning up a sandtray (30-05-2014)

This step is captured in field notes (Field notes 2, line 6) “*Breaking up of trays*” and (Field notes 4, line 17) “*Trays are cleaned*”.

Step 6: Documenting the sandtray session

According to this step photographs of the sandtrays can be taken with the permission of the client (Homeyer & Sweeney, 2011). Photograph 4.9 shows a completed sandtray captured by taking a photo.



Female ASL Student 4 taking photo of male client's completed sandtray to document the sandtray session

Photograph 4.9: Female student documenting sandtray of a male client (29-05-2014)

This step is also described in my field notes (Field notes 4, lines 66 and 67)

“Sandtrays are captured by students taking photos.”

4.3.1.2 Sub-theme 1.2: Deviation from the standard sandtray process and format when used in a rural school

In some instances ASL students deviated from the standard sandtray procedures. These instances were identified during the data analysis as deviations in steps 1, 3, 4 and 5 and were documented as set out in the following evidence.

During step 1, sandtrays were setup outdoors, and not in a room for privacy of the client. Miniatures were not always sorted into categories, which is not according to the standard setup procedure. Photograph 4.10 shows a sandtray and toys placed outdoors with miniatures unsorted.



Sandtray setup outdoors with miniatures scattered and not sorted into categories

Photograph 4.10: Sandtray setup outdoors and miniatures scattered on ground (29-05-2014)

Deviations in this step were also noted in (Field notes 2, lines 10 to 13): *“others put toys in one container or in a heap on the floor. Toys on floor seems to disappear between grass and dust”*; and (Field notes 4, lines 33 and 34): *“...trays were outside on the school ground...”*. This was also described as (Video 2, lines 1 and 2): *“sandtray placed on ground. Toys lying on ground.”*

Deviations in Step 3, where the student is not fully present, while the client is creating a scene in the sandtray is captured in Photograph 4.11.



Female ASL Student 6 busy with other activities while male client is creating a scene in the sandtray

Photograph 4.11: Female student not being fully present while male client is creating a scene in the sand (29 May 2014)

In my field notes, I captured this deviation as (field notes 4, lines 38 to 39): *“some students continued with group work while a client was building a tray”*. I also reflected on this in my research diary: *“can ASL student be a silent witness if not available and with client while he/she is building?”* This deviation was also noted by ASL students in their reflections (ASL 8, lines 11 to 14): *“...challenges with splitting myself between the tray and the group. [...] felt like I missed important processes that took place during the making of the tray”* and (ASL 6, lines 10 to 12): *“...not creating a conducive holding space for the client creating the sand tray. I was not able to be fully present at both activities...”* ASL 4 (Line 3) also reflected on this: *“I wasn’t observing them at all times...”* In Video 1 (lines 10 and 11) it is noted: *“ASL student sits down on chair with group of clients next to client busy with sandtray”* and in Video 2 (lines 10 to 12): *“student is sitting next to client on a chair. Attention is on group and not client building sandtray.”*

Deviations in Step 4 can be seen where language barriers made communication between student and client difficult (field notes, lines 11 to 14): *“language barriers between some students and clients (especially English and Afrikaans students) are making communication difficult.”* ASL students mentioned this deviation (ASL 1, lines 16 to 18): *“....struggled to narrate their story in the sand. The language barrier was another major challenge as I struggled to understand the clients and the clients struggled to express themselves.”*

In Step 5 of the standard sandtray process deviations noted is documented in field notes (field notes 2, lines 6 to 8): *“breaking up of trays*

sometimes happens where client can witness it which is not according to sandtray process"; and (field notes 4, lines 17 and 18): *"trays are cleaned in front of the client who built it."*

4.3.2 Theme 2: Therapeutic alliance and the role of the sandtray in creating a therapeutic space for the client

Therapeutic alliance refers to the interactions between therapist and client as well as their relationship during a therapy session (Ma, 2007). This alliance is created by the use of certain therapy techniques, the quality of the therapeutic relationship as well as certain personal traits of the therapist (Horvath; Horvath & Bedi; Krupnick, et al.; Feltham & Horton, as cited by Campbell & Simmonds, 2011, p. 195). Sub-themes identified within this theme include the positive and negative experiences expressed by the client and student of this therapeutic alliance while busy with a sandtray therapy session. Lastly, the value of the sandtray as therapeutic technique is described as contributing to the healing experienced by the client.

Theme	Inclusion criteria	Exclusion criteria
Sub-theme 2.1: Experiences expressed by the client	Any reference to experiences of the sandtray process expressed by the client	Any reference to the sandtray process that does not include experiences expressed by the client
Sub-theme 2.2: Experiences expressed by the therapist/student	Any reference experiences of the sandtray process expressed by the student	Any reference to the sandtray process that does not include experiences expressed by the student
Sub-theme 2.3: Role of the sandtray in creating a therapeutic space for the client	Any reference to the role that the sandtray itself played in the sandtray process	Any reference to the sandtray itself that did not include it's role in the sandtray process

Table F: Inclusion and exclusion criteria for theme 2

4.3.2.1 Sub-theme 2.1: Experiences expressed by the client

During the sandtray process, clients must be allowed to create their own world in the sand without being judged (Dale & Lyddon, 2010). This leads to self-awareness and healing for the client. This sub-theme will firstly focus on the positive experiences expressed by the client, where healing could possibly have taken place, and then on the negative experiences expressed by clients that might have left them in a state of disequilibrium after the sandtray session.

Positive experiences expressed by a client are portrayed in Photograph 4.12, where the client seems to be totally engrossed in the creation of the sandtray.



Female client
engrossed in
the creation of
a scene in the
sand

Photograph 4.12: Female client building a scene in the sandtray (30-05-2014)

In the field notes the positive experiences expressed by clients are also recorded (Field notes 4, lines 41 to 45): *“of those continuing with group work some even sat with their backs to the client. This mostly did not seem to make a difference to the client who just kept building the tray.”* The videos also portray the client as totally involved with the creation of the sandtray while other activities is taking place around him or her (Video 3, lines 3 and 4): *“client traces lines in the sand with his finger. People laughing and talking in background”*; and (Video 6, lines 7 to 9): *“client stands on knees in front of tray and places toys in tray. Student giving instructions to group of clients in the background. Groups of clients making noise working in the background”*. ASL students also reflected on the positive experiences expressed by clients

while creating the sandtrays (ASL 8, Line 15): *“every single client absolutely loved the tray”* (ASL 5, lines 5 and 6): *“I was amazed how the client’s inner world reflected in the sand”*; (ASL 10, lines 15 to 18): *“sandtray allowed my clients to explore and share their personal stories and emotions involving their dreams, goals, hopes, challenges, needs and future aspirations on a non-verbal level”*; (ASL 11, lines 25 to 27): *“the sandtray gave them a safe space to act out their desires, dreams and fears, those which they could not express verbally”* and (ASL 4, lines 3 and 4) *“...there didn’t seem to be confusion about how to approach the san (sic) tray. It came very naturally to them!”*

Instances where the experiences expressed by clients regarding the sandtray process could have been negative can be seen in Photograph 4.13, where the process is interrupted by other students.



Male client creating a scene in the sand while his process is interrupted by peers close by

Photograph 4.13: Male client creating a sandtray scene while peers close by interrupt (29-05-2014)

Instances of expressions of negative client experiences are noted in the field notes (field notes 1, lines 1 to 3): *“some clients seemed distracted when other learners walked past while they were building their trays”*; and (Field notes 3, lines 10 to 13) *“trays being built in full view of the rest of the group made it possible for the group members to look at the tray and building process.”* In videos this is also captured (Video 5, lines 201 to 203): *“learners walk past sandtray. Noise of learners in background. Client looks around at learners walking past”*; and (Video 5, Line 14) *“someone whistles in background and*

client looks up towards sound.” ASL students commented on the negative client experiences by mentioning (ASL 12, lines 11 and 12): “...*other learners in the school would walk pass [sic] and make inappropriate comments*”; and (ASL 4, lines 8 to 11): “*clients who were making sand trays during break time, were exposed to other learners’ comments. Some learners even walked past the sand trays and picked figurines up out of the sand tray that my clients made. This definitely invaded the privacy of my clients.*”

4.3.2.2 Sub-theme 2.2: Experiences expressed by the therapist/student

During a sandtray therapy session, the therapist plays the role of silent witness who does not interpret the client’s sandtray world, but creates a safe and protected space by providing acceptance, care, empathy and respect to the client and the process (Homeyer & Sweeney, 2011). In the discussion of this sub-theme the focus will firstly be on the positive experiences students reported in their roles as therapists, and then on negative experiences they expressed as therapists during the sandtray sessions with their clients.

ASL student reflections portray positive experiences expressed by the students (ASL 9, lines 22 and 23): “*using the sandtray was enjoyable for me as assessor and I certainly would use it again*”; (ASL 10, lines 12 and 13): “*something I really enjoyed with the clients was the sandtray work...*”; (ASL 2, Line 14): “*I found the use of the sandtrays helpful...*”; (ASL 11, lines 22 and 23): “*one of my greatest resources during my first visit was sandtray*”; (ASL 12, lines 16 to 18): “*I really enjoyed working with the sand as I felt that it tore down the barriers*”; (ASL 4, line 18): “*...I would definitely evaluate it as being successful and valuable*” and (ASL 7, line 17): “*I do feel that this technique was very useful.*”

Negative experiences expressed by ASL students are noted in their reflections (ASL 8, lines 8 and 14): “*I did experience some challenges with splitting myself between the tray and the group. I did not like that much because I felt like I missed important processes that took place during the making of the tray*”; (ASL 6, lines 7 to 14): “*during the process of removing the single client from the group to complete a sandtray while the rest of the group engaged in another activity made me feel that I am not creating a conducive*

holding space for the client creating the sandtray. I was not able to be fully present at both activities, making me wonder what the effect of this partial absence was on the effectiveness of the inherent processes of expression, projection and healing of the sandtray”; (ASL 1, lines 9 to 13)”, (ASL 1, lines 18 to 19): “in the end the sandtrays did not meet or exceed my expectations, in fact I was slightly disappointed in the sandtrays [sic]”; (ASL 4, lines 47 to 48): “language was a barrier to understanding the meaning my clients attached to their sand trays and figurines”; and (lines 52 to 54): “since the sand trays were made while I was busy with my other clients, I was unable to make observations that might have given me more insight into the sandtrays and accompanying narratives”; (ASL 1, lines 7 to 10): “I did at times feel that language compromised me in understanding my client when they tried to express themselves. On a personal note at times I felt that I did not meet my client’s expectations and this made me realise how factors such as language placed me in a compromised situation”; and (45 to 49): “at times, emotional aspects from my clients surfaced, and being in a group setting did not allow me the opportunity to further explore the emotions that were elicited. I felt that I was unable to neutralise the situation and failed to bring my client back into a state of equilibrium when they left the sand tray station.”

4.3.2.3 Sub-theme 2.3: Role of the sandtray in creating a therapeutic space for the client

In sub-themes 2.1 and 2.2 some negative experiences expressed by both the clients and students were discussed. One such experience expressed as both positive and negative is evident as the therapeutic alliance formed between the client and the student. This alliance is formed by the student creating a free and protected space for the client and the client feeling this safety, which then enables him or her to find healing through creating a scene in the sandtray. In this sub-theme the therapeutic value of creating the sandtray itself is discussed.



Female client creating a scene in the sand not distracted by other clients close by

Photograph 4.14: Female client building a sandtray on her own (30-05-2014)

Photograph 4.14 shows a client busy with creating a scene in the sand while the student is busy with another client and the rest of the group is working close to the sandtray. In my field notes, I also noted clients continuing with sandtray scenes without the presence of a student to create a safe space (Field notes 4, lines 42 to 45): “... *some even sat with their backs to the client. This mostly did not seem to make a difference to the client who just kept building the tray.*” In the videos, clients continue building trays in spite of students being busy with other activities (Video 4, lines 26 to 27 and 29): “*client starts taking toys out of the box. Student walks back to table where rest of group is sitting*” and “*client continues taking toys out of the box*”; and also (Video 6, lines 7 to 9): “*client stands on knees in front of tray and places toys in tray. Student giving instructions to group of clients in the background. Groups of clients making noise working in the background.*” ASL students also reflected on noticing how clients were very involved with creating scenes in the trays without needing much input from the students (ASL 8, lines 15 to 17): “*one of the clients said he couldn’t believe he enjoyed playing with toys so much.....It was powerful to see that...*”; (ASL 11, lines 24 and 25): “*behind each descriptive story lied a deep connection with their unconscious*”; (ASL 4, lines 20 to 21): “*one client made a second tray and I could already see the progress taking place from the first to the second tray*”; and (ASL 7, lines 15 and 16): “*...once they sat down they immersed themselves in the activity, took their time and completed the sand tray.*”

4.3.3 Theme 3: Context of the rural school

The context within which this study took place was that of a high-need high-risk rural secondary school in Mpumalanga. Within this theme, sub-themes were identified as barriers to the sandtray therapy process as a result of this context and secondly enablers to the sandtray therapy process as a result of the context in which it took place.

Theme	Inclusion criteria	Exclusion criteria
Sub-theme 3.1: Barriers to using sandtray therapy with youth as a result of the context of a rural school	Any reference to barriers to using sandtray therapy with youth as a result of the context of a rural school	Any reference to enablers of using sandtray therapy with youth as a result of the context of a rural school
Sub-theme 3.2: Enablers to using sandtray therapy with youth as a result of the context of a rural school	Any reference to enablers of sandtray therapy with youth as a result of the context of a rural school	Any reference to barriers to using sandtray therapy with youth as a result of the context of a rural school

Table G: Inclusion and exclusion criteria for Theme 3

4.3.3.1 Sub-theme 3.1: Barriers to using sandtray therapy with youth as a result of the context of a rural school

Barriers identified within the context could serve as contra-indicators to the use of sandtray therapy with young people in a rural school. The following barriers were identified during the data analysis.

The placement of trays on the ground can be seen as a barrier to using sandtray therapy with young people in a rural school as clients had to sit on the ground in the sun while building sandtrays (Video 2, Line 1); “*Client sitting on ground...Sandtray placed on ground*”, (ASL 12, Line 10): “*...sand trays were a challenge as it was in the sun...*”, (Field notes 4, lines 64 and 65): “*most of the sandtrays stood in the sun and it was very hot*”, which is also captured in Photograph 4.15, where a client is sitting on the ground in the sun while creating a scene in the sand.



Male client
creating a
scene in the
sand on his
haunches on
the ground in
the full sun

Photograph 4.15: Male client sitting on the ground in the sun (30-05-2014)

Another barrier to using sandtray therapy with youth in a rural school as a result of context is identified as the sandtray process taking place in the full view of groups of clients who might witness the building of the trays, as well as other learners walking past and making comments about the trays being created. This barrier is described in data as follows (Video 4, lines 94, 98 and 101): “*client looks at rest of group working*”, “*student from another group walks past with her group of clients*”, and “*client looks at group of clients walking past*”. ASL students reflected (ASL 9, lines 7 to 9): “*...placing the sandtray close to where our workstation was...caused the children to copy one another’s sandtrays*” and (ASL 12) “*...other learners in the school would walk pass and make inappropriate comments.*” I also reflected on this in my journal, “*some clients seemed very self-conscious especially when older learners walked past and made comments on their trays*”, and in my field notes (field notes 1, lines 1 to 3): “*some clients seemed distracted when other learners walked past while they were building their trays*”. This barrier is captured in Photograph 4.16, where a client is building a sandtray in full view of other clients.



Male client
creating a
scene in the
sand in full
view of rest of
group

Photograph 4.16: Male client creating a sandtray close to rest of group (29-05-2014)

Multilingualism is another barrier to using sandtray therapy with youth in a rural school identified in the context. ASL students comment on this (ASL 1, lines 16 to 18): *“the language barrier was another major challenge as I struggled to understand the clients and the clients struggled to express themselves accurately”* and (ASL 4, lines 23 and 24): *“I think the sand play can be more effective as an assessment tool if language wasn’t a barrier and clients could express their narrative in their mother tongue.”* In my field notes, I noted this as well (field notes 1, lines 6 to 9): *“some clients seemed to prefer to tell their stories in their own language rather than in English”*; and (field notes 4, lines 11 to 14): *“language barriers between some students and client (especially English and Afrikaans students) are making communication difficult.”*

4.3.3.2 Sub-theme 3.2: Enablers to using sandtray therapy with youth as a result of the context of a rural school

The following identified enablers could serve as indicators to the use of sandtray therapy in a rural school context with young people.

Given multilingualism, and language differences between students and clients, sandtray therapy enabled clients to express themselves non-verbally (ASL 10, lines 15 to 17): *“sandtray allowed my clients to explore and share their personal stories and emotions involving their dreams, goals, hopes, challenges, needs and future aspirations on a non-verbal level”*; and (ASL 11,

lines 25 to 27): “*the sandtray gave them a safe space to act out their desires, dreams and fears, those which they could not express verbally*”.

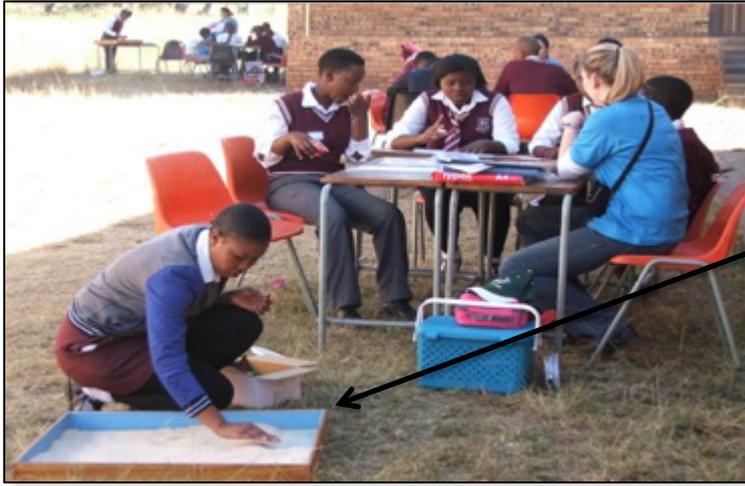
Clients appeared to find it easy to relate to the miniatures they used to create the scenes in the sand, as this seemed familiar to them within the context of their everyday realities. These realities enabled the sandtrays to be authentic versions of their lives (field notes 3, lines 5 to 7): “*choice of toys included a lot of army men and animals. Girls used more animals, furniture, flowers and human figures*”; and (field notes 4, lines 23 to 25): “*toys used most by clients included trees, grass, flowers, army men, animals – could be and indication of their context.*” Photograph 4.17 gives an example of a tray.



Male client's
finished tray
reflecting
context

Photograph 4.17: Male client's finished sandtray (29-05-2014)

Another enabler to using sandtray therapy with youth in a rural school context was identified as the collectivist nature of the clients' culture. Collectivism seemed to enable clients to experience the sandtray process as healing and positive even though it happened outdoors where other clients could witness their process. The collectivist nature of clients is captured where (Video 3, lines 7 and 8): “*clients talk in background... Client continues with drawing lines in the sand*”; and (field notes 3, lines 10 to 13): “*trays being built in full view of the rest of the group made it possible for the group members to look at the tray and building process.*” Photograph 4.18 captures a client busy with a tray without being influenced by other clients sitting close by.



Female client
creating a
scene in the
sand with a
group of clients
close by

Photograph 4.18: Client creating a sandtray with other clients nearby (29-05-2014)

4.4 LITERATURE CONTROL AND FINDINGS

The following section compares the results of the study to existing literature. The structure of the themes and sub-themes identified in Section 4.3 is followed and correlations and differences to existing literature are discussed. The section concludes with a discussion of new insights from the data as well as silences in the data when compared to existing literature on sandtray therapy.

4.4.1 Findings that reflect current knowledge on the implementation of sandtray therapy

Theme 1 describes the **standard process and format of sandtray therapy used by educational psychology students in a rural school**. According to Pillay (2007), community interventions give educational psychologists in training the opportunity to test what they have learnt by using this knowledge practically with clients. Theme 1 suggests that ASL students were able to follow steps identified by Homeyer and Sweeney (2011) within a standard sandtray session within the rural school context. These steps included setting up the sandtray and miniatures, giving instructions to the client, creation of a scene in the sand, postcreation questioning and storytelling, cleaning up the sandtray, and recording the sandtray. I will now discuss steps ASL students used in the rural school that mirror standard processes as discussed in literature.

During step 2 (Subtheme 1.1), **introduction of the sandtray and miniatures**, ASL students gave an introduction to clients regarding the sandtray in a nondirective manner. Although this introduction to sandtray therapy can be given in a variety of ways (Kern & Perryman, 2016), including a directive or nondirective approach (Homeyer and Sweeney, 2011), ASL students asked clients to create their world or a story in the sand. This correlates with Paone, Malott, Gao and Kinda (2015), who mention that the introduction should be as neutral as possible.

While the **client creates a scene in the sand**, during Step 3 (Subtheme 1.1), the therapist should be fully present in order to share in this process on a cognitive level and with empathy (Homeyer & Sweeney, 2011). Subtheme 2.2, **experiences expressed by the therapist/student**, suggests that ASL students were fully present during some of the sandtray therapy sessions. ASL students created a safe space while sitting with clients creating scenes in the sand. This finding correlates with Allan and Berry (1987), suggesting that the therapist plays the role of a silent witness during this process, creating a safe space for the client in which the inner processes of the client can be activated (Bradway, 1979).

During Step 4 (Subtheme 1.1), **the postcreation phase**, ASL students asked questions, which align with the role of the therapist during this step (Homeyer & Sweeney, 2011). ASL students asked questions in order to guide clients in the exploration of their sandtray. Students reported witnessing the unfolding stories of their clients in the sand. This concurs with Taylor's (2009) view that therapists should remain open to a client's story and questions should only be used to start a narrative between the therapist and client.

Step 6 (Subtheme 1.1) involves **documenting the completed sandtray**. Similar to Homeyer and Sweeney (2011) and Kern and Perryman (2016), ASL students took photographs to record the sandtrays in this step after each client completed the sandtray process.

Not all six standard sandtray therapy steps correlate with what is found in literature. However, all steps were followed during the sandtray process with youth in a rural school. Steps not discussed above (namely setting up, creating the sandtray, postcreation and cleaning up the sandtray) differ from

descriptions found in literature and will be discussed in the next section of this chapter.

The **second theme** mirrors existing knowledge on **the therapeutic alliance, experiences of the sandtray process expressed by clients** (Subtheme 2.1) **and students/therapists** (Subtheme 2.2), **as well as the role of the sandtray itself in creating a therapeutic space for the client** (Subtheme 2.3). The therapeutic alliance is broadly described as the collaborative bond between therapist and client and is widely considered to be an essential ingredient of effective psychotherapy (Krupnick, Sotsky, Elkin, Simmens, Moyer, Watkins & Pilkonis, 2006). Subtheme 2.1 suggests that clients' behaviour seemingly demonstrated the presence of therapeutic value by creating the sandtrays. A client needs to feel safe in order to explore and express both positive and negative feelings in the sandtray (Carey, 1990). From Subtheme 2.1, it is evident that clients enjoyed the sandtrays and were able to reflect their feelings in the sand. Clients seemed to be able to keep their focus on the sandtray, and express their feelings during this process, in spite of working outdoors with other activities happening around them. According to Taylor (2009) sandtray therapy creates a therapeutic environment, regardless of age, ethnicity or gender. Cultural, age, gender or language differences, between clients and students, did not seem to have an impact on the therapeutic value the sandtray seemed to have for the client.

Many personal traits of the therapist, such as being supportive, helpful and kind may be part of the quality of the therapeutic alliance (Bachelor & Salame, 2000). The therapist must be fully present to the client and must try to be in the here and now as far as possible, be willing to meet the client honestly and authentically, and in doing so, be touched and moved by the impact of the client (Joyce & Sills, 2010). Subtheme 2.2 suggests that ASL students experienced their roles in the sandtray therapy process as positive in the sense that it made them feel connected to their clients. *Students enjoyed the sandtrays and saw it as a great resource to address barriers (language, gender and cultural) between themselves and their clients.*

Subtheme 2.2 indicates that some students experienced multilingualism as a barrier to using the sandtrays with youth in a rural school. The negative experiences of the students regarding language barriers

(Subtheme 2.2) correspond with Richards, Pillay and Fritz's (2012) findings that therapists seem to experience the non-verbal process of sandtray therapy as challenging. They seem to insist on verbally engaging with the client, which may sometimes negatively impact the healing process (Richards, Pillay & Fritz, 2012).

Subtheme 2.3, **role of the sandtray in creating a therapeutic space for the client**, suggests that activities happening around clients did not seem to deter them from engaging in projections in the sandtray. It is plausible that clients felt safe in their environment in line with Carey (1990) that the sandtray itself can act as a place of healing. Self-healing is guided by the client's psyche while the therapist plays a minor role in this process (Lubbe-De Beer & Thom, 2013). This healing takes place within a space of trust and safety (Kalff, cited in Bainum, Schneider & Stone, 2006, p. 38). Subtheme 2.3 also resonates with Bradway (1979), where it describes that clients become so involved with the creation of the scene once they get started, that they become largely unobservant of their outer surroundings.

Therapeutic value could be seen in the use of the sandtrays with youth in a rural school (Subtheme 2.3). Students seemed to experience a therapeutic alliance with clients. Clients seemed to be able to engage with sandtrays and seemed to be engrossed with the sandtray process despite other activities happening around them.

Theme 3, context of the rural school, indicated **barriers** (Subtheme 3.1) **and enablers** (Subtheme 3.2) **to sandtray therapy within a rural school context**. Enablers are similar to existing knowledge on the use of sandtray therapy in multilingual contexts as well as the use of miniatures to enable the client to project the subconscious in the sandtray. The collectivist nature of the clients' culture, as enabler to sandtray therapy in the rural context, also mirrors existing knowledge on the African culture. These barriers and enablers could also serve as contra-indicators and indicators for using sandtray therapy with young people in a rural school.

A small number of ASL students identified multilingualism as a barrier to using the sandtray in the rural school context (Subtheme 3.1). From students' perspectives both students and clients struggled to understand each other while communicating about the sandtray.

