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# CHILD AND ADOLESCENT SERVICES GUIDE

## Index

# 1. Child and Adolescent Problems

## Glossary of terms

*"Child":* According to the Children's Act 38 of 2005, a child means any person under the age of 18 years. Thus for the purposes of this document, any reference to child or children refers to a person under the age of 18.

## Developmental and adjustment problems

Sometimes children's feelings, thoughts and behaviours interfere with a sense of well-being and capacity for emotional, social and intellectual development. If these problems do not resolve with time and with support from parents, teachers or friends, then professional assistance can be effective. Childhood is the most influential time in a person's life and professional advice can play an essential role in promoting adjustment and development. We assist with helping children develop and adjust optimally.

### *What is adjustment difficulty?*

Adjustment difficulty refers to the difficulty a child might have in adjusting to an identifiable stressor. These commonly include school problems, family problems or issues around identity. The stress response may be linked to a single event such as parental divorce or remarriage, school transitions or multiple events. Stressors may be recurrent events such as a child witnessing parents constantly fighting or continuous such as living in a crime-ridden neighborhood. Factors that influence how well a child reacts to stress may include social skills, intelligence, genetics, coping strategies and availability of social support. Severe adjustment difficulty may result in an adjustment disorder, which is an abnormal and excessive reaction to an identifiable life stressor. The reaction is more severe than would normally be expected and can result in significant impairment in family, social or academic functioning.

### *What is abnormal development?*

Defining abnormal development involves agreement on particular patterns of "normal" behavioural, cognitive and physical development. Development is divided into three domains: physical, cognitive and emotional-social. Each domain influences and is influenced by the other domains.

Developmental pathways help to describe the course and nature of normal and abnormal development. A developmental pathway refers to the sequence and timing of development and highlights the known and suspected relationships of development over time. It helps us to understand the course and nature of normal and abnormal development. Terms used to describe abnormal development are meant to define behaviour and understand behaviour, not to be used as labels to describe people.

Developmental delay refers to the failure to attain the appropriate developmental milestones for a child's age. In terms of normal development principles, development is a continuous process, the sequence is the same but the rate varies between children, the sequence is set in each field but each

field is not necessarily parallel and development is related to the rate of maturation of the Central Nervous System (CNS). There is no strict line between normal and abnormal development.

Developmental disability refers to difficulty seeing, hearing, walking, writing, conceptualising, communicating or performing any other activity within the normal range of children for their age. These disabilities may be diagnosed within a spectrum of neurodevelopmental disorders:

- **Intellectual disability** characterised by deficits in general mental abilities such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning and learning from experience.
- **Communication disorders** including Language Disorder, Speech Sound Disorder, Social-Communication Disorder and Childhood-Onset Fluency Disorder (stuttering).
- **Autism Spectrum Disorder (ASD)** characterised by persistent deficits in social communication and social interaction and restricted, repetitive patterns of behaviour, interests or activities.
- **Attention Deficit Hyperactivity Disorder (ADHD)** defined by levels of inattention, disorganisation and/or hyperactivity-impulsivity that impairs functioning.
- **Motor disorders** include Developmental Coordination Disorder, Stereotypical Movement Disorder and Tic Disorders.
- **Specific Learning Disorder** refers to ongoing problems in one of three areas, reading, writing and math, which are foundational to one's ability to learn.

***What are stages of development?***

Development is often discussed within distinct developmental stages. These stages are listed below:

- **Prenatal:** from conception to birth. The most rapid period of change.
- **Infancy and toddlerhood:** from birth to 2 years. Dramatic changes in the body and brain that support the emergence of a wide array of motor, perceptual and intellectual capacities occurs; the beginnings of language and first intimate ties to others. Infancy spans the first year, and toddlerhood the second year when they take their first steps of independence.
- **Early childhood:** from approximately 3 to 6 years. Children become more self-controlled and self-sufficient. Thoughts and language develop at a quick pace, a sense of morality becomes evident and peer friendships develop. Thought processes are concrete and literal.
- **Late childhood:** from approximately 7 to 12 years. Improved athletic abilities, more logical and abstract thought processes, basic reading, writing, math and other academic knowledge and skills develop; advances in understanding the self, morality and friendship occur.
- **Adolescence:** from approximately 13 to 19 years. The adolescent period initiates the transition to adulthood. It is the period of time in a young person's life starting from puberty until adulthood. Puberty brings about biological changes, thought becomes abstract and idealistic, development of autonomy from the family occurs and development of identity (personal goals and values) occurs. Adolescence is a challenging time for both the teens going through it and their parents. This can be exacerbated by other difficulties such as parental divorce that may be occurring in their lives at the same time.