From Subtheme 3.2, the sandtray was also an enabler to buffer against language differences. Clients were able to express their subconscious in the sand even though they struggled to narrate their stories. According to Campbell (2004), sandtray therapy is appropriate for use with populations with diverse cultures and languages and Bradway (1979) mentions that no verbal description of the scene in the sand is necessary. Literature further suggests that the sand and miniatures become the language through which the client communicates (Taylor, 2009). Therefore, a verbal description of the scene in the sand is not always necessary, as the client can activate inner processes just as easily through feelings of safety, and do not necessarily need verbal interactions (Bradway, 1979). Subtheme 3.2 demonstrates that language was not necessarily a barrier preventing clients to tell their stories in the sand.

Although a small number of ASL students identified multilingualism as a barrier to conducting sandtrays with clients in a rural school, the use of sandtrays were however experienced as an enabler by most ASL students in order to overcome language barriers during psychological intervention with clients in the rural school context.

Sandtray miniatures were also identified as enablers within the context of a rural school as clients were able to use the selection provided to create their sandtray scenes (Subtheme 3.2). It appeared that clients were able to project their everyday realities onto the trays through the choice of certain miniatures. According to Geldard and Geldard (2008) miniatures act as symbols in sandtray therapy and these symbols are used by clients to represent concrete things in their lives as well as less tangible concepts such as wishes and emotional issues. Subtheme 3.2 suggests that clients were able to express these concrete and less tangible concepts in the sandtrays as representing their contexts using especially the following miniatures: animals, army men, trees, grass, flowers, furniture, fences, umbrellas and human figures.

Lastly, the collectivist nature of the clients' culture was identified as an enabler for using sandtray therapy within this context (Subtheme 3.2). According to Pillay (2011), African culture has a collectivist worldview, where the focus is firstly on others and then on the self. It appears that clients felt comfortable within a group setting and were able to build their sandtrays given

a group space. Clients did not seem to need privacy to complete sandtrays, which contained their personal stories.

Sandtray therapy is a technique, which can be used with diverse languages, cultures, races, ages and developmental levels (Campbell, 2004; Hunter, 1998). Theme 3 confirms that this technique had utility in a diverse therapy space, where clients and students differed (race, language, class, gender, age). Theme 3 finds that the context of the rural school enabled the use of sandtray as non-verbal technique. It further enabled clients to project authentic versions of their lives in the sandtrays through the use of certain miniatures. The rural context lastly highlighted the collectivist nature of clients as enabler to clients' experiences of the sandtray process as healing within a group context.

4.4.2 Findings that differ from current knowledge on the implementation of sandtray therapy

In some instances, **Theme 1, sandtray process and format in a rural school**, differed from existing knowledge on sandtray therapy. In **Subtheme 1.2 deviations from the standard format and process of sandtray therapy** were noted. According to Foxcroft (2011), the implementation of psychological interventions in a client's everyday context will create some challenges for the therapist. These challenges could be seen in Theme 1 in Step 1 (**setting up the sandtray**, Subtheme 1.2), Step 3 (**creation of the sandtray scene**, subtheme 1.2), Step 4 (**post-creation questioning**, Subtheme 1.2) and Step 6 (**cleaning up the tray**, Subtheme 1.2).

The way in which ASL students set up sandtrays and miniatures during the first step of the sandtray process differed from what is described in literature. Literature suggests that the setting up of the sandtray should be in a room (Carey, 1985; Cockle, 1993; Steinhardt, 1998; Taylor, 2009). At the rural school setting, sandtrays were set up outdoors in full view of all moving around on the schoolground (Subtheme 1.2). This impact on privacy is not standard according to the standard sandtray process (Homeyer & Sweeney, 2011). The placement of the trays outdoors could have interfered with the client's process of feeling safe enough to project his or her unconscious in the

sandtray as other learners walked past and intruded on their privacy. *No instances of setting up sandtrays outdoors have been recorded in the literature.*

Although Homeyer and Sweeney (2011) state that, during set-up, miniatures should always be organised into categories in order to create a sense of order and safety, Subtheme 1.2 suggests that students did not always order miniatures into categories, but in some instances placed together in one container or just scattered on the ground.

In Step 3, **the creation of the sandtray scene** (Subtheme 1.1), the role of the therapist is usually to sit close enough to the sandtray so that the whole process can be observed (Stewart, 1995). While observing, the therapist shows an unconditional positive regard for the client and the scene that is being created (Dale & Lyddon, 2010). Subtheme 1.2 shows deviations from this standard format and process of sandtray therapy. ASL students did not observe the creation of the sandtray scene. Students worked with groups of between five and seven clients (See Table D) on group activities (see Appendix J), and they continued with these activities with groups of clients while one client was busy creating a sandtray. ASL students therefore did not always physically sit with individual clients as they created their sandtrays. Earle, Earle & Osborn (1995) note that the therapist needs to be present during the creation of a scene in the sandtray as it is important to observe what objects the clients' use and how they place these objects within the sandtray. Subtheme 1.2 suggests that ASL students did not always note the placement of miniatures by clients in the sandtrays.

Step 4, **the postcreation step** (Subtheme 1.1) involves the therapist using the sandtray as a starting point for discussion (Homeyer & Sweeney, 2011). According to Homeyer & Sweeney (2011) this step is important, as it provides the clients with structure to share their personal meanings of the creation in the sandtray and assist the therapist in guiding the client through a meaning making process. Subtheme 1.2 suggests that a small number of English and Afrikaans speaking ASL students experienced language as a barrier during this step of the sandtray process. The negative experiences may be as a result of students' personal expectations of their roles as therapists during the sandtray therapy process. Subtheme 3.2 suggests that

most of the ASL students experienced sandtray therapy as an enabler to address language differences between client and therapist. As mentioned in section 4.4.1, this correlates with literature describing sandtray therapy is a useful technique for bridging language differences between client and therapist (Bradway, 1979; Carey, 2004; Lubbe-De Beer & Thom, 2013).

During Step 5, **cleaning up the sandtray** (Subtheme 1.1), of the formal sandtray process the therapist restores the sandtray to its original form (Dale & Lyddon, 2000). According to Geldard and Geldard (2008) the therapist should not take apart the scene in the sandtray while the client is present as this scene represents the client's story. The tray and miniatures should never be touched without the client's permission (Homeyer & Sweeney, 2011). Subtheme 1.2 suggests that this cleanup step took place in front of clients as ASL students cleared the sandtrays in their presence or where they could witness it.

Steps mentioned above deviated from the standard sandtray format and process described in Subtheme 1.1. These deviations however did not seem to prevent clients from projecting in sandtrays.

Theme 2 differed from existing knowledge regarding **positive and negative experiences expressed by clients** (Subtheme 2.1) **and students** (Subtheme 2.2) **while engaging in sandtray therapy**. Negative experiences expressed by clients (Subtheme 2.1) and captured in other data sources (ASL student reflections, researcher field notes and verbatim transcriptions of videos) included interferences from other learners making comments on their process or interfering by actually taking toys from their trays. According to Homeyer & Sweeney (2011) a room should be prepared for the sandtray therapy session in order for the client to feel the presence of safety in which they can freely project their unconscious onto the sandtray by using miniatures (Vinturella & James, 1987). Subtheme 2.1 finds that the interferences from other students might have negatively impacted clients' feelings of safety and privacy. Negative experiences expressed by students (Subtheme 2.2) included dividing their attention between the sandtray and the group activities. Studies (Homeyer & Sweeney, 2011; Kalff, 1990; Kern & Perryman, 2016; Dale & Lyddon, 2000) mention the presence of a therapist during the creation of a scene in the sand.

The absence of a therapist with a client during the sandtray processes is not documented. Subtheme 2.2 suggests that students consequently felt that they could not be fully present to their clients and that they missed significant processes of the sandtray session. Students also felt that they were not able to create a safe space within which the client could work. These experiences of ASL students are in contrast to findings in subthemes 2.1 and 2.3 that clients, in most instances, created sandtrays undisturbed by placement of sandtrays outdoors, where other learners walking around on the playground and the absence of ASL students during the creation process.

Barriers imposed on sandtray therapy by the context of a rural school (Subtheme 3.1) were identified and included lack of space inside a room for the setup of the sandtrays. School buildings in rural schools are often in need of repair with broken windows, not enough classrooms and lack of furniture (Ebersöhn & Ferreira, 2012; Ebersöhn, 2014). Subtheme 3.1 finds that clients had to work outdoors in the sun and sit on the ground while working. According to Carey (1990) sandtrays are placed on tables where clients can easily reach them although Bradway (1979) mentions that some therapists do put sandtrays on the floor. Albert (2015) mentions that it is important for a therapist to set up a sandtray in an environment where the client feels safe. This safe environment is important for clients to be able to express their deepest conflicts (Carey, 1990). Sandtrays are normally set up in a room where only the client and therapist are present (Homeyer & Sweeney, 2011; Carey, 1990; Draper, Ritter & Willingham, 2010). Subtheme 3.1 finds that the placement of sandtrays outdoors made it difficult for only the student and client to be present during the creation of the scene in the sand. The outdoors placement of sandtrays and miniatures during this study was further complicated by not providing clients with a quiet place without distractions in which they could work. Ryce-Menuhin (as cited by Dale & Lyddon, 2000, p. 139) talks of a “concentrated silence” while the client are busy creating a sandtray. *The placement of sandtrays therefore seemed to create barriers for the effective use of sandtray therapy within the context of the rural school.*

4.4.3 New insights on the implementation of sandtray therapy

It is novel to document the process where students work with groups of clients while one client is busy with a sandtray. In addition, documenting the format and process of sandtray therapy with young people in a high risk and high need rural school is also novel.

Subtheme 2.3 suggests that clients did not seem to need a student to create a safe space. *Clients immersed themselves in the activity and seemed to make deep connections with their unconscious despite the absence of a free and protected space provided by the student or the context.*

Another insight from Subtheme 2.3 is that clients did not need to be in a separate and private room to be able to feel safe in order to create a scene in the sand. Paone et al. (2015) note instances where adolescents do sandtray therapy in a group setting. In their study, every client works with their own tray at the same time. In the current study, only one client was busy with a sandtray at a time while the rest of the group did educational psychology-based activities. Subtheme 2.1 suggests that clients did not seem to mind peers looking at their creations. *A deep connection with what was created in the sandtray seemed possible outside the boundaries of a therapy room where only a therapist and client are present. There did not seem to be a need for many educational psychology materials, while conducting sandtray therapy in a group setting, as clients could share materials by taking turns in creating sandtrays.*

The apparent good fit between clients' collective culture and the therapy process (subtheme 3.2) has not been documented before. According to Tutu (as cited by Somni and Sandlana, 2014) the traditional African way of life includes values such as an emphasis on collectivity, care for others, interdependence and human dignity. *Few educational psychology intervention techniques have been adapted for use to mirror a familiar African way of life. The use of sandtray therapy during this study highlighted some of these values where the group setup was experienced as safe.*

4.5 CONCLUSION

In this chapter, correlations were found between this study and literature. The first correlation included the six steps mentioned by Homeyer and Sweeney (2011) that were followed during sandtray therapy with clients in a rural school. It was found that the therapeutic alliance established between students and clients, regardless of diversity, correlates with literature on the therapeutic alliance during sandtray therapy. Therapeutic alliance in literature further correlated with the findings, where students and clients expressed positive experiences of the use of sandtrays and where the sandtray itself were identified as a therapeutic space for the client. Certain barriers and enablers to sandtray therapy, when used within the context of a rural school, were identified as correlating to what is found in literature in this regard.

The next section of this chapter discussed differences between literature and research findings. Differences were found where certain steps in the standard format and process of sandtray therapy were not followed according to literature when used within the rural school context. Experiences expressed as negative by clients and students regarding the therapeutic alliance, multilingualism as well as privacy during the creation of the sandtrays did not correlate with findings in literature. The context of the rural school posed certain barriers to the process of sandtray therapy, which were also found to differ from current literature on the sandtray process.

New insights from the findings of this research included students negotiating working with groups of clients while one client is busy creating a sandtray. Another insight was found to be the role of the sandtray itself as therapeutic space for the client, as well as the safety experienced by clients, regardless of the lack of privacy or presence of a therapist while creating their sandtrays. Lastly, the role of the collectivist nature of clients' culture on the sandtray therapy process has not been documented in literature before.

In summary, the research findings of this study suggest that the standard sandtray therapy format and process can be followed with clients in a rural school. Some deviation did occur during some of the steps in this process. ASL students and clients seemed to experience the sandtray process as positive and the creation of a therapeutic alliance between them

were possible. The sandtray itself were found to have a therapeutic value for the client while creating a sandtray. Certain barriers and enablers to the sandtray therapy process as a result of the context of the rural school were found to act as contra-indicators and indicators for using sandtray therapy with youths/clients in a rural school.



CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The final chapter provides an overview of the previous chapters. This overview is followed by a discussion of the research findings as they relate to first the secondary and then the primary research questions formulated in Chapter 1. The chapter concludes with a reflection of potential contributions of and limitations to the study as well as recommendations for future research, training and practice.

5.2 OVERVIEW OF THE PREVIOUS CHAPTERS

Chapter 1 provides an introduction to the study as well as the rationale for documenting sandtray therapy with youth in a rural school. The use of sandtrays in this study is contextualised within a multicultural South Africa as well as the Flourishing Learning Youth (FLY) partnership and the rural context of the school. This is followed by a discussion of the purpose and possible contributions of the study. Next the primary and secondary research questions that guide the study are formulated. Chapter 1 also includes definitions of the key concepts of the study: educational psychological assessment and intervention; South Africa as a transforming post-colonial society; educational psychological needs and services in high-risk high-need schools; rural schools as high-risk high-need schools; sandtray therapy; Academic Service Learning (ASL) students; and youth as clients and diversity within therapeutic relationships in South Africa. The paradigmatic lenses, including the theoretical framework, metatheoretical paradigm as well as the methodological paradigm are then discussed. This is followed by an overview of the research design, a summary of the quality criteria strategies and ethical considerations for this study. The chapter concludes with an outline of the subsequent chapters.

Chapter 2 presents a literature review for the study and includes global and South African literature that relates to the study. Key concepts of the study are explored and an overview of educational psychological assessment and intervention in a transforming, postcolonial society is given. This is followed by a discussion of high-risk, high-need schools globally and in South Africa, looking specifically at rural schools as high-risk, high-need schools. An overview is given of the need and availability of educational psychology services within high-risk, high-need schools. Sandtray therapy is then discussed with regards to this technique's history, process and the role of the therapist during a sandtray

therapy session. The chapter concludes with the conceptual framework that guides the study and based on the literature review, theoretical framework and conceptual framework, some working assumptions informing this research are given.

Chapter 3 discusses the research design and methodology in detail. This discussion relates a single case study as research design to the purpose of the study. The unit of analysis is discussed as the process of ASL masters' students' implementing sandtray therapy, with young clients, in a high-risk, high-need, rural school. This is followed by a list of the sampling criteria for the non-probability, purposive sample. The chapter continues to discuss data collection methods, which include observations documented in field notes, photos and verbatim transcriptions of videos as well as ASL student reflections. Thereafter, thematic analysis is discussed as data analysis method for this study. The chapter concludes with a detailed discussion of the quality criteria and ethical considerations used during the study.

Chapter 4 gives a presentation of the findings of the study. The chapter starts with a reflection on the research process by examining the roles of the researcher as fieldworker, researcher and ASL student. The chapter reported the findings of the study as they emerged from the four data sources. The first theme identified was that of the sandtray process and format in a rural school. From this theme two sub-themes were identified as the standard procedure for sandtray therapy in a rural school and deviation from the standard sandtray process and format when used in a rural school. The second theme identified was the therapeutic alliance and the role of the sandtray in creating a therapeutic space for the client. The three sub-themes that were identified within this theme were experiences expressed by the client, experiences expressed by the therapist/student and the role of the sandtray in creating a therapeutic space for the client. The third theme that emerged from the data is the context of the rural school. Two sub-themes were identified as barriers to using sandtray therapy with youth as a result of the context of a rural school and enablers to using sandtray therapy with youth as a result of the context of a rural school. Chapter 4 concludes with comparing the results of the study to existing literature.

5.3 ANSWERING THE RESEARCH QUESTIONS

This section will use the findings from the research study, as discussed in Chapter 4, to firstly reflect on the secondary research questions as stated in Chapter 1. This will be followed by a reflection on the primary research question guiding this study.

5.3.1 Secondary research questions

5.3.1.1 What format and process are followed while using sandtrays with youth in a high-risk, high-need rural school?

A detailed discussion of the format and process followed during the use of sandtrays with youth in a high-risk, high-need rural school is given in section 4.3.1 and compared to literature in section 4.4. It was found that the standard format and process described by Homeyer and Sweeney (2011) were followed by ASL students conducting sandtray therapy with youth in a high-risk high-need rural school. Not all six steps were found to correlate with literature. Deviations were found during the setup step, the creation of the sandtray, the postcreation step as well as the cleanup step. Deviations are a consequence of the infrastructure of the rural school, lack of confidence of ASL students in their own abilities as therapists and using group format given constraints. The latter led to only one sandtray available to a group of clients as well as one ASL student working with groups of clients. This mirrors the South African reality of a limited number of educational psychologists (Van Wyk & Naidoo, 2006), and large numbers of clients requiring educational psychology services in rural schools (Freeman, 2004). Deviations in the standard sandtray format did not seem to have a negative impact on the overall therapeutic alliance, which was evident in the interaction of clients and students during the sandtray process.

5.3.1.2 What materials are used the most by clients/youth while using sandtrays in a high-risk, high-need rural school?

During this study, students and clients used sandtrays, sand and miniatures during the sandtray therapy sessions. Groups of clients shared one sandtray amongst each other by taking turns to create scenes in the sandtray individually. Miniatures used most often by clients while using the sandtrays in a high-risk high-need rural school seemed to include certain categories of miniatures. Miniatures used most included army men, animals, human figures, trees, grass and flowers. There seemed to be a difference between male and female clients' use of miniatures and findings suggest that girls used more animals, furniture, flowers and human figures than boys did. Miniatures seemed to be representative of the rural context and may have made it possible for clients to mirror their everyday realities inside the boundaries of the sandtray. The latter requires further research, especially from young people's perspective.

5.3.1.3 How is diversity negotiated between therapist and clients/youth during the process of sandtray therapy in a high-risk, high-need rural school?

Sandtrays appeared to buffer against multilingual challenges encountered when providing educational psychology services in a rural school. Clients were able to express their subconscious in the sandtray, even though they were not able to verbally relate their creation to a therapist. The sandtray and miniatures possibly became a vehicle (Taylor, 2009) through which the clients could experience healing despite language barriers (Bradway, 1979). This requires further research from the perspective of the client. Most ASL students experienced the use of sandtrays as positive, as it could be used to buffer against language barriers, given the multilingual nature of psychological intervention with clients in a rural school context. Consequently, it was evident that sandtray therapy had utility as a technique when used in the diversity (languages, cultures, races, ages and developmental levels) (Campbell, 2004; Hunter, 1998) characteristic of a South African rural school. The non-verbal nature of sandtray therapy (Lubbe-De Beer & Thom, 2013) may have made it possible for clients to experience therapeutic value in the use of the sandtray (as indicated earlier, this requires further investigation).

Equally, multilingualism remained a barrier when using sandtray therapy in a rural school. This was especially related to a small number of cases where ASL students indicated that they experienced language differences between themselves and their clients as negative. This seemed to be as a result of their own expectations regarding their roles as therapists within the sandtray therapy process. Sandtray therapy therefore does not necessarily address barriers for all educational psychologists providing services within a multilingual space.

Students reported experiences of therapeutic alliance with their clients during the creation of the sandtray. Students were satisfied that the sandtray technique was a resource to address barriers (language, gender and cultural) between themselves and their clients in a rural school. Clients seemed to be able to engage with sandtrays and seemed to be engrossed with the sandtray process, despite other activities happening around them. Clients immersed themselves in the activity and seemed to make deep connections with their unconscious despite the absence of a free and protected space provided by the student or the context. *This was a new insight from the study, as clients did not seem to need privacy, inside spaces or the physical or emotional presence of a therapist in order to experience a safe and protected space (Kalff, 1991) for the creation of*

their sandtrays. Clients' own experiences of the utility of sandtray therapy to address barriers associated with multilingualism, requires further study.

5.3.1.4 How do ASL-students negotiate infrastructure during the process of sandtray therapy in a high-risk, high-need rural school?

The infrastructure in which the sandtray therapy process took place with youth in a high-risk, high-need rural school has been discussed (4.3.3) and compared to literature (4.4). Certain aspects related to the nature of the rural context in which the process of sandtray therapy took place, led to deviations in some of the steps within the standard sandtray process mentioned by Homeyer and Sweeney (2011). These aspects include lack of indoor space to set-up sandtrays, lack of privacy for clients while creating sandtrays, students working with groups of clients, as well as language barriers between clients and students. ASL students and clients had to negotiate the infrastructure of this context in order to conduct sandtray therapy sessions with clients in a rural school. Consequently, students adapted the standard process and format of sandtray therapy by: doing the set-up of sandtrays outdoors; choosing a variety of miniatures to complement clients' context; not physically sitting with clients creating a sandtray; working with groups of clients while one client was busy creating a sandtray; and sharing one set of materials for sandtray therapy between a group of clients. Equally, clients adapted the standard process by being able to project in the sandtray, without privacy or the physical availability of the student.

Some aspects of the context were identified as barriers, while others were easier to negotiate, and acted as enablers to the sandtray therapy process. Barriers included language differences between clients and students, and the outdoors placement of trays, which consequently led to a lack of privacy. Lack of privacy led to the cleaning of sandtray scenes in full view of clients. Enablers included sandtray therapy itself, which enabled clients to express themselves non-verbally by projecting in the sandtray, the availability of miniatures through which clients could express their everyday realities, and plausibly, the collectivist nature of the clients' culture, which enabled clients to project their inner worlds through the sandtray process, despite the outdoors placement of sandtrays and resulting lack of privacy.

5.3.1.5 How do ASL-students negotiate working with groups versus individual sandtray therapy during the process of sandtray therapy in a high-risk, high-need rural school?

Educational psychology interventions took place with groups of youth at the rural school. Each student had between five and seven clients, with whom a variety of educational psychology activities were conducted over two two-day sessions. Sandtray therapy was one of the educational psychology activities. As sandtray therapy is normally used while a therapist is available to a client providing a safe space through their presence (Kalff, 1991), students were required to negotiate the sandtray process whilst continuing educational psychology activities with the rest of their group. Some students did this by giving their groups of clients' educational psychology activities to do on their own. The student would sit with a particular client, creating a sandtray in order to give their full attention to this client. Other students carried on with group activities while their sandtray client created a scene in the sand. ASL students found that by carrying on with group work, they might have missed important information during the creation of a sandtray scene (for instance, through the placement of miniatures) by the client, which could give important information regarding the client's internal processes while projecting in the sandtray. *Clients, however, did not seem to be affected by the presence or non-presence of the therapist, and seemed to enjoy projecting in the sandtray.* Clients therefore seemed to find therapeutic value within the sandtray itself (Carey, 1990). A deep connection with what was created in the sandtray seemed possible outside the boundaries of a therapy room, where only a therapist and client are present. *This process, where sandtray therapy is used with clients while doing group activities with a group of clients, has been identified as novel insight in this study. There also did not seem to be a need for many educational psychology materials, while conducting sandtray therapy in a group setting, as clients shared materials by taking turns to create sandtrays.*

5.3.2 Primary research question and possible contributions of the study

Figure 5.1, the conceptual framework, discussed in Chapter 2, will be revisited in this section in terms of the findings of the study.

5.3.2.1 How can insight into the process of implementing sandtrays with groups of youth in a high-risk, high-need rural school inform knowledge on educational psychology intervention in South Africa?

This research contributes to knowledge on educational psychology assessment and interventions with youth living in high-risk high-need contexts in South Africa. This contribution was made by documenting the process of sandtray therapy with clients in a rural school, identified as a high-risk high-need school in the country.

Findings show the utility of sandtray therapy for use within high-risk high-need rural schools. Adaptations needed in order to use this technique in a rural school include, firstly, the outdoors placement of sandtrays leading to clients creating sandtrays outside of a therapy room. Secondly, students do not need to be physically and emotionally present to their clients while they create sandtrays. The group format in which intervention took place during this study caused students to, in some instances, carry on with group activities with the rest of their clients, and thereby not attend to the client busy with a sandtray creation. Another adaptation include that a variation of miniatures must be included in order for clients to be able to express themselves in the sandtray through symbols that represent their way of life. A last adaptation is that a group of clients can share one set of materials (sandtray, sand and miniatures) for each of them to individually create their own scene in the sand.

These adaptations to sandtray therapy were found to be beneficial, as it can be valuable to use with groups of young people living with realities of high-risk and high-need in rural spaces. Another benefit of this adaptation is that one educational psychologist can use sandtray therapy to benefit a group of clients, and not just a single client. As the services of educational psychologists are scarce in rural areas of South Africa, where the need for these services is high (Theron & Donald, 2012; Freeman, 2004; Ebersöhn, Loots, Eloff & Ferreira, 2015), these adaptations to sandtray therapy can contribute to educational psychology services within rural areas.

The revisited conceptual framework (Figure 5.1) indicates the utility of the process of sandtray therapy as educational psychology intervention with young people within high-risk high-need rural schools in South Africa.

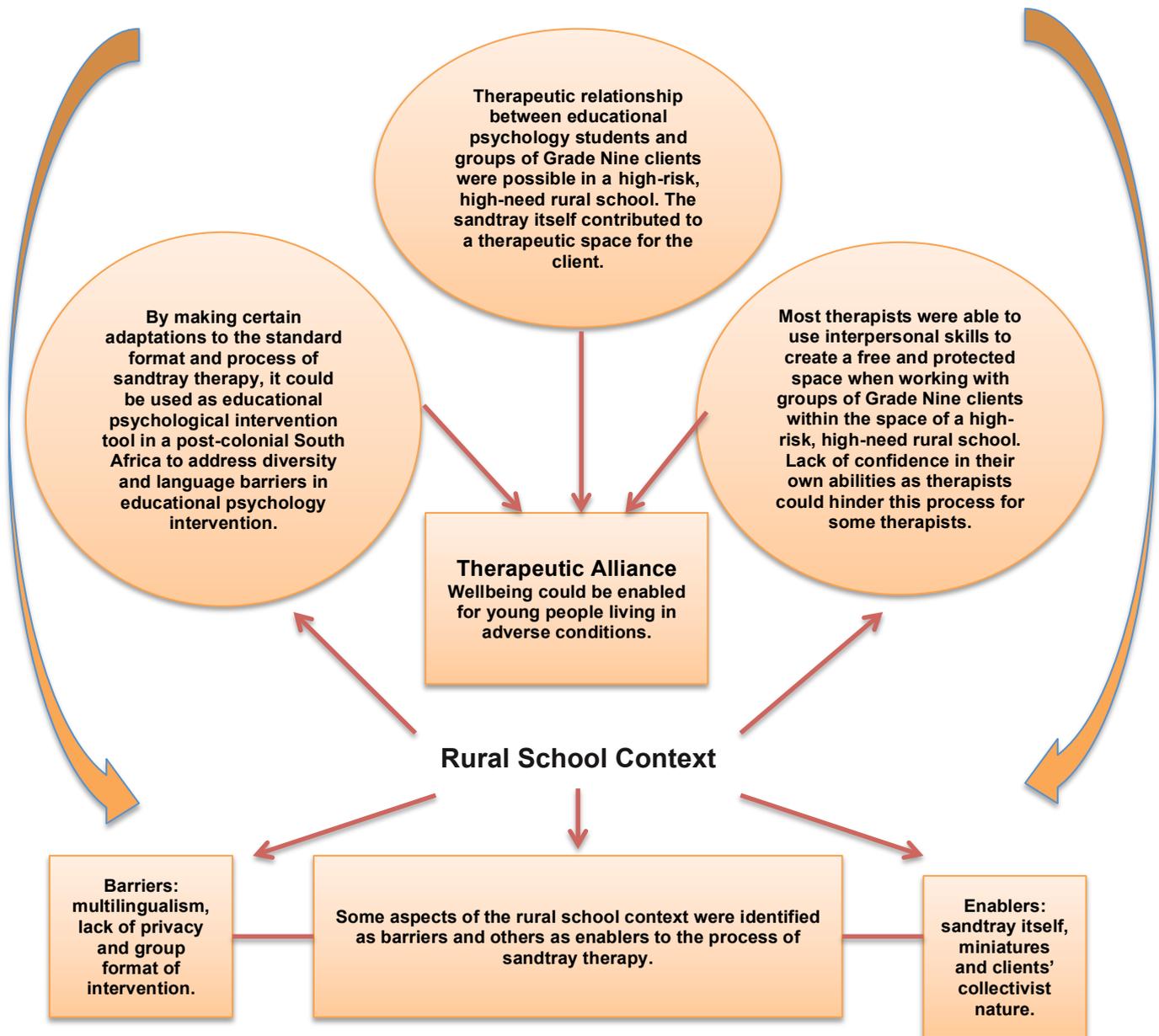


Figure 5.1: Adapted conceptualisation based on findings

5.4 LIMITATIONS OF THE STUDY

One limitation of the current study is the diversity between the context of the clients in the rural school and that of the researcher (Laher & Cockroft, 2014). Diversity may have led to the researcher using her own meaning making to make sense of the clients' world (Barbour, 2008). Clients in this study live in a high-risk high-need rural context, while the researcher comes from a middle-class urban context. Differences could also be found in language where clients speak mostly siSwati and the researcher speaks Afrikaans. Through the use of a phenomenological perspective, this limitation was addressed by the researcher through deciding how and in what way her personal understandings was

introduced into the study (Creswell, 2013). This was done by keeping a reflective journal (Appendix A), where the researcher reflected on diversity between her and the clients in this study (Babbie & Mouton, 2001).

Another limitation was the quality of data sources, especially ASL student reflections. Not all students wrote content-rich reflections of their experiences. Furthermore students gave their own viewpoints and opinions of the sandtray process and therefore this data source could be seen as biased (Maree, 2012). This limitation was addressed by using other data sources such as field notes, photographs, and verbatim transcriptions of videos to add to this data source. ASL reflections were therefore used to add to the richness of the other data sources and not as the only data source for this study.

Lastly, purposive sampling was a limitation of this study as it is difficult to transfer research findings beyond the sample selected (Rubin & Babbie, 1997). This limitation was overcome by keeping an audit trail of the data documentation and analysis processes providing thick descriptions of the data in this study. Purposive sampling can also be a limitation if there is not enough information available on the population being studied (Daniel, 2012). This study forms part of the existing FLY partnership where sufficient information on the population is available.

5.5 DELIMITATIONS OF THE STUDY

The generalisability of the findings is delimited to transferable cases similar to that of the current study (Grade Nine clients from a single rural school and one group of ASL students from a single university) (Morgan & Sklar, 2012). A detailed description of the case selected for this study is given in Chapter 3, Section 3.2. By using a phenomenological paradigm (Finlay, 2012) an in-depth understanding of sandtray therapy as intervention in a rural school could be obtained in order to better understand this phenomena and to capture the essence of its use as an educational psychology assessment and intervention tool. This transfer will be made possible based on in-depth descriptions of the process during the research study (Sloman, 2010) as presented in Chapter 1, Chapter 3 and Chapter 4.

5.6 RECOMMENDATIONS

5.6.1 Recommendations for future research

- ❖ This study took place within a rural high-risk high-need school. The findings of this study can be used to guide future research within a variety of high-risk high-need

schools. In order to generalise the findings of this study to similar contexts, it is recommended that a larger sample of learners from different high-risk high-need schools, as well as ASL students from different universities, be used to carry out similar research.

- ❖ Data collection happened over a very short period of time, which influenced the choice of data collection strategies. This could have led to not enough depth in the data sources. Future research could spend more time collecting data and consider individual interviews with participants in order to gain more insight into their experiences of the sandtray process in a rural school setting.
- ❖ The focus of this study was on the format and process of sandtray therapy with clients in a rural school. The researcher would recommend further investigation into the effectiveness of the use of this technique with clients in a group setting within the context of a rural school.
- ❖ Sandtray therapy is one technique that can be described within the context of a rural school. As there is a great need for culturally sensitive assessment and intervention techniques in South Africa, more techniques could be described within the context of a rural school in order for these techniques to be used in similar contexts.
- ❖ Further studies are recommended to determine the role of the sandtray itself in the healing process of a client when multilingualism plays a role during sandtray therapy.
- ❖ This study did not give detailed descriptions of materials used during the sandtray therapy sessions. Further research is recommended into the perspectives of young people regarding the use of categories of miniatures in a rural school context.
- ❖ Further research is recommended to determine the perspectives of clients regarding the utility of the sandtray and miniatures to address barriers associated with multilingualism.
- ❖ Further studies are recommended to determine the influence of deviations from the standard sandtray format and process on clients' therapeutic experience of sandtray therapy. This can be done by investigating the perceptions of clients regarding the format and process of sandtray therapy used during this study.

5.6.2 Recommendations for practice

- ❖ It is recommended that all professionals in the field of psychology be well trained in sandtray therapy if they want to use this technique with clients or in research. These

professionals should be competent in using the technique according to the standard format and process described in literature.

- ❖ Insights of this study could inform psychologists during the process of sandtray therapy, when working with clients from diverse multicultural and multilingual backgrounds.

5.6.3 Recommendations for training

- ❖ Educational psychologists in training should receive training in the development of cultural appropriate assessment and intervention techniques as well as the indigenisation of existing techniques in order to use these with clients from diverse backgrounds.
- ❖ Educational psychology students should be prepared during training to expect the rural school context to lead to the standard process of sandtray therapy not always being possible.
- ❖ Educational psychologists should be trained in the use of sandtray therapy as this technique can be used to overcome language barriers and is therefore useful within a variety of contexts.

5.7 CONCLUSION

This study documented the process of sandtray therapy, as psychological assessment and intervention technique, with Grade Nine clients in a high-risk high-need rural school. The findings of the study indicate that this intervention technique can inform knowledge on accountable educational psychology in rural as well as comparable school settings in South Africa.



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APPENDIXES

Table D: Breakdown of student and client information

ASL Student	ASL student home language	ASL student gender	Clients	Gender	Age	Client home language
Student 1	English	Female	1	Male	16	SiSwati
			2	Male	18	SiSwati
			3	Male	16	SiSwati
			4	Male	14	SiSwati
			5	Male	15	SiSwati
Student 2	Afrikaans	Male	1	Female	14	SiSwati
			2	Female	14	SiSwati
			3	Male	17	SiSwati
			4	Male	17	SiSwati
			5	Male	15	SiSwati
Student 3	Afrikaans	Female	1	Male	17	SiSwati
			2	Male	15	SiSwati
			3	Female	16	IsiZulu
			4	Female	15	IsiZulu
			5	Female	15	SiSwati
			6	Female	14	IsiZulu
			7	Female	15	SiSwati
Student 4	Afrikaans	Female	1	Male	13	SiSwati
			2	Male	14	SiSwati
			3	Male	17	SiSwati
			4	Male	17	SiSwati
			5	Female	16	SiSwati
Student 5	English	Female	1	Female	13	SiSwati
			2	Male	16	SiSwati
			3	Male	16	SiSwati
			4	Female	13	SiSwati
			5	Male	14	SiSwati
			6	Male	15	SiSwati
Student 6	Afrikaans	Female	1	Female	14	SiSwati
			2	Male	16	SiSwati
			3	Female	13	SiSwati
			4	Male	16	SiSwati
			5	Female	15	SiSwati
			6	Male	16	SiSwati
Student 7	English	Female	1	Male	15	SiSwati
			2	Female	16	SiSwati
			3	Female	16	SiSwati
			4	Male	17	SiSwati
			5	Female	15	SiSwati
Student 8	Tswana	Female	1	Male	18	SiSwati



ASL Student	ASL student home language	ASL student gender	Clients	Gender	Age	Client home language
			2	Male	17	SiSwati
			3	Female	18	SiSwati
			4	Male	17	SiSwati
			5	Male	14	SiSwati
			6	Male	14	SiSwati
Student 9	isiNdebele	Female	1	Female	17	SiSwati
			2	Female	16	SiSwati
			3	Female	17	SiSwati
			4	Female	18	SiSwati
			5	Female	18	SiSwati
Student 10	English	Female	1	Female	16	SiSwati
			2	Female	15	SiSwati
			3	Female	17	SiSwati
			4	Female	17	SiSwati
			5	Female	15	SiSwati
Student 11	Afrikaans	Female	1	Male	14	SiSwati
			2	Female	15	Siswati
			3	Female	15	Siswati
			4	Female	13	SiSwati
			5	Female	16	SiSwati
Student 12	Afrikaans	Female	1	Female	15	SiSwati
			2	Male	16	SiSwati
			3	Male	17	SiSwati
			4	Male	16	SiSwati
			5	Male	15	SiSwati
Students: 12	English: 4 Afrikaans: 6 Other: 2	Female: 11 Male: 1	Total: 65	Male: 31 Female: 34	Under 15: 15 15: 16 Over 15: 34	SiSwati: 62 isiZulu: 3





Appendix A

Extract from research journal

What influence did I have on the process walking around taking pictures and videos?

I sometimes felt like I was intruding in clients' safe space.

Did my presence inhibit their process?

Overall I felt like I had a good visit over these two days and I have collected a lot of data.

Die belangrikste ding in kommunikasie
is om te hoor wat nie gesê word nie.

- SKRYWER ONBEKEND



Appendix B

Video transcription

Video 1

Minutes/ seconds	Line	Description
00:00	1	Black screen. Background noise of people talking.
00:04	2	Blurred image. Background noise of people talking.
00:05	3	Focus on client building sandtray. Client sits on knees on the ground. Sandtray
	4	placed on ground next to table where rest of group is working. Background
	5	noise of people talking.
00:10	6	Client places umbrella in sandtray. Background noise of people talking.
	7	ASL student and rest of client group, sitting around table, comes into view in
	8	background. Background noise of people talking.
00:11	9	ASL student walks to chair in background, people talking in background.
00:14	10	Client moves toys in sandtray. ASL student sits down on chair with group of
	11	clients next to client busy with sandtray. People talking in background.
00:15	12	Student: "Ok guys. What do you like, you must write your names on your
	13	drawings please?"
00:22	14	Student working with group of clients in background as client builds sandtray.
	15	Student: "Listen".



Appendix C



UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIBESITHI YA PRETORIA

Faculty of Education

Why am I here?

Learner's Assent for participating in a Research Study A research project of the University of Pretoria Project Title: Flourishing Learning Youth To be read to children under the age of 18 years

Sometimes when we want to find out something, we ask people to join something called a project. In this project we will want to ask you about yourself and we will ask you to participate in activities focused on your own development and learning. Before we ask you to be part of this study we want to tell you about it first.

This study will give us a chance to see how we, together with your school and teachers, can help you address career and learning challenges that you may have here at school. We also want to help you gain some skills in your learning here at school so that you can be better equipped to support yourself during your education and after leaving school. We are asking you to be in this study because your parents/guardians have agreed that you can be part of our study.

What will happen to me?

If you want to be part of our study you will spend some time with us answering some questions and participating in some activities. This will be done at 2 different times when we come to your school this year – once some time soon then again for a second visit later on in the year. The questions and activities will be about you and your career development and learning. There are no right or wrong answers, only what you feel is best. You will also be asked to join some other children in a group, just like at school, except this time it would be playing games and talking.

If you agree, we would like to take photographs and audio-visual footage of you during some of the project activities. People will be able to see your face and hear your voice if we decide to show the images during discussions, as well as reports we write about the project. However, we will not tell anyone your name.

Will the project hurt?

No, the project will not hurt. The questions and activities can take a long time but you can take a break if you are feeling tired or if you don't want to answer all the questions at one time. If you don't want to answer a question, or participate in an activity, you don't need to. All of your answers will be kept private. No one, not even someone in your family or your teachers will be told your answers.

Will the study help me?

We hope this study will help you feel good about yourself and learn more about yourself and what you can do in school and one day when you want a job or career, but we don't know if this will happen.

What if I have any questions?

You can ask any questions you have about the study. If you have questions later that you don't think of now you can phone Prof Liesel Ebersöhn at 012 420 2337 or you can ask us next time we come to visit you here at your school.

Do my parents/guardians know about this project?

This study was explained to your parents/guardians and they said you could be part of the study if you want to. You can talk this over with them before you decide if you want to be in the study or not.

Do I have to be in the project?

You do not have to be in this project. No one will be upset if you don't want to do this. If you don't want to be in the project, you just have to tell us. You can say yes no and if you change your mind later you don't have to be part of the project anymore. It's up to you.

(a) Writing your name on this page means that you agree to be in the project and that you know what will happen to you in this study. If you decide to quit the project all you have to do is tell the person in charge.

_____ Signature of Client Date

_____ Signature of Student Date

(b) Writing your name here means that you agree that we can take photographs and audio-visual footage of you during the project and share these images during discussions, as well as reports we write about the project. We will not share your name with the people who see the images. If you decide that we should rather not take photographs or audio-visual footage of you in the project, all you have to do is tell the person in charge.

_____ Signature of Client Date

_____ Signature of Student Date

If you have any further questions about this study, you can phone the investigator, Prof Liesel Ebersöhn at 012 420 2337. If you have a question about your rights as a participant you can contact the University of Pretoria faculty of Education Ethics Committee at 012 420 3751.



**UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA**

Faculty of Education

Invitation to participate

Parent/Guardian consent for participation of a minor in a Research Study A research project of the University of Pretoria Project Title: Flourishing Learning Youth

We would like to invite your child to participate in a research study. In order to decide whether or not to participate in the research study you should know enough about the study and its risks and benefits to be able to make an informed decision. Once you understand what the study is about you can decide if you want your child to take part in the study. If so, you will be asked to sign this consent form, giving your child permission to be in the study.

Description of the research

The purpose of this project is to help identify your child's strengths and resources to help support them in their learning at school and in planning a career. The study will also try to help the child deal with daily challenges in their life and identify their own strengths as well as the resources that exist in their environment that could help benefit them in their learning and career planning and development. The study also aims to teach the child new skills that will help them in their learning at school and for planning a career in the future. The name we use for this is Career and learning development intervention: Skills transference for learners.

If you want your child to be part of our study he/she will spend some time with us answering some questions. This will be done at 2 different times when we come to the school this year – once some time soon then again for a second visit later on in the year. The questions will be about the child and his/her learning is here at school. There are no right or wrong answers, only what the child feels is best. The child may also be asked to join some other children in a group, just like at school, except this time it would be playing games and talking.

Risks and Inconveniences

We do not see any risks for your child participating in this study. If any problems do arise we will speak to the child and make sure he/she understands what is going on and feels comfortable to

continue in the study. The identity of the child will no be revealed to anyone and any information that we get from the study will be kept private.

Confidentiality

All of the information that we get from the study will be kept strictly confidential and will only be available to the research team. No information will be shared with anyone else. The only exception is if there us a serious problem about the safety of the child or any other person in which case we are required to inform the appropriate agency. If such a concern arises we will make every effort to discuss the matter with you before taking any action. Please note that none of the questions in this study are designed to collect information that will require us to contact anyone. All the information we get from the study will be stored in locked files in research offices at the University of Pretoria.

Because confidentiality is important we would expect that any information you provide is also private and that you would not discuss this information with anyone.

Benefits

We hope this study will benefit your child and his/her learning at school and also contribute towards the development of his/her career one day but we cannot guarantee this. There are no financial benefits to this study.

What are the rights of the participants in this study?

Participation in this study is purely voluntary and both the parents/guardians as well as the child may refuse to take part in the study or stop at any time without giving any reason. If the child decides not to participate or wants to stop taking part in the study after they said yes, this will not affect you or the child in any way.

Has this study received ethical approval?

This study has been approved by the Health Sciences Ethics Committee of the University of Pretoria.

Questions

Please feel free to ask about anything you don't understand and take as long as you feel necessary before you make a decision about whether or not you want to give permission for your child to take part in the study. If you have questions later that you don't think of now you can phone Prof Liesel Ebersöhn, at 012 420 2337 or you can ask us ne

xt time we come to visit the school.

Informed consent

I hereby confirm that I have been informed about the nature, conduct, risks and benefits of this study. I have also read or have had someone read to me the above information regarding this study and that I understand the information that has been given to me. I am aware that the results and information about this study will be processed anonymously. I may, at any stage, without prejudice, withdraw my consent for the child to participate in this study. I have had sufficient opportunity to ask questions and (of my own free will) declare that the child may participate in this study.

Name: _____ (Please print) Signature:
_____ Date _____

I, _____ herewith confirm that the above person has been informed fully about the nature, conduct and risks of the above study.

Student's name _____ (Please print) Student's signature
_____ Date: _____

If you have any further questions about this study, you can phone the investigator, Prof Liesel Ebersöhn at 012 420 2337. If you have a question about your rights as a participant you can contact the University of Pretoria Health Sciences Ethics Committee at 012 339 8612





Appendix D

Example of researcher field notes

Field notes 2

29/5/2014

- 1 Students being busy with client group
- 2 while one client is building a tray
- 3 cause, the student to give full attention
- 4 to the group and not the process of
- 5 building the tray.
- 6 Breaking up of trays sometimes happens when
- 7 client can witness it which is not
- 8 correct according to sand tray process.
- 9 Toys are placed in categories on paper
- 10 plates or in containers. Others put toys
- 11 in one container or in a heap on the
- 12 floor. Toys on floor seems to disappear
- 13 between grass and dust.
- 14 The central station with toys seemed to
- 15 work well for groups sitting close by but
- 16 groups further away did not always
- 17 come to collect extra toys.

come in die beste manier om iets
te behou om dit te laat gaan.
to be put in the bin



Appendix E

Photo as visual data source



Sandtray with toys (29 May 2014)



Appendix F

Photo as visual data source



Client busy building sandtray (29 May 2014)

Appendix G

Extract from ASL student reflection

As a result of situating the sandtrays in such close proximity to my clients working stations, the sandtrays of each client produced the same themes one after the other. The clients build sandtrays very easily but struggled to narrate their story in the sand. The language barrier was another major challenge as I struggled to understand the clients and the clients struggled to express themselves accurately. In the end the sandtrays did not meet or exceed my expectations, in fact I was slightly disappointed in the sandtrays.



Appendix H

Research Schedule

Visit	Objective	Observations
29 – 30 May 2014	Educational Psychology assessment of Grade 9 clients to determine strengths and barriers of each client for an ASL student to plan and educational psychological intervention per client-group. These included postmodern assessment measures including sand trays.	I made observations of the process taking place during the use of sand trays as assessment measure (documented as visual data).
4 – 5 September 2014	Group-based educational psychology intervention activities with Grade 9 clients. Sand trays were again included as postmodern intervention technique.	I made observations of the process taking place during the use of sand trays as intervention measure (documented as visual data).



Appendix I

Phases of data analysis

Phase 1: Familiarise with data

Video 1

Minutes/ seconds	Line	Description
00:00	1	Black sreen. <u>Background noise of people talking.</u>
00:04	2	Blurred image. <u>Background noise of people talking.</u>) (3)
00:05	3	Focus on client building sandtray. <u>Client sits on knees on the ground. Sandtray</u>
	4	<u>placed on ground next to table where rest of group is working. Background</u>
	5	<u>noise of people talking.</u> (3)
00:10	6	Client places umbrella in sandtray. <u>Background noise of people talking.</u> (2)
	7	(2) <u>ASL student and rest of client group, sitting around table, comes into view in</u>
	8	<u>background. Background noise of people talking.</u> (3)
00:11	9	ASL student walks to chair in background, <u>people talking in background.</u> (3)
00:14	10	(2) <u>Client moves toys in sandtray. ASL student sits down on chair with group of</u>
	11	<u>clients next to client busy with sandtray. People talking in background.</u> (3)
00:15	12	(1) Student: "Ok guys. What do you like, you must write your names on your
	13	drawings please?"
00:22	14	(2) <u>Student working with group of clients in background as client builds sandtray.</u> Student: "Listen".



NGILANDI

AsL 8

Female

Tswana

Clients:

n = 6

Female:

1 (Siswati)

Male: 5

(Siswati)

1 I went to Ngilandi excited and wanting to serve the clients as best I could. I
2 wanted to touch them with my heart and for them to touch me as well. I really
3 resonate with the saying that we are God's hands and feet, we were there for
4 purpose and I really think the purpose was reached. This is especially so for the
5 clients I worked with who often mentioned that they have been forgotten and
6 wanted to move to cities.

7 After the assessments, I noticed that the clients had such great dreams for their
8 lives. For a second I was thinking about their dreams and how possible it is for
9 them to reach with their dreams with how their reality looks now. But I had to
10 remind myself that it was not up to me to tell them they will not achieve their
11 dreams. I had such a cooperative group. I did experience some challenges
12 with splitting myself between the tray and the group. I did not like that much
13 because I felt like I missed important processes that took place during the
14 making of the tray.

15 Every single client absolutely loved the tray. One of the clients said he couldn't
16 believe he enjoyed playing with toys so much because he's old but he did. It
17 was powerful to see that and experience that I think we grow old because we
18 stop playing and society boxes us and tells us how we should be. Another boy
19 from Grade 10 asked to be a part of the project. There is definitely a need and
20 an appreciation for the work that we do.

21 The second visit was much more stressful than I had anticipated. It came at
22 point where I experiencing the initial stages of burn out. The purpose of this

second visit was to give feedback on
recommendations to the learners. However d
collection of the school as well. My
the visit during thi

①

②

②

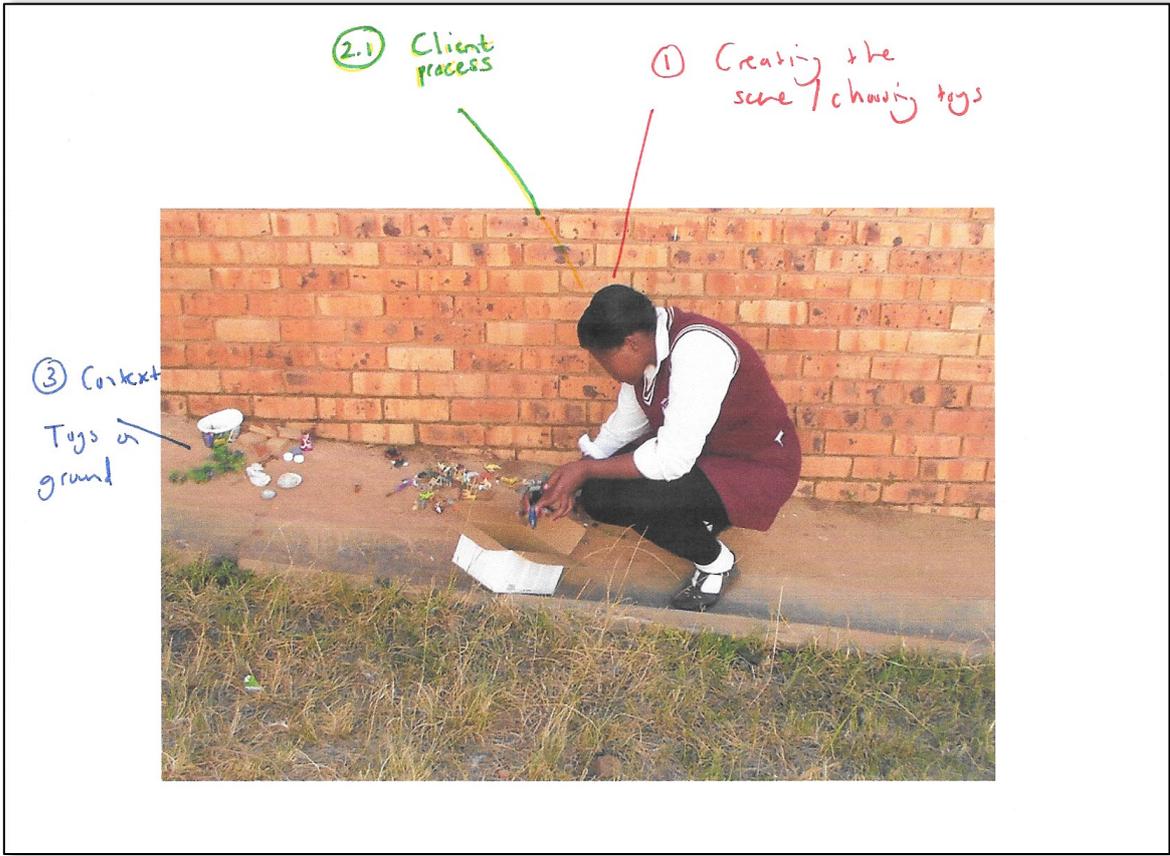


Field notes

3-5 Sept 2014

- 1 Some clients ² seemed distracted when other
- 2 ³ learners walked past while they were
- 3 building their trays.
- 4 Some of the English and Afrikaans
- 5 students made use of a translator to
- 6 ¹ get the story from the client. Some
- 7 clients seemed to prefer to tell their ²
- 8 stories in their own language rather
- 9 than in English.