## Social, psychological, emotional, behavioural, academic and cognitive problems

Related to adjustment and developmental problems, challenges that a child may be facing can include social, psychological, emotional, behavioural, academic and cognitive difficulties.

**Social difficulties:** include friendship difficulties, bullying (peer issues), communication skills deficits, playing and cooperating struggles, coping with parental divorce, family distress and discord, school refusal, video gaming / digital addictions, substance abuse and attachment difficulties.

**Psychological difficulties:** include anxiety (general worry, obsessive compulsive behaviour, separation anxiety, social anxiety, etc.), phobias, depression, self-harm, suicidal thoughts, self-esteem and confidence (body-image / appearance issues, etc.), grief, trauma, stress management and career development difficulties.

**Emotional difficulties**: children have many ways to communicate underlying emotional distress such as frustration, anger, sadness, grief, etc. They may present with behavioural difficulties such as acting out, but the underlying cause is emotional distress.

**Behavioural difficulties**: include hyperactivity/attention concerns, anger management issues, defiant behaviour (Oppositional Defiant Disorder (ODD), Conduct Disorder) or perfectionism. Behavioural difficulties are often as a result of underlying emotional difficulties.

**Academic difficulties**: or learning difficulties include reading, spelling, writing and mathematics difficulties, and concentration and focus. Usually scholastic assessments are administered in this regard in order to determine performance relative to benchmark levels. Reading, spelling, writing and mathematics ages are determined based on normative data and compared to the child's actual age.

**Cognitive difficulties**: include memory difficulties, executive difficulties (attention, organization and processing speed), verbal related difficulties (verbal fluency, auditory processing and language related functions), non-verbal or visual related difficulties (visual-perceptual, visual-spatial), sensory-perceptual and motor difficulties.

*Please refer to Appendix A for further information on child and adolescent problems.*

# 2. Child and Adolescent Interventions

## Introduction

Each child is different and thus psychologists create individualised treatment plans to address the unique difficulties of the individuals they are helping. When possible, psychologists work closely with families to promote functional improvements. This can include parenting strategies, improving communication skills and teaching how to support your child in the implementation of the strategies they have learnt.

Child psychologists are adept at making children feel comfortable and safe during sessions. They understand that when a young person sees a psychologist for the first time it can be a daunting experience. We work closely with families to create a calm experience in our consulting rooms. It can be difficult for your entire family when your child is struggling. We can help children and families with a wide range of psychological, emotional and behavioural issues.

***What ages of children do we work with?***

We are able to work therapeutically with children from age 12. Children younger than 12 generally require play therapy, which we currently do not offer. The age/grade of the child that we are able to do assessment tests with depends on the assessment battery being applied as follows:

- **Scholastics:** ages 6 to 12 (spelling, reading, mathematics).
- **ADHD:** ages 6 to 18 (attention, impulsivity, hyperactivity).
- **Cognitive:** ages 7 to 16 (gives an indication of a client's intellectual potential, as well as providing insight into particular areas of cognitive strength and weakness. It is used to obtain a differential picture of certain cognitive abilities).
- **Neurocognitive:** ages 3 to 16 (provides neurodevelopmental information and is helpful for identifying neurodevelopmental disorders).
- **Aptitude test for school beginners:** Grade R or Grade 1 (evaluates the cognitive aspects of school readiness and is used to determine whether a child is cognitively school ready).
- **Career and aptitude:** Grade 9 to 12 (for Grade 9 learners, the assessment is aimed at helping with subject choice; for Grade 10 to 12 learners the assessment is aimed at helping with career choice).
- **Emotional:** ages 3 to 18 (projective assessments and screening measures are used to identify emotional difficulties).
- **Personality:** ages 14 to 18 (personality types are determined which can assist with parenting, learning, relationships, identity and self-esteem).