Te veel mense oorskot die waarde van wat hulle nie is



Phase 5: Defining and naming themes

Standard sandtray process in a rural school			
Possible theme	Explanation	Code	Example of word/phrase in data
Standard procedure for sandtray therapy when used in a rural school	Where the standard steps for sandtray therapy was used by ASL students while doing sandtrays with clients in a rural school	1 (Red)	“toys unpacked” “instructions given” “building sandtray” “questions asked by students” “trays are cleaned” “sandtrays are captured”
Deviation from the standard sandtray process and format when used in a rural school	Where deviation occurred in the steps for standard sandtray therapy while used by ASL students while doing sandtrays with clients in a rural school	1 (Red)	“sandtrays on ground” “students continued with groupwork” “not able to be fully present” “language barriers”



Appendix J

Schedule of activities

Appendix K

Notes on sandtray therapy

SANDPLAY LOGISTICS

ROOM PREPARATION

It is recommended that the therapy room have two sand trays available: one with wet sand and one with dry sand. The size of the trays follows the guidelines suggested by Dora Kalff: 19.5 inches x 28.5 inches x 2.75 inches. Both trays need to be painted blue on the bottom and sides. A pitcher of water should be available to the participant during the session.

The collection of miniatures should include objects from the following categories: Nature, Animals, People, Cross Cultural Spiritual/Religious Figures, Vehicles, Structures, Equipment, Objects, Furniture, Natural Elements, Miscellaneous.

THERAPEUTIC INTERACTIONS

Following Dora Kalff's guidelines for sandplay therapy, therapists are encouraged to remain silent and be fully present while the participant is working in the sand. If the participant chooses to talk about his or her tray, the therapist is encouraged to listen and take notes, and withhold any interpretations or guided interventions. This gives the individual an opportunity to experience and work through the images on an unconscious level without interference from the therapist. Any necessary verbal response by the therapist to participant's questions or comments, should follow a person-centered, reflective listening model.

ADMINISTRATION

1. During the first therapy session, the therapist needs to explain the procedure for sandplay therapy with the following statement:

"This is sandplay therapy. You can make a picture in the sand any way you want, to express yourself in a safe way."

2. The therapist then moves towards the tray to demonstrate while continuing:

"One tray has dry sand in it, and the other has wet sand. You can move the sand around like this, and shape the sand in the wet tray like this (DEMONSTRATE WHILE TALKING). The trays are blue on the bottom, so



you can make a river or a lake like this (DEMONSTRATE). You can also add water to the wet tray if you want.” (BE SURE TO SMOOTH THE SAND BACK DOWN BEFORE CONTINUING).

“You can use as many of the figures as you want from these shelves to create your sand scene. You may or may not have an idea of what you want to do. Choose whatever you are attracted to. Sometimes it will feel like the figures are picking you. There is no right or wrong way to do this. You can do anything you want to express yourself.”

“I will be sitting here quietly while you work, and making a few notes about the figures you pick. If you have a question or need help, just ask. You will have plenty of time, and I’ll let you know a few minutes before we need to end. After you leave I will take a picture of your tray.”
(DECIDE HOW LONG EACH SESSION WILL BE AND GIVE WARNING ABOUT 10 MINUTES BEFORE END OF SESSION. DO NOT DISSEMBLE TRAY WHILE PARTICIPANT IS IN ROOM. PHOTOS ARE TAKEN AFTER PARTICIPANT LEAVES).”

“You can start whenever you are ready. Let me know when you are finished.”

3. When the sandplay is complete, stand beside the participant, in front of their tray, and say:

“Would you like to say anything about your tray?”

4. Make a note of what the participant shares.

5. After the participant leaves the room, the therapist needs to take the following photos of the tray:

1. Overview from participant’s perspective
2. Central area of tray
3. Right and left sides of tray
4. Diagonals and other areas of interest in tray
5. Significant images in tray

6. Therapist’s completion of SANDPLAY THERAPY SESSION NOTE



SUBSEQUENT SESSIONS

After the first sandplay session, subsequent sessions need to follow a standardized format that includes:

1. Time for therapeutic check in
2. Invitation to make a sand scene
"Would you like to do a tray today?"
3. Time for participant reflection about his or her tray

HOW TO HANDLE QUESTIONS AND CONCERNS

I. When the therapist is not a trained sandplay therapist and new to sandplay, she/he has to be able to follow the suggested procedures for sandplay therapy, and interact comfortably with the participant. Training is recommended.

Sandplay is based on a non-verbal, intuitive connection of mind, body and spirit. It is important for the therapist to honour this experience for the participant, and in the therapeutic relationship. The therapist needs to remain silently and fully present while the participant creates the sand scene. This creates a "free and protected" space in which the participant can feel fully accepted.

II. If a participant chooses not to make a sandtray during the session, the therapist can proceed with verbal therapy. A client-centered approach is suggested, although this will depend on the design of the therapist.

III. If participant begins a conversation with the therapist while working in sand, the therapist should respond in a reflective, client-centered, non-directive manner. Therapists should exhibit restraint with interpretations and therapeutic comments about the participant's work. Questions can be answered simply and directly.



RECOMMENDED SESSION DOCUMENTATION

I. Each sandplay session should be documented using the SANDPLAY THERAPY SESSION NOTE form below. The following information should be included:

Participant #

Date

Sand tray #

Length of time to complete tray

Use of wet or dry tray

Type and order of miniatures used by participant

Location of miniatures used in tray

Position of therapist in relation to the tray

Position of client in relations to the tray

Behavioural observations during session

Use of water

Comments of participant while completing tray

Therapist's comments to participant while completing tray

Content of conversation before and/or after working in sand

Therapist's emotional response throughout session

II. In addition, the following photographs of each tray should be taken:

1. Overview from participant's perspective
2. Central area of tray
3. Right and left sides of tray
4. Diagonals and other areas of interest in tray
5. Significant images in tray



Ideas for sandplay miniatures

from research on Protective Resources, Ngilandi November 2012

1. Infrastructure and services

Schools
RDP houses
Roads
Transformer/ electricity
Clinic
Shops
Buses
Bus stop
Water infrastructure
Churches

2 Livelihood

2.1 Agriculture/farming

Animals, cows, goats
Farmers
Fields
Gushete-sell the harvest, buy crop after harvesting we get our food here
River
Shed- manure, tools
Cattle dip
Mining

3. Culture and community

Graveyard where we put our loved ones
Churches
Community hall
Ebutsini tourism centre
Environmental centre
(nursery for old plants for medicine-herbs.)
Chief's homestead
Guest house
Tribal office. There is trad practices every year a cultural day where they dance and sing and rain younger people in tradition. & Dealing with the matters of community and communication. The traditional court. Eg if two people fight they resolve it here.
Coffins: donate cow skins and wooden planks to make coffins

(5.) Recreation

Sports field
Camp -swim, play during holidays
Soccer



Risk Factors Ngilandi November 2012

1. Lack of services

Water - Small dip, carry water far

Electricity

Transport

(Few nurses, Few teachers)

Gravel road

Lack of transport

Dangerous bridge

Slippery roads

Fire control

Recreational spots

Fences not enough, cattle theft

2. Unemployment

3. Natural resource risks

Elephants

Snakes (mountains, banana trees, river)

River drowning

Dangerous mountains

4. Social risks

Orphans food scarcity

Teenage pregnancy

Drug and alcohol abuse

Tavern-unemployment-drink

Taverns

Crime

Prostitution

Hiv

5. Governance

5.1 traditional/ historical justice system

No lawyer, unfair punishment, person maybe not guilty/ punishment to severe

5.2 ltd participation in natural resource use

Lack of communication with game reserve

Unresolved land claims

Decisions in use of resources: fields, markets, selling

6. Educ and training

Drop out

Good school results but few study and go to university



Sandplay: Children with Adjustment and Attachment Issues
Judy Zappacosta, MFT, CST-T
April, 2012—South Africa

ATTUNEMENT WITH THE CHILD

Observing the child as they enter therapy
Using Presence, receptivity and resonance
Initial games of engagement
Containment (Three as and Activating Principle)
the sandtray
the Therapy playroom including symbols
the Relationship between you and the child.

UNDERSTANDING METAPHORICAL LANGUAGE & PROCESS IN THE SAND

Jung said, “Without archetypal power, there can be no healing.”
Hands lead towards the sand and playfulness can be the beginning of metaphor.
Remember that Matter is Mater, is mother, is earth

ATTENTION AND PRESENCE

If as therapists, we hold from an ego position, rather than the safe and protected space,
power is constellated instead of love, receptivity and resonance.
Silence can often enlarge the experience in the moment
Staying focused on the present moment, holding deep awareness with attention
amplifies the sandplay experience.

OBSERVATION SKILLS

How does the child present themselves?
Eye contact-does it come easily?
Sensory comfort-does touching the sand happen easily, carefully, or not at all?
How does the child handle fragile pieces in your collection?
Is the sand contained in the tray?
Are spills purposeful, impulsive, or attention?
Is hand/motor coordination an issue in the room?
Does the child take over the space or stay very contained, without curiosity or
spontaneity?
Does the child try to clean up, or take out pieces from the sand and put them away for
you?
Can the child leave images, or stories in the sandtray at the end of the hour?
Does the child try to bring in a parent?
Are things seen or buried?
Does the child present their “hurts”, bruises, cuts or scratches?
Is the child a clock-watcher?
Is the child hyper-vigilant to noises outside the room?
Do they tell you they are hungry?
Does the child present as feeling safe?
Does the child test limits with flooding or fire-setting



IMPARTING INFORMATION TO PARENTS

There must always be a deliberate attempt to protect a child's inner world.

Learn to give "chapter headings" without giving away details of a child's work.

When a child is reticent or careful at the beginning of therapy, you can reframe for parents that the child is exploring new ways of risking and investing during sandplay sessions.

Parents must understand how play serves the child, and that these sessions may transfer into new behaviors in school or at home.

SYMBOL REPRESENTATION

Symbols and imagery in play offer a new sense of

"agency" or empowerment in play. Parents must

develop an attitude of acceptance in the importance of

Symbols and Images present a natural way to explore

conflict, trauma, tension, and or distress, or creativity

Try to discriminate between a child in distress or a child that is exhibiting disturbance.

See sandplay as an alive, moving story that can be amplified at any moment by either the client or you.

Hold the potential for archetypal healing to be present within the image or imagery.

Every symbol is imbued with archetypal force, an energy that holds a magnetic-like charge, with both positive and negative poles. It delivers a message in the room, and

if we are present, it's metaphorical message is the bridge to a healing moment.

Be steadfast, receptive and attuned even if you do not know the meaning in the moment. That can be saved for consultation at a later time.

Respect the mystery that is the psyche. When we bring cases to supervision the relational holding "field" is amplified. Many clinicians report new movement in their clients, new energy can be seen arriving in the sand play.

AMPLIFICATION WITH METAPHOR

When you stay in metaphor, you offer a gentle distancing from the energy being presented.

"It doesn't look like the war is over today," may offer a bridge to a child's inner conflict. There is no need for cognitive discussion.

The process lives in the inner world of the child, and it is not our job to bring it up to consciousness.

Repetitive play can be observed and noticed. How does the repetition serve the child?

Is there something the clinician is missing in what is happening?

The task remains to always hold the tension of opposites that arises in the sand, story or room.

Be glad to ask a child to amplify their noises, cars, trucks, and armies at war. You can respond with, "Your noises help me understand."

The therapist is the bridge holding a doorway to Metaphor, healing, and a new consciousness.

—



The Sandplay Categorical Checklist for Sandplay Analysis

APPENDIX A

GUIDELINES FOR SANDPLAY ANALYSIS

Developmental Norms

- Ages 2-4** Use of only portions of the tray (edges, corners, etc.)
Sand used in pouring or burying
Figures poked or flung into the sand
Figures left buried or half buried
Worlds very chaotic and disordered
Heavy use of animal figures rather than people
Spilling of figures over the sides of the tray
Extreme similarity of world expression from one child to the next
- Ages 5-7** Increased use of tray space
Small islands of order starting at age 4
Continues with heavy use of animal figures
Beginning of fenced or rigid worlds
Beginning of the fighting stage at age 7 (continuous battles between warring groups of soldiers, cowboys and Indians, knights, etc., especially with boys)
A great deal of dramatic activity and active play
Pouring sand over people and other figures
Eating topics often represented (how to feed the animals, etc.)
- Ages 8-10** Fenced or rigid worlds peak at age 10 - formation of boundaries
Fighting stage continues
More emphasis on factual reality
As age increases, a more constructive use of sand develops (hills, roads, tunnels)
A gradual development toward a theme orientation



Appendix L

Extract from educational psychology student's study guide: Academic Service Learning



Ngilandi FLY

Assessment Activity Planning

May 2014





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Who am I?

What animal am I

Explanation

Client picks an animal which they think represents them as a person.

Purpose

The purpose of “What animal am I?” is to get a sense of who the client is and to support the EPIT in getting to know the client. The activity is fun and a nice ice-breaker while also providing an opportunity for group members to get to know each other. It furthermore provides insight for the clients and the EPITS about the personalities of each client.

Material

- Drawing material (pencils, pens etc)
- Clean sheets of paper (for each client)

Instructions

Now I want you to think a bit, if you were an animal, what animal do you think you would be? You can draw this if you want. Then I want you to also write a few words next to the animal on why you think you would be that animal.

As an EPIT remember to ask probing questions about the animal such as:

- Why did you pick this animal?
- How are you the same as this animal?
- How are you different from this animal?
- What weaknesses do you identify with in this animal?

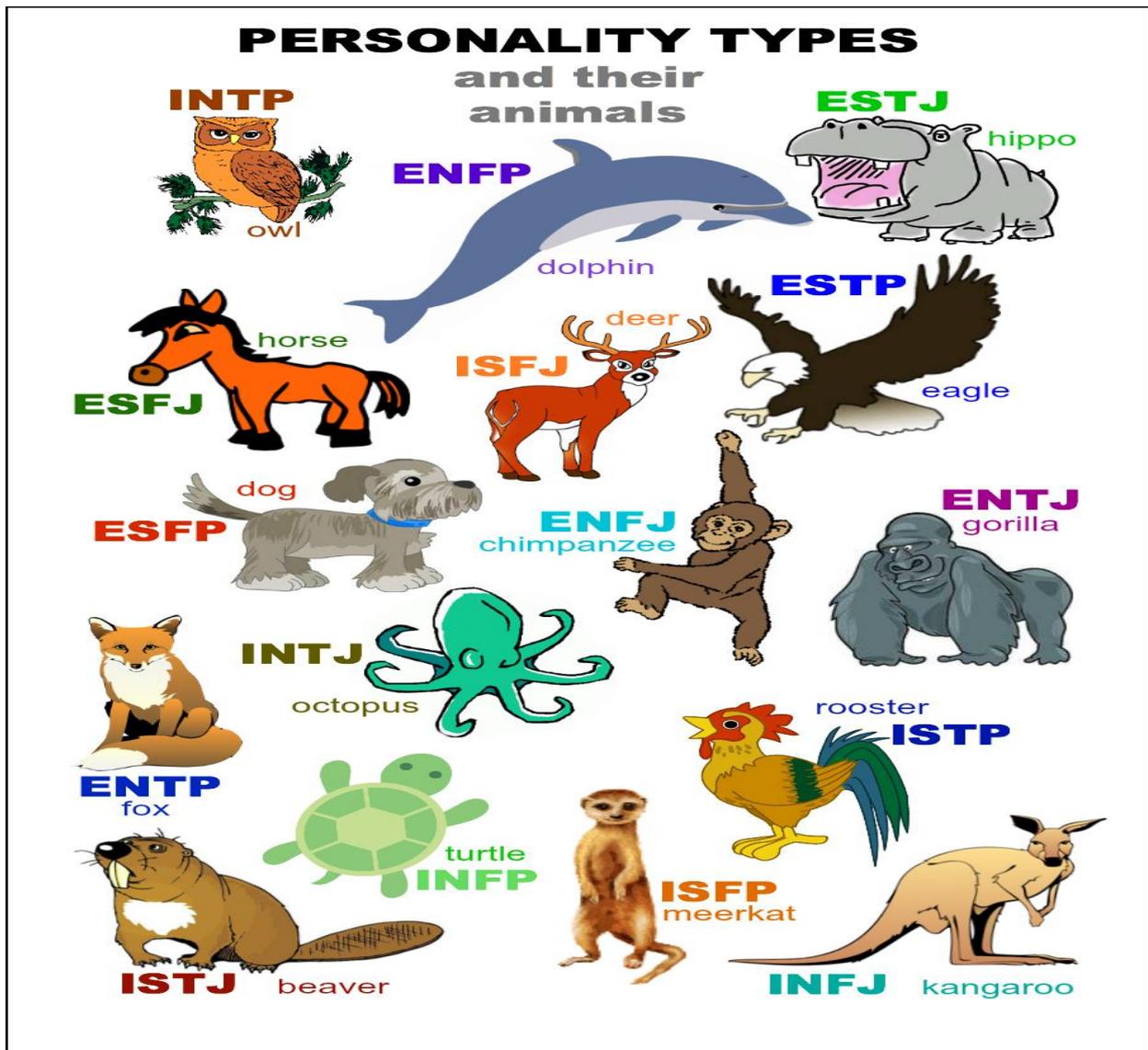
Extra

There are a lot of cool websites on animals and personality. There is even a blog that looks at the Meyers-Briggs and then relates it to animals.

(<http://understandmyersbriggs.blogspot.com/2012/12/myers-briggs-types-as-animals.html>)

Maybe it is a good idea to google some animal personalities, as it could help you in what types of probing questions to ask and what to look out for. For example:

- What relationship and social interactions does this animal have?
- Is the animal in a herd/pack or more of a loner?
- What does your animal call home?
- What do the other animals say about your animal?
- How does your animal survive?





Name and surname activity

Explanation

The name and surname can be used as an introduction activity to get to know each other but also to identify any strengths and weaknesses. This can also provide insight into their family name and what it means to have a certain name and surname.

Purpose

The purpose of the name and surname activity is to get to know the client better. This activity can also provide information on the client's perceived strengths and weaknesses as well as family traditions and social support.

Material

- A4 paper for each client (plus/minus 15 pages)
- Coloured pencils

Instructions

Please write/ draw your name and surname in any way you want on this sheet of paper. Now that you are done I want each of you to introduce yourself to the group by saying your name and surname. Can you explain to us what your name means? And your surname? If you do not know what your name or surname means, just tell us what you would like it to mean?

It is important for each EPIT to ask probing questions about what the client says. For instance:

- In your family what does it mean to be a _____?
- What is the history behind your name and surname?
- If you could add meaning to your name, what would you add?
- Do you agree with the meaning of your name?
- If you could rename yourself, what name would you give yourself and why? What's the meaning thereof?



Artefact

Explanation

This is an activity that EPITS first demonstrate and then ask the clients to do the same thing. It is to relate oneself to any object in the world to portray certain characteristics.

Purpose

The purpose of the artefact activity is to gain insight into each clients' individual characteristics and personality. It furthermore holds the potential to provide information on internal strengths.

Material

- EPITS own artefact

Instructions

I have here with me a _____. This is something I can relate with that exists out there in the world. I chose this to represent me because it is important to me. It is important to me because we are the same in different ways. We have the same _____. Tomorrow I want you to bring something from home, or anywhere you want, that is important to you and the same as you in some ways. I want you to think in what ways it is the same as you and in what ways it is different.



Indlela yam (My path/My journey)

Explanation

The idea behind Indlela yam is to form an opinion of the learner's willingness to express feelings, ideas, beliefs, about themselves in a safe space. It demonstrates their abilities to connect and be able to share commonalities with each other. This is accomplished by being listened to and listening to their peers when they answer specific questions from the cards, hence learning from and respecting each others' experiences. The activity allows for self-discovery in a safe space.

Purpose

The purpose of the game (Indlela yam) is to support the clients in a journey of self-discovery and exploration where they each have an opportunity to talk about themselves, their likes, accomplishment, goals, as well as their purpose in life through the medium of formulated questions. The game also questions the client's personal roles, family values, aspirations for the future in a fun-filled group activity.

Gaining this in-depth information from the client, can provide insight into their lives regarding their sense of self, their path in life, the meaning they attribute to their lives, as well as their awareness of their personal resources as well as environmental resources, which can become their future assets. Furthermore the activity provides information on their personal characteristics, meaningful experiences. It ultimately enhances their self-esteem, which later can provide a platform for career development

Material

- A4 paper and pen for each client if they are writing their answers to the questions
- Coloured gift bags (red / blue / green)
- Questions inside each bag, enough for every client
- Assessment form and pencil where the EPITs can tick responses from their clients (Table of Meaning). See (Appendix A)



Instructions

There are three options (Option A, B, and C) for the EPITS when they are on the field. EPITs must use their discretion in choosing the option for the game, to cater for the sand play activity and time constraints posed on that day, as well as on the group dynamics of their clients.

Option A	Option B	Option C
Verbal game for all the clients. Sit in a circle	Verbal game, but those doing sand play write your answers down and join in	All write down on paper, do sand tray and then sit in a group and read their answers out or if there is no time, the EPITS must collect the answer sheet from the clients and reflect later on the data collected.

Instructions to clients:

Each of you must now draw 4 questions from each bag (red / blue/green). Then I want you to answer the questions on this piece of paper (hand them paper and pencil)

- Each client will have 12 questions in total.
- Each bag coloured bag will have questions specifically related to a certain theme, in this way the EPIT can tick the answers/or write short notes on the form (Appendix A).



Questions in the red bag and related themes:

Personal image of self

Likes and dislikes

Accomplishments

Goals

Interpersonal skills:

- communication skills
- listening skills
- attitude skills

Intrapersonal skills

Their sense of integrity and honesty

Positive/Negative self image

Confidence level

Question in the blue bag and related themes:

Future orientated goals

Purpose in life

Do they have a positive attitude?

Role models in their lives



Questions in the green bag and related themes:

Their role in their family, community and environment, school

Family values

Are they aware of their resources

What are their assets identified

Appendix A: Table of Meaning for EPITS

Red Bag questions	Blue bag questions	Green bag questions	
Positive sense of self	Purpose in life	Resilience	
Positive self image	Positive attitude	Feelings of being loved	
Are they happy	Are they troubled	Respect for family members	
Integrity	Has future aspirations	Respect for others	
Honesty	Hope	People trusted in their circle	
Curiosity	Rational thoughts	Support system	
Friendships Positive Negative	Do they have a role model	Coping ability	
Sense of humour		Are their needs being met	



Forthcoming					
Courage					
Shy					
Self expression					
Confidence					
Interpersonal dynamics					
Intrapersonal dynamics					



General observations

	Yes	No	Any other observations
Do they listen to others			
Did they respect their peers views			
Were they honest when answering			
Did they hold back / were they forthcoming			
Sense of maturity			
Levels of their responses Mature Immature			
Sense of maturity			
Their willingness to share			



Were they shy			
Language ability			
Any other?			

Ubuntu hand activity

Explanation

The Ubuntu hand game is adapted to assist clients in answering the question of “who am I” and this is partly done by looking at how peers perceive/experience/view the client.

Purpose

The purpose of the Ubuntu hand game is to reveal positive attributes that is given by peers with the purpose of assisting the client in discovering the constituents of his/her personality as seen through the eyes of others.

Material

- A4 paper for each client (plus/minus 15 pages)
- Black markers/pens (to trace hands of clients, but any pen/pencil will do)
- Colored pencils/pens/crayons

Instructions

I want each of you to trace/draw one pf your hands in the middle of this paper. Write the name your friends call in you in the middle of the hand. (when everyone is done tracing) Now I want us to start here (choose a place), lets think about (give name), what can you tell me about (say name), what does he/she like? What is he/she good



at? Encourage the clients to think about positive attributes about the others even if they do not know the person very well.

After demonstrating this the clients can be asked to pass their hand drawing to the person on their right. Decide in your group whether the verbal or non-verbal method would work best.

The EPIT should walk around in the group to make sure the clients understand the instruction and remember to encourage only constructive and positive comments.



What do I do well?

Person in the rain

Explanation

This is a drawing activity in which clients are asked to draw a person in the rain. It can be directive, for instance draw a person in the rain holding an umbrella, or they can be asked only to draw a person in the rain and then allow them to express their exposure to outside forces.

Purpose

The purpose of drawing a person in the rain is to identify the strengths and challenges, both internal and external that the clients experience. It also provides the EPITS insight into how they regard themselves in the rain, are they protected or exposed to the negative forces.

Materials

- Paper (for each client)
- Pencils
- Pens
- crayons

Instructions

I want you all to draw a person standing in the rain holding an umbrella. There is no right or wrong way, you can do it in whatever way you want.

Additionally EPITS can ask the clients to write in the rain drops things that make them angry, sad, scared or things they are not good at. On the umbrella they can write things that make them happy and that they are good, also people that are good to them.



Lifeline

Explanation

This activity requires clients to chronologically pinpoint the highlights and lowlights of their lives so far.

Purpose

The lifeline allows clients to reflect on the highs and lows of yesterday in order to make sense of their life stories. It also serves to provide the counsellor and client a chance to engage, reveal and unpack the themes and patterns from which the chapters of the clients' life story have been written and to use them as the foundation for the future life story. Asking facilitating questions will enable the counsellor to extract detail about memories and subsequently become part of the past experience. In the case of the future timeline (optional – if time allows), it will give the counsellor insight into the client's hopes, goals and aspirations.

Material

- Paper
- Pen (coloured pens are allowed if the client prefers)
- Ruler
- Bring along one of your own lifelines (or any example of a lifeline)

Instructions

I want you to first draw a horizontal line across a paper held sideways (demonstrate). Divide the line into years, 14 if you are 14 years old. Write a high point (or points) within each year *above* the line (show). Do the same with low points, but this should be *below* the line for each year. When you are done adding all the happy times and all the bad times., I want you to write a short story about this time line you made on the back of the paper.

- Use facilitative questions to prompt him/her to elaborate on and to add people to the different years
- You can also ask the learner to tell you stories about the specific events on their timeline



Extra (if time allows):

- Ask the learner to do another life line, but this time a line extending into the future (this can be done on the back of the paper or on a new paper).
- Start with the date on which the lifeline is drawn
- Indicate when certain goals should be achieved



Interests

Explanation

This worksheet is adapted from the South African Vocational Interests Inventory. The worksheet has 50 items from which the learner can choose their interests.

Purpose

The purpose of the interest worksheet is to gain insight into the learners interests by providing them with options of various activities they can choose from.

Material

- Pencils (for each client)
- Erasers (plus/minus 5)
- Worksheet

Instructions

I want you to complete this worksheet by making a mark next to the activities that you would like doing. If you want to you can make a 1 next to the activities you like most.

Administer my interest worksheet.



Card-Sorting Game

Explanation

The card-sorting game is a qualitative inquiry technique that seeks to explore both self-exploration and career-exploration. It consists of a number of occupational cards with different occupations written on it. The client purposefully sorts the different occupational cards into different categories ranging from “jobs that I’ll consider”, “jobs that I’m uncertain about” and “jobs that I wouldn’t consider”.

Purpose

The purpose of the card-sorting game is to get the client to identify, interpret and appraise their own interests in relation to the different careers. It therefore helps them make meaning of their lives. This process provides meaningful insight on themselves as well as possible future career choices.

Material

- 50 occupational cards
- 3 labels (jobs I’ll consider, jobs I’m uncertain about, and jobs I wouldn’t consider.
- A3 project board

Instructions

Please sort the various occupational cards into the different categories ranging from “jobs I’ll consider”, “jobs I’m uncertain about”, and “jobs I wouldn’t consider”. If there are any occupations that you are not clear about, you can ask me and I will explain it to you.

After the cards have been sorted, a discussion is stimulated. The answers given in the discussion could be focused on personality characteristics (likes/dislikes and values) as well as career-related aspects (type of work, work environment, field of interest, personal qualities required for certain occupations). In this way both self-exploration and career-exploration can be discovered during the discussion.

The following questions are only a guide to facilitate the discussion, however questions will depend on what and where the client lead you:



1. Explain why you placed this card in this category.
2. What is it about this occupation that you like/dislike/ are uncertain about?
3. What type of person do you think does this type of work? (personality)
4. What type person do you think you are?
5. What skills do you think this type of occupation requires?
6. What skills do you think you possess?
7. What type of work environment do you see yourself working in? / Do you think you would be able to work in such an environment? (if yes/no, then why?)



Who helps me?

Wheel of influence

Explanation

The wheel of influence is an adapted activity to demonstrate the relationships each of the clients have with important others around them. It focuses specifically on the individuals who reside in the same house as the client.

Purpose

The purpose of the wheel of influence is to get to know the people that have an influence on the client's life and to recognise which people pose as resources and which people pose of challenges. Understanding this about clients provide insight into their lives and opportunities that exist in relationships. It furthermore provides information on careers to which the clients have already been exposed to and are knowledgeable about.

Material

- A4 paper for each client (plus/minus 15 pages)
- Coloured pencils, especially red, green, and blue (enough for each group)

Instructions

Draw yourself in the middle of the page. You use any form you want to represent you. Then draw a circle for every person that lives in your house somewhere else on the page. You can place them far or close, it is your choice. Use green for positive relationships (these are people that motivate you, support you, encourage you etc), then use red for negative relationships (these are people with whom you often fight, who criticises you, who you do not like). And you should then use blue for relationships that are neutral (someone who is just there). You can then also use any other colour to demonstrate another type of relationship.

Furthermore, ask the clients to also write next to the person's name what occupation that person practise and whether they are still alive or have passed away.

It is important for each EPIT to ask probing questions about the relationships depicted in the wheel of influence. For instance:



- Explain this relationship to me
- Can you give me a reason why this line is blue?
- If another colour is used – what does this colour mean to you?
- How are you and this person alike/different?
- Explain to me why you drew this person so far/close?



Featuring my family

Explanation

This projective assessment has been adapted by combining aspects of Graphic Family Sculpting (GFS) and the Bene Anthony Family Relations Test. The family will be drawn according to the GFS technique, whereafter the Bene Anthony Family Relations Test will be used to supply guiding questions

GFS, a modified form of family sculpting (developed by Chris Venter), is a visual spatial metaphor. It requires a person to draw his/her family on a paper by representing each person with a circle. The person(s) must then present certain other relevant information on the sketch. The *Bene Anthony* is a expressive projective activity that assesses the feelings and emotions, negative and positive, that a child has towards their family.

Purpose

This family assessment enables individuals/family members to come into contact with their emotional experiences about family issues. The purpose of this family assessment is to assess the family dynamics, positive and negative, that a child has towards their family and how these influence their personal development and present relationships. It focuses on information about a child's views on their family relationships and thoughts concerning them. The information obtained by individuals during the process can enable them to effect certain changes in their relationships with their family members, partners or others.

GFS has an adhesive effect on families. Family members realize that they constitute a unit and that each member is not only an essential part of it, but also influences all the others in the unit. The Bene Anthony questions provide a scoring procedure which assesses the feelings associated with material and parental over-protection and over-indulgence and personality strength and weakness.

Material

- Paper
- Pencils



- Pens
- Descriptive cards

Instructions

On one side of the paper you should draw your family. Draw your family by representing each member by means of a circle. You can draw the circles as large as you like and use the space on the paper as you like. People's sketches usually differ greatly. Number each circle according to the order in which they were drawn. In each circle or next to it, write the name and age of the relevant family member. It is important to be quiet while doing the drawing. Write your relationship with the person in or next to each circle, for example grandmother

- *Descriptive cards are read out loud and learners are required to write the number of the card next to the person that it fits with best.*

Items

Mild positive (affectionate) feelings coming from child

- 1. This person in the family is very nice*
- 2. This person in the family never lets you down*
- 3. This person in the family is lots of fun*
- 4. This person in the family deserves a nice present*

Strong positive (sexualised) feelings coming from the child

- 5. I liked to be kissed by this person in the family*
- 6. I wish this person in the family would care for me more than for anybody else*
- 7. I sometimes wish I could sleep in the same bed with this person in the family*
- 8. I like to hug this person in the family*



Mild negative feelings coming from the child

9. *This person in the family nags sometimes*
10. *This person in the family is sometimes not very patient*
11. *This person in the family is never satisfied*
12. *This person in the family sometimes gets too angry*

Strong negative (hostile) feelings coming from the child

13. *Sometimes I would like to kill this person in the family*
14. *Sometimes I wish this person in the family would go away*
15. *Sometimes I hate this person in the family*
16. *This person in the family can make me feel very angry.*

Mild positive feelings going towards child

17. *This person in the family is kind to me*
18. *This person in the family pays attention to me*
19. *This person in the family likes to play with me*
20. *This person in the family really understands me*

Strong positive (sexualised) feelings going towards the child

21. *This person in the family likes to kiss me*
22. *This person in the family likes to be in bed with me*
23. *This person always wants to be with me*
24. *This person cares more for me than for anybody else*



Mild negative feelings towards the child

25. This person in the family likes to tease me

26. This person in the family won't always help me when I am in trouble

27. This person in the family sometimes gets very angry with me

28. This person in the family is too busy to have time for me

Strong negative (hostile) feelings going towards the child

29. This person in the family hits me a lot

30. This person in the family makes me feel silly.

31. This person in the family makes me feel afraid

32. This person in the family makes me feel unhappy



Who do I want to be?

Fantasy Tree and Letter

Explanation

This activity will be used to explore the goals, aspirations and dreams of our clients.

Purpose

The purpose of this activity is to encourage the client's to explore, take ownership of, and share their aspirations, dreams and goals. By exploring and becoming aware of what they dream of for their future, what they aspire to have and be, and what they need to do make these dreams a reality, the clients can gain deeper self-knowledge, and both the EPIT and the clients can gain greater insight into their clients' future aspirations and goals.

Material

- About 30 pieces of A4 paper: one for the fantasy tree and one for the letter which will be folded into an envelope.
- Coloured pencils (enough for the group)
- Ball point pens (enough for the group)

Instructions

“Draw a tree that represents all your dreams, fantasies, aspirations and goals, who do you want to be in the future. There are no limitations, and you can include anything and everything that you dream of for your future, whether you believe it to be realistic or not. There is no right or wrong way to do it. Use your imagination and have fun with it.”

EPIT must encourage their clients to include all their dreams/goals/aspirations in their drawing, and then ask each client the following questions about their drawing:

- Tell me about your tree.
- Which aspirations in this tree are the most important ones to you?
- What do you think you need to do to make these dreams and goals come true?



When the clients have finished drawing, exploring and discussing their fantasy tree, EPITS must ask them to write us a letter, sharing their goals and dreams for their future. They can fold these letters into an envelope and hand it in to their EPIT.

See Lifeline

What makes me happy?

See who am I activities

What makes me sad/angry/scared?

Incomplete sentences

Explanation

Incomplete sentences is a semi structured expressive instrument with its primary function as a gross measure of adjustment.

Purpose

The purpose of the instrument is to elicit the internal and external, personal as well as environmental challenges and barriers. Through the exploration of the answers provided, one can establish the possible fears, challenges and barriers an individual may experience within a certain context.

Material

- A4 document with two pages with 20 incomplete sentences

Instructions

On this paper there are a few sentences that have not been finished. I want you to finish each sentence. Write down the first thing you think of when you read the part of the sentence that is already there. Try to write full sentences that mean something to you.



After the completion of the sentences probing questions are asked by the EPIT in order to elicit rich information about the clients' internal and external challenges, as well as what makes them sad, angry, and scared.

See person in the rain



Who am I in my world?

Sand tray

Explanation

Sand trays are trays filled with sand in which clients create any scene they choose with miniature figurines. They then tell a story about the creation.

Purpose

The sand trays are utilized to gain insight into how the client regards him/herself in their world. It provides information on challenges faced by the client as well as the resources that clients possess. The tray can furthermore enlighten the EPIT on the current circumstance of the client and how they perceive this.

Material

- One sand tray (provided)
- Toys (some basics provided, you need to collect your own as well)
- Clip board with paper, pencil/pen, elastic band
- Camera

Instructions

Introducing the sandplay process

(Invite the child to the sand) “Look, here is a tray filled with sand”, open up the sand and say “there is blue at the bottom and sides, and it can be whatever you want it to be, perhaps water or the sky”; “here are some figures/ toys, you can play with it in any way you want to; you can just play with the sand or you can make a story, just let the sand and your hands guide you. When you are done you can just tell me or nod”

- Be prepared that some children will start immediately and you don’t even finish your sentences.
- Some might need more encouragement or repetition of instructions
- Follow your “gut”, if you want to say or offer a suggestion, you may (or you can ask me)



After completion of the tray: “tell me about your tray”

- Take photographs
- Only clean up tray once child is no longer present (or able to observe)
- Then take another photo from empty tray – only with marks in the sand
- Flatten sand in order to be ready for next client

Ask these questions

- Tell me about your tray/ story
- If you could be somewhere in the tray, who/what/where would you be
- How does the picture make you feel
- How did you feel whilst building/ making the scene
- How was it like making the scene (the process)
- What is the meaning/ relevance/ cultural meaning of any specific symbol for client
- Give a heading/ title to the story (e.g. movie title)



Extra time activity/Closing activity

Gratitude tree

Explanation

The clients will write things they are grateful for on a leaf and then add it to a gratitude tree.

Purpose

The purpose of this activity is to support the client in thinking about things they are grateful for (resources and strengths), despite the adversities and challenges that they face. It is a nice activity to end with the client, as the completed tree can be left at the school as a reminder of your time spent in together.

Material

- Tree template
- Leaf template
- Brown paper (A2 – 1 copy)
- Green paper (A4 - 15 copies)

Instructions

Write on the leaf (hand out leaf template to the clients) something you are grateful for in your life. When you are done come and stick you leaf on the tree (one large tree template).

When everyone is done and their leaves are on the tree, have a brief reflection with the clients. Discuss the various identified strengths and resources.



Fakulteit Opvoedkunde
Faculty of Education

STUDIEHANDLEIDING STUDY GUIDE

OPR 800 2014



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Denkeiers • Leading Minds • Dikgopolo tša Dihlalefi

Leading Minds

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4. Lecture schedule

MED (EP) Second Year Students: 2014 – Lectures/case discussions/therapy discussions	
<ul style="list-style-type: none"> • There will be 18 contact sessions on a Tuesday afternoon from 14:30-18:00. • All sessions are compulsory! Any student with a valid excuse for not attending has to provide written documentation stating the reason for absence. Contact Dr Bester and the facilitator for the specific day to indicate the reason for your absence. • Sessions will commence at 14:30 promptly. A comfort break will be given at 15:30 for 15 minutes. The lecture closes no later than 18:00 but may be concluded earlier based on the discretion of the lecturer facilitating the session. 	

An orientation session will take place on **11 February 2014 at 14:30** and thereafter the tutor session scheduled for the day will start and complete an hour later

25 February 14:30-18:00 Facilitators: Prof L Ebersöhn and Prof C Lubbe-de Beer	Theme: Planning for FLY and Social Justice	4 March 14:30-18:00 Facilitators: Dr Human-Vogel and Dr Ruth Mampane	Theme: Planning for Shumbashaba
11 March 14:30-18:00 Facilitator: Mrs Malan van Rooyen	Scoring and interpretation workshop	18 March 14:30-18:00 Facilitator: Mrs Malan van Rooyen	Scoring and interpretation workshop
25 March 14:30-18:00 Facilitator: Mrs. Malan van Rooyen	Scoring and interpretation workshop	8 April 14:30-18:00 Facilitators: Mrs Malan van Rooyen	Case discussion – 14:30- 15:30 Scoring and interpretation workshop
15 April 14:30-18:00 Facilitators: Dr S Bester 14:30-15:30 Mrs Malan van Rooyen 15:45:18:00	Case discussion – 14:30- 15:30 Scoring and interpretation workshop	6 May 14:30-18:00 Facilitators: Dr S Bester 14:30-15:30 Mrs Karien Botha 15:45:18:00	Case discussion – 14:30- 15:30 Theme: Supporting children with barriers to reading
13 May 14:30-18:00 Facilitator: Prof L Ebersöhn and Prof C Lubbe-de Beer	Theme: Planning for FLY and Social Justice	20 May 14:30-18:00 Facilitator: Dr S Bester	Case discussion – 14:30- 15:30 Theme: How to compile a Personal Portfolio and Internships
27 May 14:30-18:00 Facilitators: Dr S Bester 14:30-15:30 Mrs Karien Botha 15:45:18:00	Case discussion – 14:30- 15:30 Theme: Supporting children with barriers to spelling and writing	3 June 14:30-18:00 Facilitators: Dr S Bester 14:30-15:30 Dr S Human-Vogel 15:45:18:00	Case discussion – 14:30- 15:30 Theme: Planning for Shumbashaba
10 June 14:30-18:00 Facilitators: Dr S Bester 14:30-15:30 Mr Alfred du Plessis 15:45:18:00	Case discussion – 14:30- 15:30 Theme: Supporting learners with barriers to mathematics	22 July 14:30-18:00 Facilitators: Dr S Bester 14:30-15:30 Prof C Lubbe-de Beer 15:45:18:00	Case discussion – 14:30- 15:30 Theme: Puppet-storytelling techniques, Theraplay and Sandtray



29 July 14:30-18:00 Facilitators: Dr S Bester 14:30-15:30 Prof C Lubbe-de Beer 15:45:18:00	Case discussion – 14:30- 15:30 Theme: Self-care and Expressive art therapy	5 August 14:30-18:00 Facilitators: Dr S Bester 14:30-15:30 Prof K Maree 15:45:18:00	Case discussion – 14:30- 15:30 Theme: Ethics
12 August 14:30-18:00 Facilitators: Dr S Bester 14:30-15:30 Mr Alfred du Plessis 15:45:18:00	Case discussion – 14:30- 15:30 Theme: Supporting learners with barriers to mathematics (continued)	2 September 14:30-18:00 Facilitator: Dr S Bester	Case discussion – 14:30- 15:30 Theme: Assessment for concessions

5. Overview of module

Opleidingsfasiliteit / Training Facility			
Individuele gevalle studies: Insluitend beplanning en navorsing <i>Individual case studies: Including planning and research</i>			
Plek Site	Opleidingslokaal UP Training Facility UP	Opleidingslokaal UP Training Facility UP	
Aktiwiteite Activities	Assesserings (3 gevallestudies) <ul style="list-style-type: none"> Opname onderhoud Assessering Terugvoer Verslagskrywing, navorsing en supervisie 	Terapeutiese intervensie (3 gevallestudies) 8 Sessies per kind en 2 ouerbegeleiding sessie word voorgestel afhangend van die behoeftes van die kind en gesin	Reflektiewe portefeulje: Een portefeulje vir die vak OPR 800 Reflektiewe portefeulje waarin jy jou ontwikkeling as opvoedkundige sielkundige in die komponent by die Opleidingsfasiliteit beskryf.
	<i>Assessments (3 case studies)</i> <ul style="list-style-type: none"> <i>Intake interview</i> <i>Assessment</i> <i>Feedback</i> <i>Report writing, research and supervision</i> 	<i>Therapeutic Intervention (3 case studies)</i> <i>A suggested 8 sessions with the child and 2 parent guidance sessions depending on the needs of the child and family</i>	<i>Reflective portfolio: One portfolio for OPR 800</i> <i>Reflective Portfolio detailing your development as an educational psychologist at the Training Facility.</i>

Shumbashaba Equine Assisted Growth and Learning Community Intervention			
Gemeenskapsgebaseerde opvoedkundige sielkundige intervensie: Insluitend voorbereiding en beplanning <i>Community-based educational psychological intervention: Including preparation and planning</i>		Reflektiewe portefeulje : Een portefeulje vir OPR 800 <i>Reflective portfolio: One portfolio for OPR 800</i>	
Shumbashaba	Shumbashaba	Shumbashaba	
Supervisie van gemeenskapsintervensie	Programontwikkeling	Observasie en besoeke	Reflektiewe portefeulje waarin jy jou ontwikkeling as opvoedkundige sielkundige in die Shumbashaba komponent beskryf.
<i>Supervision of community intervention</i>	<i>Programme development</i>	<i>Observation and site visits</i>	<i>Reflective Portfolio detailing your development as an educational psychologist at the Shumbashaba component.</i>

Ngilandi Gemeenskaps Groepintervensie / Ngilandi Community Group intervention			
Gemeenskapswerk: Insluitend beplanning en navorsing <i>Community work: Including planning and research</i>			
Ngilandi Skool / School Plek / Site: University of Pretoria			
Aktiwiteite Activities	Beplanning en voorbereiding <i>Planning and preparation</i>	<i>Day 1 : Briefing session</i> <i>Day 2 : Session facilitation</i> <i>Debriefing</i> <i>Day 3 : Session facilitation</i>	Reflektiewe portefeulje waarin jy jou ontwikkeling as opvoedkundige sielkundige in die Ngilandi komponent beskryf. <i>Reflective Portfolio detailing your development as an educational psychologist at the Ngilandi component.</i>



Desmond Tutu Place of Safety			
	Werkswinkel: Insluitend beplanning en navorsing <i>Workshop: Including planning and research</i>		Reflektiewe portefeulje: Een portefeulje vir die vak <i>Reflective portfolio: One portfolio for OPR 800</i>
Plek <i>Site</i>	Eie skedule <i>Own schedule</i>	Desmond Tutu Place of Safety	Eie skedule <i>Own schedule</i>
Aktiwiteite <i>Activities</i>	Aanpassing van werksopdrag in werkswinkel formaat: struktuur en beplanning van werkswinkel moet vooraf in geskrewe formaat gedoen word. Bondige handleiding uitdeelstuk	Aanbieding van werkswinkel	Reflektiewe opstel waarin jy jou ontwikkeling as opvoedkundige sielkundige in die komponent by Desmond Tutu Place of Safety beskryf wat deel sal vorm van die reflektiewe portefeulje vir OPR 800.
	<i>Adaptation of assignments into workshop format; structure/planning of the workshop planning should be written beforehand</i> <i>Concise manual/ hand-outs</i>	<i>Presentation of workshop</i>	<i>Keeping and writing a reflective essay detailing your development as an educational psychologist in the Desmond Tutu Place of Safety component which will form part of the reflective portfolio for OPR 800.</i>

Kliniek vir hoë risiko babas (KHRIB) / Clinic for high risk babies (CHRIB)			
	Observasie: Insluitend beplanning en navorsing <i>Observation: Including planning and research</i>		Reflektiewe portefeulje: Een portefeulje vir die vak <i>Reflective portfolio: One portfolio for OPR800</i>
Plek <i>Site</i>	Eie skedule <i>Own schedule</i>	Main Campus Communication Pathology Building	Eie skedule <i>Own schedule</i>
Aktiwiteite <i>Activities</i>	Ontvang aanmelding per epos en doen internet navorsing op grond van agtergrondinligting	Woon een observasie by en voltooi observasie skedule tydens observasie en handig in by KHRIB direk na sessie	Reflektiewe portefeulje waarin jy jou ontwikkeling as opvoedkundige sielkundige in die KHRIB komponent beskryf.
	<i>Receive referral by email and do internet research based on background information</i>	<i>Attend observation and complete observation schedule during session and hand in with CHRIB directly after session</i>	<i>Reflective Portfolio detailing your development as an educational psychologist at the CHRIB component.</i>

ETIEK / ETHICS		
Lesings / Lectures <i>Groenkloof Campus</i> <i>Aldoel Building</i>	Selfstudie <i>Selfstudy</i>	Reflektiewe portefeulje: Integreer etiek in alle komponente <i>Reflective portfolio: Integrate ethics into all components</i>
Praktikum <i>Practicum</i>		Formele geskeewe eksamen <i>Formal written examination</i>

6. PROFESSIONELE UITKOMSTE VAN DIE MODULE *PROFESSIONAL OUTCOMES OF THE MODULE¹*

Registrasiekategorie-bekwaamhede in Tabel 1 soos gespesifiseer deur die HPCSA
Scope of practice competencies in Table 1 as specified by the HPCSA.

Tabel 1: Praktykraamwerk / Table 1: Scope of Practice

Uitkomstveld/ Outcome Field	Uiteensetting / Explication
Sielkundige assessering <i>Psychological assessment</i>	Uitvoer van assessering van kognitiewe, persoonlikheids- en emosionele funksionering van individue in verhouding tot leer en ontwikkeling deur middel van kwalitatiewe sowel as kwantitatiewe benaderings. <i>Perform assessments of cognitive, personality and emotional functioning of people in relation to learning and development, by means of qualitative, as well as quantitative approaches.</i>
	Identifiseer en diagnoseer 'n wye spektrum van hindernisse en bates tot leer en ontwikkeling. <i>Identify and diagnose a broad range of barriers and assets to learning and development.</i>
Sielkundige intervensie <i>Psychological intervention</i>	Toepassing van sielkundige intervensies om optimale leer en ontwikkeling te verhoog, bevorder en fasiliteer. <i>Apply psychological interventions to enhance, promote and facilitate optimal learning and development.</i>
	Uitvoer van 'n spektrum van terapeutiese intervensies met betrekking tot leer en ontwikkeling. <i>Perform a range of therapeutic interventions in relation to learning and development.</i>
Programontwerp <i>Programme design</i>	Ontwikkel, bestuur en evalueer opvoedkundig-gebaseerde programme in diverse omgewings. <i>Design, manage and evaluate educationally-based programmes in diverse settings.</i>
Opleiding en supervisie <i>Training and supervision roles</i>	Supervisie van ander geregistreerde sielkundige praktykbeoefenaars in terme van opvoedkundige-sielkunde. <i>Supervision of other registered psychological practitioners in relation to educational psychology.</i>
Etiëk en wetgewing <i>Ethics and legislation</i>	Bestuur sielkundige praktykvoering en navorsing in ooreenstemming met die riglyne vir professionele praktyk van die HPCSA en die Beroepsraad vir Sielkunde. <i>Conduct psychological practice and research in accordance with guidelines for professional practice of the HPCSA and the Professional Board of Psychology.</i>
	Doen navorsing en praktykbeoefening in ooreenstemming met afbakening binne wetgewing. <i>Conduct research and practice in accordance with legislative parameters.</i>
Professionele praktykbeoefening <i>Professional practice</i>	Verwys na toepaslike professionele persone vir verdere assessering en intervensie. <i>Refer to appropriate professionals for further assessment and intervention.</i>
	Vasklewing aan praktykraamwerk. <i>Adherence to scope of practice.</i>
Navorsing <i>Research</i>	Ontwerp, bestuur, uitvoering, verslagdoening en supervisie van sielkundige navorsing en implementering van bevindings in beleid en praktyk, veral in terme van leer en ontwikkeling in diverse kontekste. <i>Design, manage, conduct, report and supervise psychological research and implement findings in policy and practice, especially in relation to learning and development in diverse contexts.</i>

¹ This section was developed by Professor Ebersöhn.