***What does treatment involve?***

We have a strong commitment to use assessment tools and therapies within our consultations that are supported by up-to-date clinical research. We treat clients with compassion and respect in order to help yield effective and positive change. For more information on assessments used please refer to section 3:

“Child and adolescent assessment”. For more information on therapies used please refer to section 4: “Child and adolescent therapy”.

***How long does treatment last?***

In terms of therapeutic intervention, the number of sessions needed varies from person to person. Immediate, short-term or crisis interventions are available, as well as longer-term, ongoing therapy for more complex issues.

In terms of assessment tests, we will be able to give you an indication of the number of times and duration that your child will need to come to our offices to have tests administered. This will however vary slightly depending on how fast we are able to progress through the test material. Generally assessment sessions are limited to 2 hours per day, preferably in the morning, to enable the child to perform at their best.

## Intake session

**Consent:** parents must sign consent for children under the age of 12. From the age of 12 upwards, as long as the child has the maturity and understanding, they can legally consent to therapy. At our practice, however, we prefer parents to consent if their child is under the age of 18. A consent form needs to please be signed by a parent before the intake session. In addition, children 12 years old and over will be asked to sign an assent form.

"Assent" is a term used to express willingness to participate in therapy and/or assessments by persons who are by definition too young to give informed consent but who are old enough and mature enough to understand the possible benefits, risks and activities expected of them as clients. This forms the first step of forming a trusting relationship between the child and child psychologist.

**Confidentiality:** all information discussed in sessions is confidential, unless the child is likely to seriously harm themselves or others, in which case confidentially may be broken. If children are under the age of 12, parents are generally privy to information from the sessions. General information on the therapeutic process, progress and needs of the child is usually given to parents on a regular basis or as requested. A report may also be requested. Please note that our practice does not work in psycho-legal matters and thus reports are not for psycho-legal purposes.

For children over the age of 12 years (depending on maturity level) the child must generally first consent to the sharing of information. They are also given the choice as to whether they would like to attend any feedback meeting. Building and maintaining trust in the therapeutic relationship is important and thus the child is usually consulted first before information is shared. Some children, particularly older children, will remain silent in therapy sessions if they feel that the therapist is going to report on everything they say. The therapist will thus make sure that the child knows and agrees to what is discussed with parents. The overarching principle is ultimately that the child’s best interests are of paramount importance, but we do attempt to include the parents as much as possible.

***What can I expect at the intake session?***

The goal of the intake session is to determine the nature of the problem and to develop an agreed individualised treatment plan based on the child's needs.

Every enquiry aims to collect relevant background information surrounding the reason for referral. This may be developmental, social, academic, medical and psychological information. A child information form is sent to the parents before the session which we ask you to please complete and bring with to the intake session in order to save time. Parents and child are interviewed and collateral information is obtained from third party reports. This will help the psychologist to understand concerns and difficulties and goals for therapy. Depending on the age of your child and their comfort, the psychologist will possibly spend some time with parents alone and some time with the child alone as well as everyone together. Depending on maturity level, children 12 years and older may attend the first session and ongoing therapy without parental attendance.

At the end of the intake session, you will have had a chance to learn more about our practice and get a sense of how we work and we will have worked together to identify a treatment plan. Treatment often begins with a comprehensive diagnostic assessment. Once we have a clearer understanding of your child's needs, we will update the treatment plan. This may include engaging in our services and/or a referral to other service providers for further assessment. We work with speech therapists, educational psychologists, occupational therapists, general practitioners, pediatricians, psychiatrists and teachers to ensure the best overall assistance for your child. Recommendations may include therapy and practical strategies for school and home.

It is important to note that we are committed to delivering evidence-based treatments that have been proven to be efficacious. We strive to meet treatment needs in the most effective and efficient way possible and we will continue to discuss, assess and refine how we are meeting your and if applicable, your child's treatment goals.