Tabel 2: Gespesifiseerde uitkomste vir module / *Table 2: Specified outcomes for module*

Uitkomstveld / <i>Outcome Field</i>	Uiteensetting / <i>Description</i>
Professionele ontwikkeling <i>Professional development</i>	Om te <u>ontwikkel</u> as 'n opvoedkundige-sielkundige-in-opleiding in terme van die registrasiekategorie bekwaamhede. <i>To <u>develop</u> as an educational psychologist-in-training in terms of the scope of practice.</i>
	Om <u>bekwaamhede te bereik</u> kenmerklik van opvoedkundige-sielkundige praktyk in Suid-Afrika. <i>To <u>acquire competencies</u> synonymous with educational psychology practice in South Africa.</i>
	Om <u>diversiteit</u> in opvoedkundige-sielkundige omgewings te ervaar, oor diversiteit te reflekteer, en van diversiteit sin te maak vir praktykbeoefening. <i>To <u>experience diversity</u> in educational psychology environments, reflect on diversity, and make sense of diversity for practice.</i>
	Om <u>eties</u> korrek op te tree en kennis van die 'Gedragskode' nougeset na te kom. <i>To be <u>ethical</u> in your conduct and apply your knowledge of the 'Code of Conduct'.</i>
	Om die rol van portuur- <u>supervisor</u> te demonstreer. <i>To <u>demonstrate the role of peer-supervisor</u>.</i>
	Om <u>navorsing</u> te doen vir 'n skripsie. <i>To <u>do research</u> aligned with a dissertation of limited scope.</i>
	Om <u>reflektief</u> te praktiseer as opvoedkundige-sielkundige-in-opleiding. <i>To be a <u>reflective practitioner</u> as educational-psychologist-in-training.</i>
	Om professioneel <u>met kliënte</u> (onderwysers, kinders, ouers en ander betekenisvolle persone) te skakel. <i>To <u>interact professionally with clients</u> (children, educators, parents, as well as other significant people).</i> Om professioneel 'n geval aan 'n <u>supervisor</u> voor te lê. <i>To <u>present an assessment professionally to a supervisor</u>.</i> Om ten alle tye <u>professioneel</u> op te tree met alle personeel ter sprake tydens praktikum (sluit die volgende <u>vaardighede</u> in: self- en tydsbestuur, kommunikasie, konflikbestuur, streshantering). <i>To <u>act professionally</u> at all times and with all staff responsible for practicum training (includes the following <u>skills</u>: self- and time management; communication; conflict management; stress management).</i>
Assessering <i>Assessment</i>	Om opvoedkundige-sielkundige <u>assessering</u> en <u>intervensie</u> uit te voer in diverse omgewings. <i>To <u>carry out educational psychology assessment and intervention</u> in diverse environments.</i>
	Om <u>toepaslike assesseringsmiddele</u> te selekteer of te ontwikkel, in te skakel, na te sien, te interpreteer. <i>To <u>select or develop, implement, mark and interpret assessment instruments</u>.</i>
	Om <u>relevante inligting</u> op te spoor en toepaslik te benut vir aanbevelings. <i>To <u>find and utilise knowledge</u> in terms of recommendations.</i>
Intervensie <i>Intervention</i>	Om <u>terapeutiese intervensie</u> momente te identifiseer, terapie- / intervensie sessies te beplan en aan te bied. <i>To <u>identify therapeutic / intervention</u> needs, as well as plan and implement therapy / intervention sessions.</i>
	Om <u>individueel en in groepsverband assessering</u> te beplan, implementeer en daarvoor te reflekteer. <i>To <u>plan, implement and reflect on individual and group-based assessments</u>.</i>
	Om <u>groepsgebaseerde terapie / intervensie</u> (opvoedkundig-gebaseerde program) te beplan, implementeer, daarvoor te reflekteer, en te evalueer. <i>To <u>plan, implement, reflect on and evaluate group-based therapy / intervention</u> (educationally-based programme).</i>

Uitkomstveld / <i>Outcome Field</i>	Uiteensetting / <i>Description</i>
Teorie-praktykintegrasi <i>Theory-practice integration</i>	Om opvoedkundige-sielkundige kennis en begrip van <u>teorie</u> (veral t.o.v. positiewe sielkunde en die bategebaseerde benadering) prakties toe te pas, analiseer, sinteseer en te evalueer. <i>To practically apply, analyse, synthesise and evaluate acquired educational psychology knowledge and understanding of <u>theory</u> (especially in terms of positive psychology and the asset-based approach).</i>
	Om gevolgtrekkings en insigte tydens ondersoek te <u>integreer met teoretiese kennis</u> . <i>To <u>integrate</u> conclusions and insights during assessments with <u>theoretical knowledge</u>.</i>

Assessment and allocation of marks

Formative assessment

- Continuous verbal feedback during all contact sessions at the various sites.
- Mid year progress mark in all the components. Marks will be made available on **31 July 2014**.

Summative assessment

- On completion of the practicum, a year mark consisting of the marks allocated in the various components will be made available prior to the final oral examination and will determine admittance to the examination.
- A final examination consisting of a Personal Portfolio and oral examination on the Personal Portfolio. The Personal Portfolio has to be submitted on **17 October 2014 before 12:00** with Dr. Bester. The oral examination on the Portfolio will take place on **28 and 29 October 2014**. Please compare page 13 for more information on the Personal Portfolio and the oral examination.

Allocation of marks: Year mark²

Component	%
Individual casework: Training Facility	45
School-based Community engagement: Ngilandi "FLY"	15
Shumbashaba	15
Ethics	15
Early childhood intervention: CHRIB	5
Group intervention: Desmond Tutu Place of Safety	5
TOTAL	100

Compare component sections for assessment dates and criteria

EKSAMEN / EXAM

- U benodig 'n subminimum jaarpunt van 40% in elke komponent vir eksamentoelating.
- *You require a sub minimum 40% year mark in each component for admission to the examination.*

² Please refer to component sections for evaluation criteria

Portefeulje

Die doel van die portefeulje is om:

- Tydens (formatief) en aan die einde van die module (summatief) te kan demonstreeer hoe u as opvoedkundige-sielkundige-in opleiding ontwikkel het.
- **Ontwikkeling aan eksterne eksaminatore voor te hou tydens die mondelinge eksamen.**
- Dokumentering van jou aktiwiteite deur die jaar.
- Demonstreeer van wat jy bereik het in terme van:
 - teorie-praktykintegrasië
 - persoonlike ontwikkeling as opvoedkundige-sielkundige-in opleiding
 - vermoë om reflektief te werk te gaan.

Portefeulje-inhoud

Die portefeulje word saamgestel uit alle werkstukke wat in hierdie studiehandleiding uiteengesit word.

- Refleksieopstelle moet in die portefeulje ingesluit word.
- Portuur-supervisor verslae (jou verslae van jou medestudent, asook jou portuur-supervisor se verslag oor jouself indien van toepassing in 'n spesifieke komponent).
- Kandidate mag enige praktikum items in die portefeulje insluit wat hulle ontwikkeling as opvoedkundige-sielkundiges-in-opleiding demonstreeer.

Portfolio

The purpose of the portfolio is:

- For candidates to demonstrate their development as educational-psychologists-in-training throughout (formative), as well as at the conclusion of the practicum (summative).
- **To demonstrate development to an external examiner during the oral examination**
- A chronicle of your activities during the year.
- To demonstrate what you have achieved in terms of:
 - theory-practice integration
 - personal development as educational psychologist-in-training
 - the ability to work reflexively.

Portfolio content

The portfolio will consist of all the assignments outlined in this study guide.

- A reflection journal has to be included in the portfolio.
- Peer supervisor reports (your reports on your fellow student, as well as your peer-supervisor reports of yourself)
- Candidates may include any practicum items in order to demonstrate the development of their capacity as educational-psychologists-in-training.

Portfolio final exam procedures

- The final examination will consist of two phases. Phase 1 requires that you submit your portfolio for the OPR 800 module on **17 October 2014**. Please submit the portfolio to Dr Bester before **12:00 on 17 October 2014**.
- Your portfolio should include your reflections detailing your development as an educational psychologist in the following components: (1) Individual case work at the Training Facility; (2) Shumbashaba community work; (3) Ngilandi community group intervention; (4) Ethics; (5) CHRIB and (6) Desmond Tutu Workshops. It is your decision how you want to structure your portfolio. The only requirement is that it should clearly

communicate and demonstrate your theory-practice growth and development over the period you have been engaged with your professional development.

- It is your decision what artefacts you want to include demonstrating your professional development. It is however important that you choose wisely from your collection of evidence to achieve the aforementioned goal.
- A panel consisting of Professor Ebersöhn, Dr Lubbe-de Beer, Dr Human-Vogel, Dr Ruth Mampane, Mr Alfred du Plessis and Dr Bester will evaluate your Portfolio prior to Phase 2 of the oral examination. The external examiner will moderate this process.
- Phase 2 of the OPR 800 examination, entails an oral session of 1 hour 15 minutes per candidate. The examination is scheduled for **28 and 29 October 2014**. The exam schedule will be finalized at a later stage.
- The oral examination panel will consist of Professor Ebersöhn, Dr Lubbe-de Beer, Dr Human-Vogel, Mr Alfred du Plessis, Dr Bester and the external examiner.
- You will be required to make a formal presentation of 30 minutes during which you will present to the panel how you have developed as an educational psychologist during 2013. It is your choice how you want to structure this session and what information you want to convey.
- The remaining 45 minutes of the session will be open to the panel for questions.
- The assessment rubrics for the portfolio and the oral examination are attached hereto to assist you in your preparation (compare Annexure **P**).

Allocation of marks: Final Examination (examination panel consists of all course facilitators and external examiner)

Reflective Portfolio and oral presentation	100
Total	100

Allocation of marks: Final mark

Year mark	60
Final Examination	40
Total	100

Riglyne vir die Voorbereiding van Werkstukke

Let daarop dat papierkopieë nie meer in die biblioteek verkoop word nie. Die gids is op ons webbladsye beskikbaar en kan vandaar afgelaai word. Klik op Research Support, dan op Guidelines for Bibliographic References, en dan op die titel van die gids: (<http://www.ais.up.ac.za/edu/research.htm>).

Guidelines for the Preparation of Written Assignments

Please note that paper copies are no longer sold in the library. The guide is available for downloading on our web pages, by clicking on Research Support and then on Guidelines for Bibliographic References, and then on the title of the guide: (<http://www.ais.up.ac.za/edu/research.htm>).

Vergelyk ook **Aanhangsel O** vir riglyne aangaande voorkoming van plagiaat.

Compare **Annexure O**, for guidelines on the prevention of plagiarism.

SECTION B

PRACTICUM AT THE TRAINING FACILITY ON GROENKLOOF CAMPUS

- Trial examinations will be conducted from **10 to 31 March 2014** and re-examinations will take place during.
- You have to pass your trial examination before your practical training may commence (compare **Annexure A** – assessment rubric and **Annexure B** for the list of psychometric test that you have to practice for the trial exam).
- Each student will complete **three (3)** individual case studies at the Training Facility. **The first assessments will commence on 24 March. The schedule for the assessments is as follows: First assessment: 24 March – 30 April under supervision of Dr Suzanne Bester; second assessment 2 May – 28 June under supervision of Mr Alfred du Plessis and third assessment 1 July – 30 August 2013 under supervision of Prof Carien Lubbe de Beer.**
- Students are expected to complete individual assessments **within three weeks after consulting with the clients for the first time.**
- Students are not permitted to take on a new assessment until they have **fully** completed their previous assessment.
- Each individual assessment will be evaluated after completion. Assessment will be based on the criteria as stipulated in the assessment rubric (compare **Annexure C and D**).
- **NB: A sub-minimum of 60 % is required per case study to obtain examination entrance.**
- All contact with clients (parents and children - this includes psychotherapy sessions) have to be recorded on videotape and submitted for case evaluations and evaluation during the final examination. If a student does not satisfy this requirement, he/she will forfeit the part of the mark that is allocated for visual material.

Standard procedures for assessments

- Mrs. Malan van Rooyen contacts the student to inform him/her of his/her client and to communicate all necessary client information as well as assessment dates via email (it is therefore important that students provide correct email addresses or inform the staff at the Training Facility of any changes in contact details – telephonic or email).
- As soon as the student receives the email, a reply must be sent to Mrs. Malan van Rooyen to confirm receipt of client information. The student must also immediately book a room for the assessment dates via click up.
- It is the students' responsibility to inform Mrs. Malan van Rooyen at the beginning of the year (and no later than mid March) if they are not going to be in the city or country during certain dates that could cause them to be unavailable for assessments. Please take note that assessments may run throughout scheduled university and school holidays.
- The student arranges the intake interview with the parents after requesting possible dates for the intake interview from the supervisor. The intake interview may not take place on the same date as the assessment with the child, and should be at least **two working days** prior to the assessment date to ensure that media requests can be submitted within the prescribed time. **Intake interviews must be recorded on dvd and an additional voice recorder as back up should be considered.**

- Once the intake interview is scheduled the student informs Mrs. Malan van Rooyen of the date (via email) and reserves an assessment room for the initial interview via click up.
- Based on the initial interview the supervisor and the student compile a test battery. The student has to complete a media booking form to reserve the media for the required dates. This form must be sent to Control Technical Assistant via email **at least 2 working days** before the media is needed. Students should at all times be flexible with regard to the proposed test battery and make changes, if necessary, during the assessment after consulting either the supervisor or one of the professional assistants.
- The student performs the assessment (**recorded on dvd**). Please note that each student will receive a client file on the first day of assessment. A consent form will be included in the file that must be completed and signed by the parents before assessing the child. All information in the file needs to be completed.
- The student is responsible for providing games or any ice-breaker activities (which is age appropriate) to use before assessment as part of the relationship building phase. Students are also responsible for their own stationary, stopwatch and paper (clean A4) needed for the assessment.
- Within three working days after the last meeting with the child the student hands in his/her file to either Mrs. Malan van Rooyen or Control Technical Assistant (you will be informed beforehand to whom you have to submit). Your file should include all the media already scored and interpreted as well as your completed report.
- The student receives feedback on the scoring procedures and makes any proposed amendments.
- Within three working days after receiving feedback on the scoring procedures the student discusses the case with the lecturer (1-1.5 hour appointment). When the lecturer is satisfied with the case, the student plans the feedback, discusses it with the lecturer and feedback is given to the parents (**also recorded on dvd and voice recorder as back up**). No feedback may be given without the permission of the lecturer.
- The student makes the proposed changes to the report after the feedback consultation and the final report is submitted to the supervisor in duplicate for signature by the supervisor and the student.
- The student has to reflect on the completed assessment (in written form) and submit the reflection for evaluation in the portfolio.
- Students must in all seriousness set themselves the goal of completing feedback discussion within **three weeks** after the date of the first meeting with the client, and of finalizing written reports within the fourth week.
- No appointment for feedback may be arranged without the lecturer's permission. No results may be given to the parents before feedback. All reports are sent by mail. It is the duty of the student to ensure that the parents provide the correct postal details in the file. The file with the report is submitted to Control Technical Assistant who will draft a cover letter and mail the report to the client.
- Should a student not follow protocol it will be noted and a percentage will be deducted from his/her professional mark.

Media

- Control Technical Assistant supervises all media. Students have to book media **2 working days** prior to the date on which they require the media. A standard booking form is completed and forwarded to Control Technical Assistant (tebogo.tsebe@up.ac.za). Students can request a booking form via email.

- Any media signed out by a student will be his/her sole responsibility. Any loss or damage to the media in the period it is signed out to a student will be claimed from the student.
- No media may be removed from the Training Facility in the Aldoel Building.
- Media required for an assessment have to be collected at 8:30 on the morning of the assessment as per arrangement with Control Technical Assistant. Please note that each student will receive a client file on the first day of assessment. A consent form will be included in the file that must be completed and signed by the parents before assessing the child. **All the information pertaining to the client is strictly confidential and must be kept in the client file at all times. The client file must be stored in a safe place in order to ensure confidentiality.**
- When media is returned it is the students' responsibility to make sure that no media is left behind in the assessment room and that media are returned in a neat and organised manner.
- Students will not be allowed to do an assessment if they are not well prepared and organised.
- Students can contact their clients telephonically to confirm appointments from either Mrs. Malan van Rooyen's or Control Technical Assistant's office from 9:30 – 10:00) and between 14:00 – 15:00 (no phone calls will be allowed outside these allocated times). Students are not allowed to do historicity interviews telephonically.

Booking of assessment rooms

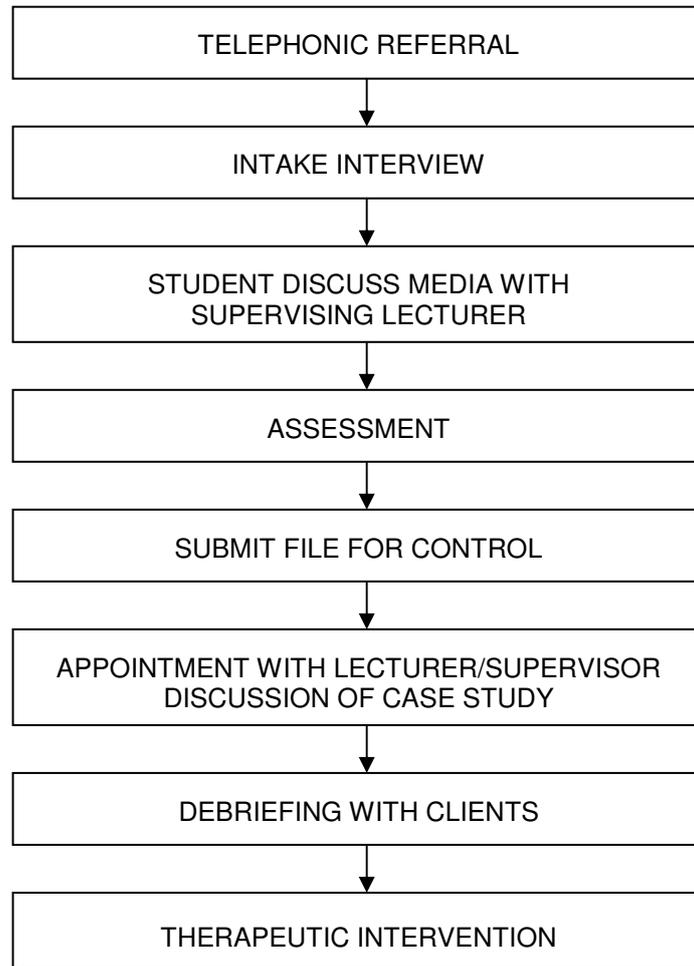
- Students are personally responsible for the booking of assessment rooms via click up. Students will receive training on how to use click up.
- Rooms need to be booked three working days in advance.
- An email should be sent to Mrs. Malan van Rooyen stating which room has been booked. The date and time should also be included.
- In the event of a cancellation students have to cancel the reservation of the assessment room either with a telephone call or email message.
- Students have to ensure that the observation room is locked if no one is observing and after they have left.
- No equipment may be removed from the assessment rooms and the rooms have to be tidied before and after every assessment.
- Keys for the assessment rooms can be collected as per the key chain schedule. This schedule will be compiled two days prior to the date indicated on the web ct schedule.
- Assessment rooms may not be utilized over weekends.
- No appointments allowed after 19:00
- Any student in need of assistance with a practical assessment can contact Dr Suzanne Bester, Mrs. Marlize Malan van Rooyen and the Control Technical Assistant or their supervisor.
- No student will be able to obtain media or access to an assessment room if the above protocol was not followed.
- Should a student not follow protocol it will be noted and a percentage will be deducted from his/her professional mark.
- Students are responsible for cleaning up the rooms prior to and after an assessment. Please also ensure that you clean the waiting area after your client has used it.

How to book a room via Web CT (Click up)

1. Log into Web CT
2. Underneath the heading “Click up” click on “post edu psych 2014” (this will open the “black board learning” window).
3. Under the heading “Course tools” click on “Calendar”.
4. Click on the date you need to do intake/assessment/feedback/therapy.
5. See which rooms are available (all entries for that date will be indicated)
6. Click on “add entry”.
7. Type in the room you are going to use next to “title”.
8. Type in your name, the reason why you are using the room and again the room number next to “description”.
9. Type in what time your session commences next to “Start time”.
10. Type in what date your session ends next to “End date” – this will be the same as “Start date”. Please note the order in which you need to type the date: month/day/year.
11. Type in what time your session ends next to “End time”.
12. Save.
13. Email the Control Technical Assisstant inform him/her of when you booked a room and for what reason.
 - Make sure that rooms are available when you schedule intake interviews and feedback sessions.
 - It is every student’s responsibility to make sure that they are able to use click up. Should a student experience any difficulty using click up, it is his/her responsibility to resolve the issue consulting with the IT support staff.
 - Assessment rooms may not be utilized over weekends.
 - After hours consultations (first cases have to be supervised) with clients may only be scheduled on the following days (no appointments are allowed after 19:00 on the allocated days):

✓	Monday	16:00 – 19:00
✓	Tuesday	16:00 –19:00
✓	Wednesday	16:00 – 19:00
✓	Friday	16:00 – 19:00

OVERVIEW OF ASSESSMENT PROCEDURE



If any phase of the trial assessment or an assessment has not proceeded to the lecturer's satisfaction, the student concerned will be refused permission to begin or proceed with a further assessment or phase of assessment before such student has reached a set criterion for achievement by means of independent studying and practising of the particular assessment instruments and/or procedures.

Students must in all seriousness set themselves the goal of completing feedback discussions within three weeks of the date of the first meeting with the client, and of completing written reports within the fourth week.

The results and findings of the assessment and the explanation of the presenting problem are submitted to the supervising lecturer for final checking only after full and correct processing. **No appointment for feedback may be arranged without the lecturer's permission.**

If a report is not approved, it must be corrected and submitted again, to the satisfaction of the supervising lecturer. Errors left uncorrected after the first evaluation may lead to a reduction of marks. **Reports (a hard copy and an electronic copy) may be handed in for finalisation only after having been signed by the lecturer.**

PRESENTATION OF CASEWORK

The group discussion relating to assessments takes place during lecture time on Tuesday afternoons. Please follow the schedule for Tuesday lectures.

INDIVIDUAL THERAPEUTIC INTERVENTION

The aim of this component of your practical training is to plan, implement, reflect on and evaluate individually based therapeutic intervention. All psychological interventions aim to enhance, promote and facilitate optimal learning and development.

What is expected?

Intervention usually flows from each assessment therefore you are required to provide continuous support for an appropriate time with all of your clients. Depending on the amount of assessments allocated to you, you will continue with the intervention for each case (depending on the nature of the case).

The following process to be followed for each intervention.

BROAD OVERVIEW / ENVISIONED OUTCOMES:

State your overall goal for the intervention: long-term, medium and short-term goals (This is a written preparation by innovatively integrating relevant theory specific to the context within and the clients with whom you will be working). Also include relevant stakeholders such as parents, educators, referral to other specialists/ multi or trans-disciplinary team.

PLANNING FOR EACH SESSION

Plan the first session by focusing on the goal and outcome of the session, rationale and supporting materials (this will be discussed during contact sessions). Make an appointment with your supervisor to discuss your preparation. The supervisor of the case study remains responsible for the application and monitoring of the therapy for the duration of the intervention time.

EXECUTION OF SESSION

The supervisor will observe the sessions behind glass from time to time.

If you anticipate a particular challenging session and would appreciate the supervisors' presence, please arrange beforehand.

However, there are Registered Psychologists on the premises during office hours if you need any emergency assistance.

AFTER COMPLETION OF SESSION

Each session needs to be evaluated formally in terms of the realization of expected outcomes (process-notes to be kept in file).

You have to keep confidential case progress notes (p 198-199 Dunbar-Krige, H. & Fritz, E. 2006. *The supervision of counsellors in South Africa*. Pretoria: Van Schaik Publishers).

Copies of the above needs to be sent electronically to your supervisor, preferably within 24 hours of completion of session

CONTINUE WITH NEXT SESSION

(Process repeats)

NO SESSION MAY BE IMPLEMENTED BEFORE APPROVAL FROM SUPERVISOR

ASSESSMENT OF CASE WORK: TRAINING FACILITY

Assessment for the year mark will be based on:

Assessment activity	%
Class test - Block lectures	5
Trial assessment	10
3 Case studies (a sub minimum average of 60% for assessments are required for admission to final exam – 35 marks will be allocated to the assessment and 35 marks for therapy)	70
TOTAL	100

The assessment of your therapeutic intervention with clients at the Training Facility will be in the format of a written submission together with a dvd of 10 sessions (date will be confirmed). You will be required to submit your therapy portfolio to your supervisor

Assessment will be based on the criteria as stipulated in the assessment rubric (compare **Annexure D**).

SECTION C SHUMBASHABA PRACTICAL WORK

1. ORGANISATIONAL COMPONENT

1.1 Shumbashaba Horses Helping People

Practical work for OUB 804 takes place at Shumbashaba Horses Helping People in Diepsloot. In your practical work for 2014, you will have the opportunity to learn about equine assisted psychotherapy (EAGALA model), and you will work towards developing an equine assisted family support programme for families in Diepsloot.

1.2 Supervision

Supervision of the practical work at Shumbashaba will be provided by Prof. Salomé Human-Vogel and Dr Ruth Mampane. Students are also encouraged to continue with peer supervision as per arrangements with Prof. Liesel Ebersöhn. Please make supervision appointments at least once per quarter.

Please acquire a book in which you can journal your practical work at Shumbashaba. All sessions, focus group notes, observations, self-reflections, planning must be entered in your journal.

1.3 Planning and organisation:

Practical work at Shumbashaba will encompass:

- A minimum of three visits to participate as an observer in an equine assisted life skills programme for the Diepsloot youth.
- Focus groups with children / careworkers / volunteers during one of these visits to determine themes for a family support programme.
- Planning and observer-participation in one equine assisted workshop for parents.

Observational visits to Shumbashaba Horses helping people and focus groups must take place in the first semester so that the framework for the parent support programme can be presented to Shumbashaba between June – July. The parent support programme workshop is planned for August and will probably be on a Saturday morning to accommodate parents. Students will be paired with facilitators and involved as observers in the workshop.

The Diepsloot Youth Life skills programme dates for the second quarter are:

Shumbashaba Planning session	15 April 2014
Youth Life skills EAP sessions	29 April, 6, 13, 20, 27 May, 3, 10, 17 June 2014
Shumbashaba debriefing	24 June 2014

We will liaise with Shumbashaba to arrange for students to schedule three visits during the times stipulated above.

1.4 Development of an equine assisted family support programme

Based on focus groups, consultations with Shumbashaba staff and volunteers, community careworkers and parents, use the McMaster model of family functioning within a family resilience framework and identify possible themes to be addressed in an equine assisted parent support workshop.

The themes will be presented to Shumbashaba during a planning meeting, where a team, consisting of horse and mental health specialists, will develop the activities for horses and parents to be used during the workshop. For each theme, consider and present the following:

- The theoretical framework for the particular theme
- How the theme can be made accessible to parents in a pre-arena activity*
- Possible activities in which horses can be used to address this theme
- Relevant processing questions that could help parents to reflect on the theme.

*Pre-arena activities are activities where participants in a workshop are invited to reflect on a particular point / issue / theme and to develop a personal understanding of the theme.

The EAP team consists of (i) the horses, (ii) a mental health professional and (iii) a horse specialist. The horses' role is to be themselves. The horse specialist observes the horses and notes shifts, patterns, unique events and discrepancies. The role of the mental health specialist is to take the horse specialist's observations about the horses and encourage participants to reflect on a deeper, possibly more metaphorical level to encourage personal learning and growth.

2. TRAVEL ARRANGEMENTS

2.1 UP Transport

1. Make provision for time taken to travel Shumbashaba, approximately 30 minutes from Groenkloof Campus.
2. Although cars/buses will be booked in advance, it can take up to 15 minutes to release the UP car to the driver.
3. Students who travel to Shumbashaba must arrange for authorisation to drive a UP car (please liaise with Mrs Adrie van Dyk before 30 March 2014).
4. **Please note:** It is the driver's responsibility to confirm, at least 3 days in advance, that the UP car/bus has been booked and is available.
5. Students who choose to travel with their own cars, do so entirely at their own risk.

2.2 Dress code

Shumbashaba is located just outside Diepsloot on a smallholding. The work with horses takes place in the outdoors and involves standing outside in the sun for about two hours. When visiting Shumbashaba, please observe the following dress code:

- Wear comfortable clothing. Jeans with a long sleeve shirt are preferable and provide the most protection from the sun. Other comfortable slacks can also be worn.
- Shoes should be closed, and have no heels. No sandals or open-toed shoes will be permitted. A hat and sunscreen is also advisable.
- No excessive jewellery please. If you wear excessive jewellery, you will be asked to remove it and place it in your handbag prior to arrival.
- If, for any reason, you have difficulty standing for more than an hour, please let us know in advance.

4. SUPERVISION

4.1 Supervision

It is expected of each student to maintain regular contact with the supervisors, and to discuss any planning for sessions in advance. The following planning must be submitted and discussed with the supervisors in particular:

- Planning for focus groups
- Processing and debriefing observational visits
- Thematic analysis of focus groups and consultations
- Planning and structuring of six themes for parent support workshop

All planning must reflect critical engagement with the relevant literature on equine assisted psychotherapy and learning, academic literature on family resilience framework and the McMaster model of family functioning.

4.2 Main responsibilities

The **main responsibilities of students** are to:

- maintain **proper** and **effective** communication with clients and other professionals, including the supervisor, Shumbashaba staff and volunteers, Diepsloot youth.
- keep **accurate, comprehensive** records of any contact with clients, community members and other professionals.
- consider the supervisor's comments and suggestions carefully and take this into account in the planning of a session.
- **specifically** consult with the supervisor
 - Before considering referral of any client
 - Before making any recommendation with respect to a client
 - When deciding whether to accept a gift from any client
 - When considering to give a gift to any client
- **Build** and **maintain** competence by using all opportunities to receive education and training and to actively seek supervision when necessary.

4.3 Assessment

The assessment for the Shumbashaba practical will consist of two components:

- **Individual assessment:** Portfolio of personal and professional growth containing personal reflections, discussions with facilitators and other professionals, supervision reflection and debriefing sessions, self-development as a therapist, any other material reflecting your growth as a family-oriented therapist; Participation in equine assisted parent support programme and self-reflection of learning and development.
- **Group assessment:** Planning, development and implementation of the equine assisted parent support workshop. Presentation of family resilience framework and McMaster model to Shumbashaba facilitators. The primary outcome of the the practical work is the development of a family support programme in the form of a facilitator's manual.

Assessment weights

Individual	: 40
Group	: 60
Assessment mark	: 100

AFDELING / SECTION D
RURAL SCHOOL PRACTICUM: FLY / NGILANDI

VOORGESKREWE WERKE / PRESCRIBED TEXTS

Dunbar-Krige, H. & Fritz, E. 2006. *The supervision of counselors in South Africa*. Pretoria: Van Schaik Publishers.

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EKSAMEN / EXAM

- U benodig 'n subminimum jaarpunt van 40% vir eksamentoelating
- *You require a sub minimum 40% year mark for access to examination.*

ALGEMENE REËLINGS: PROSES VAN DIE LANDELIKE SKOOL PRAKTIKUM

Opvoedkundige-sielkundige assessering

Tydens die eerste besoek sal die studente beplande groeps-gebaseerde aktiwiteite implementeer ten einde Graad 9 kliënte te assesseer.

- Elke student tree op as portuur-supervisor vir 'n medestudent in die proses.
- Die doel van die assessering sal wees om (i) rapport te stig, (ii) die kliënte (leerders) in jou groep te leer ken, (iii) 'n terapie (intervensie) fokus vir die groep/individue (waar nodig) te bepaal.
- Studente word aangemoedig om alternatiewe assesserings-instrumente te ontwikkel vir bogenoemde doel *om aan te pas by eienskappe van groepwerk, kruiskulturele Sielkunde, asook lae-hulbron landelike skole.*
- Die uitkoms van die assessering is die daarstel van:
 - 'n kwadrant van bates en behoeftes vir elke kliënt (leerder) ten einde 'n opvoedkundige-sielkundige intervensie vir die groep te beplan.
 - 'n interpretasie van alle assesseringsmateriaal per kliënt (leerder).

- volledige individuele terugvoerbeplanning vir elke kliënt (leerder).
- terapiefokus vir die groep (met, waar nodig, individuele tyd vir kliënte (leerders) soos aangedui aan die hand vd assessering).

Dokumente vir assessering: Die volgende sal dien as assesseringsprodukte vir die FLY assesseringsfase:

- Studente se assesseringsbeplanning, bespreking en wysigings
- Observasie (notas en audio-visuele opnames) van studente se fasilitering van assesserings-aktiwiteite.
- Studente se refleksies.
- Portuur-supervisors se refleksies.
- Interpretasies van leerders se assesseringsprodukte.
- Studente se beplanning vir groep- en individuele terugvoer aan kliënte (leerders)

Opvoedkundige-sielkundige terapie (intervensie)

Tydens die tweede besoek sal die studente beplande groeps-gebaseerde terapie doen. Die terapie (intervensie) sal fokus op areas wat tydens die assessering geïdentifiseer is – beide in die groep, en in sekere gevalle, individueel per kliënt (leerder)

Dokumente vir assessering: Die volgende sal dien as assesseringsprodukte vir die FLY terapiefase:

- Studente se terapiebeplanning, bespreking en wysigings
- Observasie (notas en audio-visuele opnames) van studente se fasilitering van terapie-aktiwiteite
- Studente se refleksies
- Portuur-supervisors se refleksies
- Interpretasies van kliënte (leerders) se betekeniswysigings/betrokkenheid in terapie.

Prosesstappe

Januarie-Maart

- Dosent bespreek praktikum en doen eerste reëlings.
- 'n Medestudent word aan elke student toegewys vir portuur-supervisie.
- Studente werk deur 'readings' en handig refleksies in oor elke groep readings'.

Maart-Mei:

- Doen (saam met portuur-supervisor) skriftelike beplanning vir assessering deur relevante teorie innoverend te integreer vir die konteks waarbinne, en die kliënte met wie, jy gaan werk.
- Maak 'n afspraak met dosent en bespreek (saam met portuur-supervisor):
 - portuur-supervisie model;
 - assesseringsbeplanning; en
 - begrip en toepassing van readings.
- Dien navorsingstoestemmingsbrief in by dosent.
- Na afloop van die bespreking: wysig beplanning indien nodig (saam met portuur-supervisor).
- Kry alle assessering inligting, materiale en aktiwiteite in gereedheid en maak afdrukke van toestemmingsbriewe vir kliënte (leerders) en hul ouers/versorgers.
- Doen voorvermelde in konstante gesprek en refleksie met jouself, jou portuur-supervisor, klasmaats, jou tutors en jou dosent.

Mei

- Kry by opleidingseenheid kliëntleers: elke kliënt (leerder) se assesserings- en terapie materiale, asook terugvoer (beplanning, verslae) word in 'n amptelike lêer gehou vir etiese, administratiewe en professionele redes.
- Assesseringsbesoek.

Junie-Augustus

- Merk en interpreteer assesseringsmedia van elke kliënt.
- Stel tabel op met kliënte se details (Sien Bylaag K).
- Doen (saam met portuur-supervisor) skriftelike beplanning vir terapie deur relevante teorie innoverend te integreer vir die konteks waarbinne, en die kliënte met wie, jy werk.
- Maak 'n afspraak met dosent en bespreek (saam met portuur-supervisor):
 - interpretasie van media per kliënt (insluitend kwadrantkaarte);
 - individuele en groepsterugvoer;
 - terapiebeplanning; en
 - refleksie op benutting van readings in terme van eie groei.
- Na afloop van die bespreking: wysig beplanning indien nodig (saam met portuur-supervisor).
- Kry alle terugvoer- en terapie-inligting, -materiale en -aktiwiteite in gereedheid.
- Doen voorvermelde in konstante gesprek en refleksie met jouself, jou portuur-supervisor, klasmaats, jou tutors en jou dosent.

September

- Terugvoer- en terapiebesoek.

Oktober-November

- Doen (saam met portuur-supervisor) skriftelike interpretasie van kliente se betrokkenheid en betekeniswysiging (al dan nie) tydens die terugvoer en terapie.
- Maak 'n afspraak met dosent en bespreek (saam met portuur-supervisor).
- Doen voorvermelde in konstante gesprek en refleksie met jouself, jou portuur-supervisor, klasmaats, jou tutors en jou dosent.
- Inhandiging van volledige kliënte leers by dosent.

PROCESS OF THE RURAL SCHOOL PRACTICUM

Educational psychological assessment

During the first visit students will implement planned group-based activities with Grade 9 learners in terms of assessment

- *Each student acts as peer-supervisor for a fellow student during the process.*
- *The purpose of the assessment is to (i) establish rapport, (ii) get to know clients (learners) in your group, (iii) determine a therapy (intervention) focus for the group/individuals where indicated.*
- *Students are encouraged to develop alternative assessment instruments for the above purpose to suit characteristics synonymous with: groups, psychology for diversity and resource constrained, school settings.*
- *Outcomes of the assessment are:*
 - *individual quadrant maps of strengths and barriers for each client (learner) to inform therapy planning.*
 - *individual interpretation of each client's (learner's) assessment material.*
 - *Comprehensive individual feedback planning for each client (learner).*
 - *Therapy focus for the group (and, where indicated, for individual time with clients (learners) – as indicated via the assessment).*

Documents for assessment: The following will serve as assessment products for the FLY assessment phase:

- *Students' assessment planning, discussions and changes.*
- *Observation (notes and audiovisual recordings) of students facilitating assessment activities.*
- *Students' reflections.*
- *Peer-supervisors' reflections.*
- *Interpretation of clients' (learners') assessments.*
- *Students' planning of group and individual feedback to clients (learners).*

Educational psychological therapy (intervention)

- *During the second visit students will implement planned group-based intervention activities. The therapy (intervention) will focus on areas identified during the assessment – both in the group and, in certain instances, individually per client.*

Process steps

January-March

- *Lecturer discusses practicum and do first general planning a fellow student is allocated to each student for peer-supervision.*
- *Each student is allocated a peer-supervisor.*
- *Students work through 'readings' and submit reflections on each group of readings.*

March-May

- *Do (with peer-supervisor) written preparation for assessment by innovatively integrating relevant theory specific to the context within and the clients with whom you will be working.*
- *Make and appointment with the lecturer and discuss (with peer-supervisor:

 - *peer-supervision model;*
 - *assessment planning; and*
 - *understanding and application of readings.**
- *Submit research permission letter to lecturer.*
- *Subsequent to the discussion: adapt your preparation if necessary (with peer-supervisor).*
- *Prepare all your assessment information, materials & activities and photocopy informed consent documents for the clients and their parents 'caregivers'.*
- *Constantly discuss and reflect on the process with yourself, your peer-supervisor, fellow students, your tutors and your lecturer.*

May

- *Collect client files from the training unit: each client's assessment- and therapy media, as well as feedback (planning and reports), are filed officially for ethical, administrative and professional reasons.*
- *Assessment visit*

June-August

- *Score and interpret assessment media per client.*
- *Tabulate client details (see Appendix K).*
- *Do (with peer-supervisor) written preparation for feedback and therapy by innovatively integrating relevant theory specific to the context within and the clients with whom you will be working.*
- *Make and appointment with the lecturer and discuss (with peer-supervisor:

 - *interpretation of media per client (including quadrant maps);*
 - *individual and group feedback;*
 - *therapy planning; en*
 - *reflect on use of readings in terms of own professional growth.**

- *Subsequent to the discussion: adapt your preparation if necessary (with peer-supervisor).*
- *Prepare all your feedback and therapy information, materials & activities.*
- *Constantly discuss and reflect on the process with yourself, your peer-supervisor, fellow students, your tutors and your lecturer.*

September

- *Feedback and therapy visit*

October-November

- *Do (with peer-supervisor) written interpretation of clients' meaning making during the feedback and therapy.*
- *Make and appointment with the lecturer and discuss (with peer-supervisor).*
- *Constantly discuss and reflect on the process with yourself, your peer-supervisor, fellow students, your tutors and your lecturer.*
- *Submit completed client files.*

ASSESSERING EN DATUMS

Assesseringsprodukte³

Individueel deur elke student:

- Sien bespreking op vorige twee bladsye.

Kollektief deur alle studente:

- Loopbaanskou en/of (bepaal deur skool/onderwysers/leerders se behoeftes) onderwyser-gerigte opleidingsprogram **met tweede besoek** vir alle leerders by die skool.

ASSESSMENT & DATES

Assessment products⁴

Individually by each student:

- See discussion on previous two pages.

Collectively by all students

- Career expo and/or (based on school-partners' needs) teacher-directed training programme **during second visit** for all learners at the school

DOKUMENTASIE RELEVANT TOT DIE NGILANDI BESOEKE

Die volgende paar bladsye verskaf dokumente en inligting wat jy tydens die skoolgebaseerde praktikum gaan benodig:

- Gesamentlike leerooreenkoms (handig in tydens eerste beplanningsessie met die dosent) – **Aanhangsel F**
- Studente ingeligte toestemmingsbrief (handig in tydens eerste beplanningsessie met die dosent) – **Aanhangsel G**
- Modus operandi tydens Ngilandi-besoeke – **Aanhangsel H**

⁵ Verwys na Tabel 4 onder vir 'n uiteensetting van asesseringsfokusse, aktiwiteite en tydlyne

⁴ Refer to Table 4 below for an outline of assessment foci, activities and timelines

- Basiese skedule tydens Ngilandi-besoeke – **Aanhangsel I**
- Toegeligte toestemming – **Aanhangsel J**
- Ingeligte toestemming – **Aanhangsel K**
- Versorger: ingeligte toestemmingsvorm – **Aanhangsel L**
- Ngilandi Deurlopende Asseseringsvorm (lees saam met assesseringsaktiwiteite en datums en Tabel 4) – **Aanhangsel M**

RELEVANT DOCUMENTATION FOR THE NGILANDI VISITS

The following couple of pages provide you with documents and information you will need during the school-based practicum:

- *Joint learning statement – **Annexure F***
- *Student informed consent letter (submit during your first planning discussion with the lecturer) – **Annexure G***
- *Modus operandi during Ngilandi-visits – **Annexure H***
- *Basic schedule during Ngilandi-visits – **Annexure I***
- *Learners' assent form – **Annexure J***
- *Learners' consent form – **Annexure K***
- *Guardian: Informed consent form – **Annexure L***
- *Ngilandi: Continuous Assessment Form (read together with Assessment activities and dates, as well as Table 4) – **Annexure M***



AFDELING / SECTION E
KHRIB / CHRIB

Kliniek vir Hoërisikobabas (KHRIB)

- Een observasie sessie per student
- Observasie vind plaas volgens KHRIB skedule wat aan studente gekommunikeer sal word.
- 'n Kopie van die geskrewe terugvoer (vergelyk **Aanhangsel N**) tydens die observasie moet aan Dr. Bester gestuur word binne 2 dae na observasie.

Observation of Clinic for High Risk Babies (CHRIB)

- *One observation session per student.*
- *Observations will take place according to CHRIB schedule which will be communicated to the students.*
- *A duplicate of the written written report (compare **Annexure N**) completed during the observation has to be submitted to Dr. Bester within 2 days after the observation.*

ASSESSMENT FOR YEARMARK

- Written report : 80%
- Administration : 20%

AFDELING / SECTION F
DESMOND TUTU PLACE OF SAFETY WORKSHOP

WORKSHOP AND MANUAL

You should present a workshop on your “Dreadful difficulty” theme to the personnel at Desmond Tutu Place of Safety. Keep in mind to specifically focus on practical guidelines for dealing with children exposed to the specific trauma/who are experiencing the specific problem; or practical guidelines that can assist the caregivers to enhance the wellbeing of the children. For this purpose, you should compile a short manual to hand out to the personnel at Desmond Tutu Place of Safety. Information should be more practical in nature and be written on in an accessible way. You may include work sheets if you prefer to do so. Presentations will take place on Tuesday/ Wednesday mornings between 09:00 and 11:00. You have 1-2 hours available for your presentation.

OUTLINE OF ASSIGNMENT (PLANNING OF WORKSHOP, PRESENTATION, HANDOUT, EVALUATION)

- Outline of structure/ planning of the workshop – send email with outline 1 week beforehand to carien.lubbe@up.ac.za
- Presentation of workshop itself
- Brief manual/ hand-outs
- Evaluation: by the participants themselves and your own evaluation of the outcomes of the workshop

ASSESSMENT GUIDELINE

- | | | |
|-----------------------------|---|----|
| • Outline/ planning | - | 10 |
| • Presentation of workshop | - | 40 |
| • Short manual | - | 10 |
| • Evaluation (self & staff) | - | 10 |
| TOTAL POSSIBLE MARK: | | 70 |

Assessment will be based on the criteria as stipulated in the assessment rubric (compare **Annexure Q**).

**AFDELING / SECTION G
ETIEK / ETHICS**

ICD-10 CODING

A. Learning outcome

Students are expected to acquire the following learning outcome: The ability to demonstrate knowledge regarding the INTERNATIONAL CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS – 10TH REVISION (ICD 10).

B. Learning experience

Experience will be gained in the following areas:

- Clinical coding
- History of coding
- ICD-10 coding in South Africa
- Benefits of coding
- Coding issues pertinent to psychologists
- Principles of ICD-10 coding
- ICD-10 & DSM IV-TR
- Structure of ICD-10 codes
- Case examples
- Tariffs update
- Compulsory sources

C. Compulsory sources

1. Class notes (See: BOP Study Guide).
2. American Psychiatric Association (APA). (2000). *Diagnostic and statistical manual of mental disorders DSM-IV-TR* (4th edition). New York: APA.

D. Assignments

1. Read Case studies 1-6 carefully and provide suitable ICD-10 codes for use in statements.
2. Elaborate on the need to use ICD-10 coding in one's private practice.
3. Indicate how you would go about explaining the ICD-10 procedure to parents.

E. Total number of hours:

Lectures: 3 hours

Practical work: 3 hours

Self-study: 3 hours

DSM-IV-TR CLASSIFICATION

A. Learning outcome

Students are expected to acquire the following learning outcome: The ability to explain the application of the DSM-IV-TR classification in the career-counselling process.

B. Learning experience

Experience will be gained in the following areas:

- DSM-IV classification: general overview
- Multiaxial assessment
- Disorders usually first diagnosed in infancy, childhood, or adolescence
- Delirium, dementia and amnesic and other cognitive disorders
- Mental disorders due to a general medical condition
- Substance-related disorders, schizophrenia and other psychotic disorders
- Mood, anxiety, somatoform, factitious, dissociative, sexual and gender identity disorders
- Eating and sleep disorders
- Impulse-control disorders not elsewhere classified
- Adjustment and personality disorders
- Other conditions that may be the focus of clinical attention
- Additional codes

C. Compulsory sources

- a. Class notes (See: BOP Study Guide).
- b. American Psychiatric Association (APA). (2000). *Diagnostic and statistical manual of mental disorders DSM-IV-TR* (4th edition). New York: APA.

D. Assignments

1. Peruse the case studies (separate booklet) and explain how you would record the results of a DSM-IV multiaxial evaluation for each case.
2. Elaborate on the need to use DSM-IV-TR CLASSIFICATION in one's private practice
3. Apply the theory of DSM-IV-TR™ CLASSIFICATION in your BOP assessments.

E. Total number of hours

Lectures: 6 hours

Practical work: 6 hours

Self-study: 6 hours

THE ROLE OF ETHICS IN YOUR EDUCATIONAL PSYCHOLOGY PRACTICE

A. Learning outcome

Students are expected to acquire the following learning outcome: The ability to demonstrate knowledge regarding the application of (theoretical) ethical concepts in your practice as an educational psychologist and its purpose.

B. Learning experience

Experience will be gained in the following areas:

1. Professional competence
2. Professional relations
3. Privacy, confidentiality and records
4. Fees and financial arrangements
5. Assessment activities
6. Therapeutic activities
7. Psycho-legal activities
8. Advertising and other public statement activities
9. Teaching, training and supervision
10. Research and publication
11. Resolving ethical issues

C. Compulsory sources

Study the following documents:

- 1.1 Employment Equity Act, No 55 of 1998
- 1.2 Code of Practice for Psychological and Other Similar Assessment in the Workplace
- 1.3 HPCSA Policy document on Undesirable Business Practices (as at 22 Sept 2005)
- 1.4 HPCSA Form 208 – Policy on the classification of psychometric measuring devices, instruments, methods and techniques
- 1.5 Bill of Rights
- 1.6 Health professions act, No 56 of 1974 – regulation defining the scope of practitioners of the profession of psychology
- 1.7.1 Rules of conduct pertaining specifically to the profession of psychology
- 2.1 Class notes (See: BOP Study Guide).
- 2.2 Health Professions Council of SA. (2004). Various documents (See: BOP Study Guide).