# 3. Child and Adolescent Psychometric Assessments

## Introduction

***When are psychological tests needed?***

Is your child having problems in school? Does your child have persistent problems focusing and paying attention at home and in school? Does your child get angry and frustrated frequently? Does your child seem anxious or depressed? Are your child's language skills developing slowly? Does your child have difficulty making friends? Does your child frequently demonstrate insistence on sameness and routine, or have difficulty with change or transitions?

These may be signs that indicate your child or adolescent may have an academic or psychological problem. Psychological testing can be extremely useful when there is a lack of understanding regarding the reasons and causes of various emotional, psychological, learning or behavioral issues of a child or adolescent. Testing can be broken into three categories: psychological, neurodevelopmental and psycho-educational.

## Psychological assessments

Essentially psychological testing involves assessing for a psychological problem. These tests are geared towards understanding how a person thinks, learns, feels and behaves. It is made up of a set of procedures that are administered and interpreted to obtain a comprehensive picture of a person's functioning. Psychological evaluations are typically intended to guide diagnosis and treatment from a psychological perspective, not from an educational perspective. Typical psychological problems assessed for include:

- Anxiety
- Depression
- Self-esteem / identity issues
- Personality issues
- Disruptive behavior
- Oppositional defiant behavior
- Emotional difficulties
- Career prospects
- Parent-child relational problems

## Neurodevelopmental assessments

Essentially neurodevelopmental testing involves assessing for impairments of the growth and development of the brain and central nervous system (CNS). These impairments may affect emotion, learning ability, self-control and memory, and unfolds as an individual develops and grows. Typical neurodevelopmental problems include:

- **Intellectual disability** characterised by deficits in general mental abilities such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning and learning from experience.
- **Communication disorders** including Language Disorder, Speech Sound Disorder, Social Communication Disorder and Childhood-Onset Fluency Disorder (stuttering).
- **Autism Spectrum Disorder (ASD)** characterised by persistent deficits in social communication and social interaction and restricted, repetitive patterns of behaviour, interests or activities.
- **Attention Deficit Hyperactivity Disorder (ADHD)** defined by levels of inattention, disorganization and/or hyperactivity-impulsivity that impairs functioning.
- **Motor disorders** include Developmental Coordination Disorder, Stereotypical Movement Disorder and Tic Disorders.
- **Specific Learning Disorder** refers to ongoing problems in one of three areas, reading, writing and math, which are foundational to one's ability to learn.

## Psycho-educational assessments

Essentially psycho-educational testing involves assessing for an academic problem. They are geared towards understanding a child's learning profile and identifying strengths and weaknesses. It guides the development of classroom accommodations and supports from an educational perspective. It focuses primarily on intellectual ability and academic achievement testing. These services will help to identify learning difficulties; reading, writing, spelling and mathematic difficulties; cognitive/intellectual difficulties. Tests usually administered are:

- **Intellectual ability:** giving an indication of a child's intellectual potential, including verbal and non-verbal potential. Please note that there has to be at least a 2 year gap between intellectual assessments.
- **Scholastic ability:** reading, writing, spelling and mathematics ability. If there appears to be a deficit between intellectual ability and scholastic ability, further investigation (usually neurodevelopmental testing) is carried out to understand the difference. Please note that there has to be at least a 6 month gap between scholastic assessments.

## Assessment process

We are committed to ensuring that the assessment process enhances an understanding of the underlying cause(s) of a child's difficulties. It is also important to us that the results are put to good use. We are ready to work with your child's school and other professionals involved in your child's support system to help interpret the results of the assessment and to use the information to enrich their understanding of your child's needs.

### *How do I prepare my child for testing?*

Preparing your child for testing can reduce anxiety and encourage cooperation through the upcoming battery of tests. It is advisable to begin talking about the testing several days in advance. Reassure your

child that the reason for testing is to understand his or her strengths and the areas in which help is needed. Most importantly, explain that the evaluation will show adults how best to help. Testing can be stressful to a child thus we want to make the process as comfortable as possible. The testing process is done at the child's pace and capacity and is not rushed. Please ensure that your child is well rested and has eaten on the day of the assessment.

***The testing process involves:***

**Step 1:** Informational interview with the parents of the child being tested. The child may also be present at this interview, depending on their age and maturity. Please bring any relevant reports with to the interview including school, medical history, psychological, etc. (please see the section 2: "Child and adolescent interventions" for more information about the intake session).