D. Assignments

1. Elaborate your understanding of ethics in concepts in your practice as an educational psychologist and its purpose.
2. See: BOP Study guide

E. Total number of hours:

Lectures:	6 hours
Practical work:	6 hours
Self-study:	18 hours

ANNEXURES A – Q

EVALUATION OF TRIAL ASSESSMENT

Date	
Student	
Assessor	

CRITERIA FOR ASSESSMENT OF TRIAL ASSESSMENT

- 5 = Excellent
 - 4 = Minor errors occurred
 - 3 = More serious errors on some subtests
 - 2 = More serious errors on most subtests
 - 1 = Serious errors with instructions
- A score of 3 on a test requires a re-exam on the specific test
A score of less than 70% requires a re-trial

1.	ORGANISATIONAL SKILLS	5	4	3	2	1		<input type="text"/>
2.	TESTS (Administration – Instructions and Handling of material)							
	_____	5	4	3	2	1	X2	<input type="text"/>
	_____	5	4	3	2	1	X2	<input type="text"/>
	_____	5	4	3	2	1		<input type="text"/>
	_____	5	4	3	2	1		<input type="text"/>
	_____	5	4	3	2	1		<input type="text"/>
3.	KNOWLEDGE OF STRUCTURE OF TEST	5	4	3	2	1		<input type="text"/>
4.	INTERACTION WITH “CLIENT”	5	4	3	2	1		<input type="text"/>

TOTAL: _____ **PERCENTAGE:** _____

COMMENTS:

**Lys van psigometrie en ander media vir proefondersoeke
2014**

Senior Suid-Afrikaanse Individuele Skaal Hersien (SSAIS-R)
Junior Suid-Afrikaanse Individuele Skaal (JSAIS)
Individuele Skaal vir Algemene Skolastiese Aanleg (ISASA)
Kognitiewe Beheer Battery van Santostefano (KBB)
Cognitive Assessment System (CAS)
Grover Counter Scale (GCS)
Paper and Pencil Games (Afrikaans)
Wisconsin Card Sorting Test
Scenotest van Von Staabs
Tematiese Appersepsie Toets (TAT)
Childrens Apperception Test (CAT)
Bar-Ilan
Roberts -II
Beery Toets vir Visueel-Motoriese Integrasie
Bender Gestalt
Family Relations-Bene and Anthony
Quick Neurologiese Siftingstoets
Pendulum (ouditiewe persepsie) – Analise en Sintese
Visuele Diskriminasie Toets (UP)
Informeel Diagnostiese Wiskunde-Evaluering
ESSI Lees- en Speltoets
Neale Analysis of Reading Ability Revised
VASSI Wiskunde Vaardigheidstoets
Diagnostiese Leestoets (Individuele Lees) Afrikaans Eerste Taal – RGN
Aanvangsevalueringstoets in Wiskunde (RGN)
Grafiese media (mens-, gesin- en boomtekeninge)
Düss Fabels
Rötter-tipe onvoltooide sinne (UP)
Skoolgereedheid UP
Aanlegtoets vir Skoolbeginners (ASB)
Differensiële Aanlegtoets (DAT)
Algemene Skolastiese Aanlegtoets (ASAT)
SORT
16-Persoonlikheidsfaktorvraelys (16PF)
Jung-persoonlikheidsvraelys (JPV)
Hoërskoolpersoonlikheidsvraelys (HSPV)
Persoonlikheidsvraelys vir Kinders (PVK)
Waardeskaal (WS)
Career Interest Profile (CIP)
My System of Career Influences
Lewensrolvraelys
Loopbaanontwikkelingsvraelys
Selfondersoek-vraelys (SOV)
Rothwell-Miller Belangstellingsvraelys
Suid-Afrikaanse Beroepsbelangstellingsvraelys (SABBV)
Opname van Studiegewoontes en –houdings (OSGH)
Studie-Oriëntasievraelys in Wiskunde (SOW)



**List of psychometry and other media for the trial exam
2014**

Senior South-African Individual Scale – Revised (SSAIS-R)
Junior South-African Individual Scale (JSAIS)
Individual Scale for General Scholastic Aptitude (ISGSA)
Cognitive Control Battery (CCB)
Cognitive Assessment System (CAS)
Grover Counter Scale (GCS)
Paper and Pencil Games
Wisconsin Card Sorting Test
Scenotest Von Staabs
Thematic Apperception Test (TAT)
Childrens Apperception Test (CAT)
Bar-Ilan
Roberts -II
Beery test for Visual-Motor Integration
Bender Gestalt
Family Relations - Bene and Anthony
Quick Neurological Screening Test
Pendulum – Test for Auditory Perception
UP Visual Discrimination Test
ESSI Reading and Spelling Test
Neale Analysis of Reading Ability Revised
VASSI Mathematics Proficiency Test
Projective Media (DAP, KFD, Tree drawings)
Düss Fables
UP Incomplete Sentences
UP School Readiness Test
Aptitude Test for School Beginners
Differential Aptitude Tests
Structured-Objective Rorschach Test (SORT)
Sixteen Personality Factor Questionnaire (16PF)
Jung Personality Questionnaire
High School Personality Questionnaire (HSPQ)
Children’s Personality Questionnaire
Value Scale (VS)
Career Interest Profile (CIP)
My System of Career Influences
Life Role Inventory
Career Development Questionnaire
Self-Directed Search Questionnaire (SDS)
Rothwell-Miller Interest Blank (RMIB)
South African Vocational Interest Inventory (SAVII)
Survey of Study Habits and Attitudes (SSHA)
Study-orientation: Maths Questionnaire (SOM)

Annexure C

<p>M ED (EDUCATIONAL PSYCHOLOGY) INDIVIDUAL CASE STUDIES EVALUATION FORM ASSESSMENT</p>
--

STUDENT _____

CLIENT _____

	POSSIBLE MARK	MARK OBTAINED
ASSESSMENT		
Relationship with parents and child	5	
Selection and application of media	10	
Coverage of problem (including consultation with other role players and obtaining collateral data in the form of other reports and/or schoolwork)	10	
Notation and interpretation of media (scoring procedures, summary of assessment findings per medium, tables of meaning, genogram, organogram, qualitative analysis of media, cross verification of results and meanings)	15	
Research relevant to the case	10	
REPORT		
Problem statement	5	
Relevant background	10	
Intellectual image or aptitude	10	
Emotional image and or personality profile	10	
Explanation	10	
Recommendations	10	
Diagnosis (substantiated with DSM criteria and ICD 10)	5	
Scientific nature of report (length, comprehensiveness, language, technical layout and editing)	10	
PROFESSIONAL CONDUCT		
Conduct towards the client (facilitating the appointments, keeping the client up to date on the progress of the case, managing the clients anxiety, arranging timely feedback and a written report)	10	
Conduct towards supervisor and staff at the Training Facility (facilitating the appointments, keeping the supervisor and staff at the Facility up to date on the progress of the case, management of case presentation)	15	
Reflection during supervision on ethical issues relating to the case (making reference to the specific ethical rules that are applicable to this specific case)	15	
TOTAL	150	

Assessor _____ Percentage _____



Annexure D

**M ED (EDUCATIONAL PSYCHOLOGY)
INDIVIDUAL CASE STUDIES EVALUATION FORM
THERAPY**

STUDENT _____

CLIENT _____

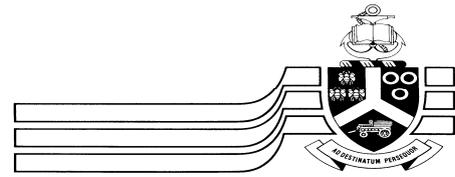
THERAPEUTIC INTERVENTION	POSSIBLE MARK	MARK OBTAINED
Planning and preparation	20	
Session process (based on a sample of sessions: session planning, session evaluation)	20	
Relationship with parents and child	10	
Selection of therapeutic approach	15	
Realisation of objectives	10	
Outcomes of therapeutic intervention	15	
Reflection	10	
TOTAL	100	

Assessors _____

Percentage _____

ANNEXURE E

SHUMBASHABA ASSESSMENT RUBRIC (To be communicated during first lecture)



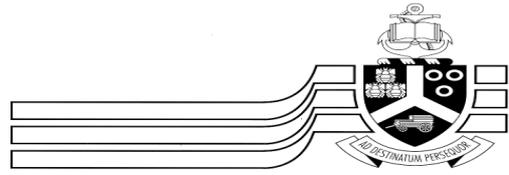
EDUCATIONAL PSYCHOLOGY

Joint Learning Statement

Student:		Supervisor	
Period of supervision		To:	Date of JLS:
Range and approximate number of clients/activities:			
Variety of client problems/issues dealt with:			
Main themes and issues covered in supervision:			
Ability of student to translate learning into practice:			
Ability of student to reflect upon, monitor and evaluate own practice:			
Particular strengths and areas of expertise:			
Limitations, weaknesses and areas for further development:			
Evaluation of the supervision experience:			
The intern's short- and longer term objectives for further development and consolidation of learning:			
Statement by student indicating student's fitness to practice:			
Statement by the supervisor indicated student's fitness to practice:			
Areas of disagreement which cannot be resolved by student and supervisor:			
Student's signature:		Supervisor's signature:	



ANNEXURE G



Universiteit van Pretoria

PERMISSION FOR USE OF RESEARCH DATA

I hereby grant permission for the data generated by myself in the FLY / Ngilandi School Procticum to be used for the purposes of research. I understand that I can withdraw this permission at any time, should I wish to do so. I also understand that all data will be used anonymously, in order to protect my own identity, as well as the identities of the learners/families in my group. Your research contribution will be acknowledged in publications, and where relevant your authorship will be included.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

MODUS OPERANDI DURING NGILANDI VISITS

Prof L Ebersöhn
MEd (Educational Psychology)

1. Procedure during the visit.

We will be away for two evenings.

We will spend two days at the school (Day 1 – 9:00-13:30; and Day 2 – 9:00-13:30).

Our clients are grade 9 learners, and we also partner with teachers.

2. Travel and accommodation

Prof Ebersöhn's project funds will carry the cost of travel, accommodation and food.

Two students will be drivers – please liaise with mrss Adrie van Dyk (012-4203751) and Marina Malan (012-4205508) for coordination.

3. Meals

Students will be responsible for the buying, planning, supply and preparation of all their meals.

Please remember to plan for snacks for the learners with whom you will be meeting in your group.

These costs will be carried by Prof Ebersöhn's project funds.

The class representative can coordinate with her in this regard.

4. Protocol

Remember to plan for and take a gift for each visit (thus, 2 gifts) to thank the principal and the school for the opportunity to partner with them.

5. Ethics

Each client has to complete an assent / consent form (depending on their age – over 18 years = consent) for the educational psychological services.

See the attached forms which you have to use.

You also have to request the parents/ caregivers of clients for their informed consent for the educational psychological services.

Each student also has to complete a form consenting to participating in this project – see your study guide.

I recommend that you plan for this process as the first session with the learners on the first day.

ANNEXURE I

Each student is required to complete the following table with details of clients in their group.

FLY-Client Details

Student name:					
Year:					
Name	Age	Gender	Grade	Home language	Id-nr

Basic schedule for Ngilandi-visits

Please note: Times are merely estimates, except for departure times which will be strictly adhered to.

Day 1	
12:00	Depart from Groenkloof campus.
	Halfway stop to stretch legs – snack (buy something or take your own).
16:00	Arrive at accommodation.
18:00	Briefing session – refer to your readings to prepare.
Day 2	
	Breakfast.
8:00	Depart to school.
9:00	Arrival at school. Meet educators, principal.
9:30-13:30	Activity sessions with learners. Gift to principal. Meeting with educators.
13:30-14:30	Time for reflection....
14:30	Return to accommodation and reflect individually and with peer-supervisors.
18:00	Debriefing session - refer to your readings to prepare..
Day 3 -	
	Breakfast.
8:00	Depart to school.
9:00	Arrival at school. Meeting with educators.
9:30-13:30	Activity sessions with learners. Meeting with educators.
14:00	Depart for Pretoria.
17:30	Back in Pretoria.

**Learner's Assent for participating in a Research Study
A research project of the University of Pretoria**

Project Title: Flourishing Learning Youth

To be read to children under the age of 18 years

Why am I here?

Sometimes when we want to find out something, we ask people to join something called a project. In this project we will want to ask you about yourself and we will ask you to participate in activities focused on your own development and learning. Before we ask you to be part of this study we want to tell you about it first.

This study will give us a chance to see how we, together with your school and teachers, can help you address career and learning challenges that you may have here at school. We also want to help you gain some skills in your learning here at school so that you can be better equipped to support yourself during your education and after leaving school. We are asking you to be in this study because your parents/guardians have agreed that you can be part of our study.

What will happen to me?

If you want to be part of our study you will spend some time with us answering some questions and participating in some activities. This will be done at 2 different times when we come to your school this year – once some time soon then again for a second visit later on in the year. The questions and activities will be about you and your career development and learning. There are no right or wrong answers, only what you feel is best. You will also be asked to join some other children in a group, just like at school, except this time it would be playing games and talking.

If you agree, we would like to take photographs and audiovisual footage of you during some of the project activities. People will be able to see your face and hear your voice if we decide to show the images during discussions, as well as reports we write about the project. However, we will not tell anyone your name.

Will the project hurt?

No, the project will not hurt. The questions and activities can take a long time but you can take a break if you are feeling tired or if you don't want to answer all the questions at one time. If you don't want to answer a question, or participate in an activity, you don't need to. All of your answers will be kept private. No one, not even someone in your family or your teachers will be told your answers.

Will the study help me?

We hope this study will help you feel good about yourself and learn more about yourself and what you can do in school and one day when you want a job or career, but we don't know if this will happen.

What if I have any questions?

You can ask any questions you have about the study. If you have questions later that you don't think of now you can phone Prof Liesel Ebersöhn at 012 420 2337 or you can ask us next time we come to visit you here at your school.

Do my parents/guardians know about this project?

This study was explained to your parents/guardians and they said you could be part of the study if you want to. You can talk this over with them before you decide if you want to be in the study or not.

Do I have to be in the project?

You do not have to be in this project. No one will be upset if you don't want to do this. If you don't want to be in the project, you just have to tell us. You can say yes no and if you change your mind later you don't have to be part of the project anymore. It's up to you.

(a) Writing your name on this page means that you agree to be in the project and that you know what will happen to you in this study. If you decide to quit the project all you have to do is tell the person in charge.

Signature of Client

Date

Signature of Student

Date

(b) Writing your name here means that you agree that we can take photographs and audiovisual footage of you during the project and share these images during discussions, as well as reports we write about the project. We will not share your name with the people who see the images. If you decide that we should rather not take photographs or audiovisual footage of you in the project, all you have to do is tell the person in charge.

Signature of Client

Date

Signature of Student

Date

If you have any further questions about this study, you can phone the investigator, Prof Liesel Ebersöhn at 012 420 2337. If you have a question about your rights as a participant you can contact the University of Pretoria faculty of Education Ethics Committee at 012 420 3751.

Learner's Consent for participating in a Research Study
A research project of the University of Pretoria

Project Title: Flourishing Learning Youth

To be read to children over the age of 18 years

Why am I here?

Sometimes when we want to find out something, we ask people to join something called a project. In this project we will want to ask you about yourself and we will ask you to participate in activities focused on your own development and learning. Before we ask you to be part of this study we want to tell you about it first.

This study will give us a chance to see how we, together with your school and teachers, can help you address career and learning challenges that you may have here at school. We also want to help you gain some skills in your learning here at school so that you can be better equipped to support yourself during your education and after leaving school. We are asking you to be in this study because your parents/guardians have agreed that you can be part of our study.

What will happen to me?

If you want to be part of our study you will spend some time with us answering some questions and participating in some activities. This will be done at 2 different times when we come to your school this year – once some time soon then again for a second visit later on in the year. The questions and activities will be about you and your career development and learning. There are no right or wrong answers, only what you feel is best. You will also be asked to join some other children in a group, just like at school, except this time it would be playing games and talking.

If you agree, we would like to take photographs and audiovisual footage of you during some of the project activities. People will be able to see your face and hear your voice if we decide to show the images during discussions, as well as reports we write about the project. However, we will not tell anyone your name.

Will the project hurt?

No, the project will not hurt. The questions and activities can take a long time but you can take a break if you are feeling tired or if you don't want to answer all the questions at one time. If you don't want to answer a question, or participate in an activity, you don't need to. All of your answers will be kept private. No one, not even someone in your family or your teachers will be told your answers.

Will the study help me?

We hope this study will help you feel good about yourself and learn more about yourself and what you can do in school and one day when you want a job or career, but we don't know if this will happen.

What if I have any questions?

You can ask any questions you have about the study. If you have questions later that you don't think of now you can phone Prof Liesel Ebersöhn at 012 420 2337 or you can ask us next time we come to visit you here at your school.

Do my parents/guardians know about this project?

This study was explained to your parents/guardians and they said you could be part of the study if you want to. You can talk this over with them before you decide if you want to be in the study or not.

Do I have to be in the project?

You do not have to be in this project. No one will be upset if you don't want to do this. If you don't want to be in the project, you just have to tell us. You can say yes no and if you change your mind later you don't have to be part of the project anymore. It's up to you.

(a) Writing your name on this page means that you agree to be in the project and that you know what will happen to you in this study. If you decide to quit the project all you have to do is tell the person in charge.



Signature of Client

Date

Signature of Student

Date

(b) Writing your name here means that you agree that we can take photographs and audiovisual footage of you during the project and share these images during discussions, as well as reports we write about the project. We will not share your name with the people who see the images. If you decide that we should rather not take photographs or audiovisual footage of you in the project, all you have to do is tell the person in charge.

Signature of Client

Date

Signature of Student

Date

If you have any further questions about this study, you can phone the investigator, Prof Liesel Ebersöhn at 012 420 2337. If you have a question about your rights as a participant you can contact the University of Pretoria, Faculty of Education Ethics Committee at 012 420 3751.

**Parent/Guardian consent for participation of a minor in a Research Study
A research project of the University of Pretoria**

Project Title: Flourishing Learning Youth

Invitation to participate

We would like to invite your child to participate in a research study. In order to decide whether or not to participate in the research study you should know enough about the study and its risks and benefits to be able to make an informed decision. Once you understand what the study is about you can decide if you want your child to take part in the study. If so, you will be asked to sign this consent form, giving your child permission to be in the study.

Description of the research

The purpose of this project is to help identify your child's strengths and resources to help support them in their learning at school and in planning a career. The study will also try to help the child deal with daily challenges in their life and identify their own strengths as well as the resources that exist in their environment that could help benefit them in their learning and career planning and development. The study also aims to teach the child new skills that will help them in their learning at school and for planning a career in the future. The name we use for this is Career and learning development intervention: Skills transference for learners.

If you want your child to be part of our study he/she will spend some time with us answering some questions. This will be done at 2 different times when we come to the school this year – once some time soon then again for a second visit later on in the year. The questions will be about the child and his/her learning is here at school. There are no right or wrong answers, only what the child feels is best. The child may also be asked to join some other children in a group, just like at school, except this time it would be playing games and talking.

Risks and Inconveniences

We do not see any risks for your child participating in this study. If any problems do arise we will speak to the child and make sure he/she understands what is going on and feels comfortable to continue in the study. The identity of the child will no be revealed to anyone and any information that we get from the study will be kept private.

Confidentiality

All of the information that we get from the study will be kept strictly confidential and will only be available to the research team. No information will be shared with anyone else. The only exception is if there us a serious problem about the safety of the child or any other person in which case we are required to inform the appropriate agency. If such a concern arises we will make every effort to discuss the matter with you before taking any action. Please note that none of the questions in this study are designed to collect information that will require us to contact anyone. All the information we get from the study will be stored in locked files in research offices at the University of Pretoria.

Because confidentiality is important we would expect that any information you provide is also private and that you would not discuss this information with anyone.

Benefits

We hope this study will benefit your child and his/her learning at school and also contribute towards the development of his/her career one day but we cannot guarantee this. There are no financial benefits to this study.

What are the rights of the participants in this study?

Participation in this study is purely voluntary and both the parents/guardians as well as the child may refuse to take part in the study or stop at any time without giving any reason. If the child decides not to participate or wants to stop taking part in the study after they said yes, this will not affect you or the child in any way.

Has this study received ethical approval?

This study has been approved by the Health Sciences Ethics Committee of the University of Pretoria.

Questions

Please feel free to ask about anything you don't understand and take as long as you feel necessary before you make a decision about whether or not you want to give permission for your child to take part in the study. If you have questions later that you don't think of now you can phone Prof Liesel Ebersöhn, at 012 420 2337 or you can ask us next time we come to visit the school.

Informed consent

I hereby confirm that I have been informed about the nature, conduct, risks and benefits of this study. I have also read or have had someone read to me the above information regarding this study and that I understand the information that has been given to me. I am aware that the results and information about this study will be processed anonymously. I may, at any stage, without prejudice, withdraw my consent for the child to participate in this study. I have had sufficient opportunity to ask questions and (of my own free will) declare that the child may participate in this study.

Name: _____ (Please print)

Signature: _____ Date _____

I, herewith confirm that the above person has been informed fully about the nature, conduct and risks of the above study.

Student's name _____ (Please print)

Student's signature _____ Date: _____

If you have any further questions about this study, you can phone the investigator, Prof Liesel Ebersöhn at 012 420 2337. If you have a question about your rights as a participant you can contact the University of Pretoria Health Sciences Ethics Committee at 012 339 8612

Ngilandi intervention (Continuous Assessment Form)

Naam / Name:

Planning & preparation (25)	
Goals / doelwitte	<ul style="list-style-type: none"> Aligned with outcomes of assessment visit / korreleer met uitkomste v assesserinbgsbesoek Dynamically adapted based on tentamens / dianmies aangepas volgens tentamens Theory-practice integration / teorie-praktyk integrasie Viability / haalbaarheid Cross-cultural psychology, social justice framework, rural education and educational psychology, resource-scarce settings, asset-based approach, positive psychology, postmoderns approaches / bategebaseerde benadering, positiewe sielkunde, postmoderne benadering
Strategies / strategieë	<ul style="list-style-type: none"> In line with diversity variables (child, teacher, group, context) / in lyn met diversiteits-veranderlikes (kind / onderwyser, groep, konteks) Timeframe: synchronised & sequenced / tydsraam: synchronisering en opvolging
Preparation / Voorbereiding	<ul style="list-style-type: none"> Relevance of activities (i.t.o. abilities, resources & barriers, gender, age, etc) / geskiktheid v aktiwiteite (i.t.v. vermoëns, bates & struikelblokke, geslagm ouderdom, ens) Relevance of item volume & nature (number of activities, questions, reading, writing, talking) / geskiktheid en volume v items (hoeveelheid aktiwiteite, vrae, lees, skryf, praat)
Preparation for learning / Leergereedmaking	<ul style="list-style-type: none"> Preliminary (prior) moments – integrated / voorwaardelike (voorafgaande) momernte – geïntegreerd Therapeutic moments / terapeutiese momente Nature and interest value of activities / content / aard en interessantheidswaarde v aktiwiteite, inhoude
Application activities / Funksonaliseringstake	During the session & homework / tydens sessie en tuiswerk
Practice - sessions / Praktyk - sessies (60)	
Intervention dynamics / Intervensiedinamieke	<ul style="list-style-type: none"> Insight into own approach / perspective / insig in eie benadering / perspektief Initiative: execution of preparation, harmonized nature of functioning / Inisiatief: uitvoering v voorbereiding, harmoniërende aard v optrede Engagement with client: accommodate and follow-up re. Client's inputs / Rewsonans met kliënt: akkomodering en opvolg v kliënt se insette Holistic intervention & support (aff, cogn, norm, connotative) / Holistiese begeleiding (aff, kogn, norm, konatief) managing 'mistakes' / hantering v 'foute' Communication & managing re teachers & co-facilitators / kommunikasie en bestuur i.t.v. onderwysers & mede-fasiliteerders
Documentation / Dokumentering	<ul style="list-style-type: none"> Observations / observasies Explanations & evaluation / verklaring & evaluering Metacognition & meta-affect / metakognisie en meta-afek Adapting for following sessions / aanpassing vir volgende sessies
Networking / Skakeling (15)	
Cross-cultural psychology, rurality, asset-based approach / bategebaseerde benadering	<ul style="list-style-type: none"> Stakeholders within school (caregivers, teachers, SGB, etc) / Rolspelers id skool (versorgers, onderwysers, leiers, etc) Stakeholders outside the school / rolspelers buite die skool Stakeholders within your scope of practice / rolspelers binne jou praktykrykwydte

**DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
UNIVERSITY OF PRETORIA
CHRIB ASSESSMENT**

Identifying Information:

Name of Client:

Date of Assessment:

Birth date:

Age :

Background information

	Current level of functioning
<i>Physical Development</i>	
<i>Intellectual Development</i>	
<i>Language Development</i>	
<i>Social Development</i>	
<i>Emotional Development</i>	

Development

Family dynamic during session

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Other comments:

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Recommendations:

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Dr. S.E. Bester
Supervisor

Assessor

Plagiaatvoorkomingsbeleid /Plagiarism Prevention Policy

Bestudeer en implementeer die Plagiaatvoorkomingsbeleid [S 4726/09 (amended) (amended 2010)]/ Study and implement the Plagiarism Prevention Policy [S 4726/09 (amended) (amended 2010)]:

<http://www.up.ac.za/intra/web/en/services/registrar>

In die verband rig ek u aandag spesifiek op die volgende / In this regard I draw your attention especially to the following:

Die 'Verklaring van oorspronklikheid'-dokument (p27 in bg beleid) moet elke werkstuk vergesel / The Declaration of Originality document (p27 in above policy) should accompany all your assignments

Die vorm vir die 'Aanmeld van Plagiaatinsidente (p28 in bg beleid) / The form for 'Reporting Plagiarism Incidents' (p28in above policy)

Die Plagiaatstrafskaal (p29 in bg beleid)/ The Plagiarism Penalty Scale (p29 in above policy).



NAME OF CANDIDATE: _____ ADAPTED BY SUZANNE BESTER, PHD FROM ODH 874 EVALUATION FORM COMPILED BY IRMA ELOFF, PHD - BASED ON Skawinski S.F. & Thibodeau S.J. (2002) and Meeus W., van Petegem P & Engels N 2006
M ED PORTFOLIO RUBRIC: FINAL EXAMINATION 2011 EXAMINER: _____

<p>PRODUCT →</p> <p>PROCESS →</p> <p>FINAL MARK:</p>	<p>LEVEL 1</p> <ul style="list-style-type: none"> Minimal degree of justified presentation of a chronicle of activities Poor demonstration of theory practice integration Insufficient activities included to demonstrate development as educational psychologist in training Little effort in design and organisation 	<p>LEVEL 2</p> <ul style="list-style-type: none"> Moderate degree of justification and presentation of a chronicle of activities Theory practice integration incomplete and inconsistent Some activities are included that demonstrates development as educational psychologist in training Some effort in design and organisation 	<p>LEVEL 3</p> <ul style="list-style-type: none"> Acceptable justification and presentation of a chronicle of activities Shows an acceptable degree of theory practice integration An acceptable variety of activities are included that clearly demonstrates the development as educational psychologist in training Well designed and organised 	<p>LEVEL 4</p> <ul style="list-style-type: none"> Clear and justified presentation of a comprehensive chronicle of activities Clearly demonstrates theory practice integration A variety of activities are included that clearly demonstrates development as educational psychologist in training Very well designed and organised
<p>LEVEL 1</p> <ul style="list-style-type: none"> Incoherent ability to reflectively monitor, adapt and evaluate development as educational psychologist Poor process reflection, theory practice reflection and self reflection Indicates very little or no explanation of learning and growth as a potential educational psychologist Poorly written 	<p>BELOW 45 %</p>	<p>45% - 49%</p>		
<p>LEVEL 2</p> <ul style="list-style-type: none"> Incomplete and inconsistent ability to reflectively monitor, adapt and evaluate development as educational psychologist Shows some process of reflection, theory practice reflection and self reflection Shows some developed explanation of learning and growth as a potential educational psychologist Quality of writing is inconsistent 	<p>45% - 49%</p>	<p>50% - 59%</p>	<p>60% - 69%</p>	
<p>LEVEL 3</p> <ul style="list-style-type: none"> Demonstrates a coherent ability to reflectively monitor, adapt and evaluate development as educational psychologist Shows acceptable process reflection, theory practice reflection and self reflection Shows acceptable explanation of learning and growth as a potential educational psychologist Well written 		<p>55% - 64%</p>	<p>65% - 74%</p>	<p>75% - 80%</p>
<p>LEVEL 4</p> <ul style="list-style-type: none"> Demonstrated an exceptional ability to reflectively monitor, adapt and evaluate development as educational psychologist Exceptional process reflection, theory practice reflection and self reflection Indicates a very thoughtful and serious consideration for learning and growth as a potential educational psychologist Exceptionally well written 			<p>75% - 80%</p>	<p>80% - 100%</p>

ANNEXURE Q

DESMOND TUTU PLACE OF SAFETY WORKSHOPS

DATE	THEME	PRESENTERS
		1 2

INFORMATION

Coordinator at facility: **Ms Maureen Skhosana**

Address: **Desmond Tutu Place of Safety**
162 Tolbosstreet
Pretoria North
012 546 0640