**Step 2:** School observation, if required, would result in us observing the child in the classroom environment.

**Step 3:** The testing phase is usually done over two days, so the child will be fresh and able to put in their best effort. Early morning is ideal. Please ensure that your child is well rested and has eaten. Assessment test batteries such as the cognitive battery are administered depending on the need of the child.

**Step 4:** The feedback process is typically a 60-minute meeting with the parents. The child can also choose to come to this appointment. A written report detailing the results of the evaluation is provided at the meeting. Conclusions are drawn and recommendations are included in the report.

**Fees:**

Please consult our website or request pricing via email.

*Please refer to appendix B for a detailed description of each testing category*

*Please refer to Appendix C for a list of assessment tests and batteries used*

# 4. Child and Adolescent Therapy

## Introduction

Child therapy, also called child psychotherapy or counselling, is the process of the child meeting and talking with a therapist to resolve their problems (please see section 1: "Child and adolescent problems"). Therapy can play an essential role in promoting your child's adjustment and development. We are able to work therapeutically with children from the ages of 12 to 18. We offer individual or family therapy. There is really no "typical" therapy session as there are different methods of treatment for different problems. Your child's age and maturity, as well as the problem, will help to guide their treatment plan. Please note that it generally helps your child to have a consistent time and day to come to therapy. Children younger than 12 generally require play therapy, which we currently do not offer.

Therapy offers a safe space and an empathetic ear while providing tools to bring about change in thoughts, feelings and behaviours. Just like adult clients, child clients receive emotional and goal support in their sessions. They can focus on resolving conflict, understanding their own thoughts and feelings and on thinking of new solutions to their daily problems. It is important that their feelings and thoughts are acknowledged and validated, that they are reassured that they will be supported to work through their problems which provides hope, and that they are given appropriate coping resources or strategies.

You can expect that your child's therapist will be someone who supports them (as well as the parents and family if need be), listens attentively, models a healthy and positive relationship experience, gives appropriate feedback and follows ethical guidelines. Good therapy should be tailored to your child and his or her experiences.

## Supporting and respecting your child's process

When you collect your child from therapy you may want to ask them questions. It is fine to ask general, low key questions but we do not recommend asking for details and stop if the child does not want to answer. This respects the therapy time as the child's private space.

## The importance of termination

Ending therapy is a very important part of the therapeutic process. The therapist and the child ideally need one to three sessions to reflect on the therapeutic process and prepare for ending therapy. Some children need a lot of careful support and preparation to help them feel ready to end therapy. If you would like your child to finish therapy, please let us know so that we can prepare to end the therapy process with your child.

## Therapeutic approaches

All of our therapeutic approaches are widely researched, evidence-based and empirically supported. These approaches include:

- Cognitive Behavioural Therapy (CBT)
- Schema therapy (ST)
- Attachment Based Family Therapy (ABFT)
- Dialectical Behaviour Therapy (DBT)
- Parenting skills

**Cognitive Behavioural Therapy (CBT)**

CBT helps children manage their problems by exploring the links between thoughts, emotions and behaviour. It is a directive, time-limited, structured approach used to treat a variety of issues such as phobias, addictions, eating disorders, anxiety, anger, trauma and depression. Psychotherapists use CBT to help children identify and change dysfunctional patterns by helping to develop more adaptive cognitions and behaviours. CBT aims to break that cycle by changing the way the patient thinks or behaves. It is a widely researched and empirically supported present-focused psychotherapeutic method.

A psychotherapist using CBT may help the patient identify unhealthy thought patterns that contribute to mental health problems. A therapist may ask a series of questions and ask a patient to keep a thought record to help identify dysfunctional thoughts. Adolescents often develop distorted core beliefs about themselves. CBT helps confront and modify those distortions. For example, an adolescent who believes he is unworthy may always look for evidence that reinforces this belief. For example, if he gets a bad grade on a test, he may think it's because he is not good enough.

A psychotherapist using CBT may help an adolescent to challenge negative assumptions with a behavioural experiment. For example, the adolescent who thinks she is socially awkward might challenge herself to strike up a conversation with five new people. If she experiences some success, her belief that she is socially awkward might not be as strong.

**Schema Therapy (ST)**

Schema Therapy is usually a medium to long-term therapeutic process that assists mainly with self-concept and personality related difficulties as well as conditions such as depression, anxiety and trauma.

According to this technique, difficulties arise out of a frequent frustration of emotional needs, most significantly during the childhood and early adolescent years. This frustration, and depending on the young person’s temperament, may cause Early Maladaptive Schemas (EMS), where schemas can be thought of as unconscious emotional and thought memory patterns. One example of an EMS is the engrained feeling and knowledge of feeling like a failure. The emotional pain and thoughts linked to these schemas causes the young person to develop coping mechanisms, usually fight, flight or freeze.

As an adult these EMS’s remain dormant but may be triggered in situations that remind the person of the schema, causing pain as the general memory pattern is re-experienced. Coping methods used as a child are generally carried through to adolescent and adult years as well. While the coping was adaptive

and needed as a child, it now becomes a way of behaving and maladaptive. Treatment involves cognitive, experiential and behavioural interventions to diminish the schemas and coping methods. Work is done with childhood and early adolescent memories as well as current cognitive and behavioural functioning.

**Attachment Based Family Therapy (ABFT)**

Attachment Based Family Therapy (ABFT) focuses on the interactional patterns between family members and the roles each family member plays in the family. If these roles and patterns are unhealthy, they can cause anxiety, conflict and unhappiness in a child. When a child or adolescent is struggling, it affects the entire family. We support and encourage the whole family to communicate effectively and find solutions together. With a respectful, solution focused, goal-directed approach, we collaborate with parents to work toward the best outcomes for your family.

ABFT comprises 5 tasks:

- **Relational reframe task** where the focus is on building respectful, trusting relationships with less emphasis on blaming any particular individual.
- **Adolescent alliance task** where the therapist builds trust with adolescent or young adult and prepares them for the attachment task.
- **Parent alliance task** where the therapist builds trust with the parents and hears their childhood experiences of attachment and current stressors in their lives. They are also prepared for the attachment task.
- **Attachment task** is a three step process where firstly the adolescent or young adult discloses their grievances to the parents and the parents use empathic listening to hold them. Secondly the parents disclose their side of the story and thirdly the adolescent or young adult expresses their reaction to their parents' disclosure. A dialogue then usually unfolds.
- **Promoting competence task** were the adolescent or young adult is encouraged by parents to develop more independence, using the newly found attached relationships as a resource. The adolescent or young adult is encouraged to take more responsibility for actions and to stop blaming their parents.

**Dialectical Behaviour Therapy (DBT)**

DBT treatment is designed to help with extreme emotional instability called emotional dysregulation, the inability to manage intense emotions. Dysregulation leads to impulsive, self-destructive, or self-harming behaviours. The goal of DBT is to teach adolescents techniques to help them understand their emotions without judgement and also to give them skills and techniques to manage those emotions and change behaviours in ways that will make their lives better. DBT for adolescents involves individual therapy and group skills training, where parents and teenagers learn together.

DBT skills training for adolescents, is very structured and consists of five modules:

- **Mindfulness skills:** Being present in the moment and understanding the signs of unregulated emotions.
- **Emotion regulation skills:** Coping with difficult emotions more positively, and learning strategies to protect children from experiencing emotional extremes.
- **Interpersonal effectiveness skills:** How to interact more efficiently with others, and feel more supported by others.
- **Distress tolerance skills:** Being able to recognize impulsive urges that can be harmful, and learning how to control them.
- **Walking the middle path skill:** Parents and adolescents learn how to validate one another, how to compromise and negotiate, and to see their other's side of things.

**Parenting Skills**

Parental guidance is the sharing of information and skills with the aim of improving your relationship with your child. It is also a form of therapy as you will need to understand your strengths and limitations as a parent in order to help yourself and your child. We help with parenting issues and provide solutions.

Our main focus is based on "good-enough parenting" and teaches parents how to meet their child's core emotional needs. The core emotional needs of a child include secure emotional attachment to a caregiver, expression of emotions and needs, assistance with emotional regulation and behaviour modulation, opportunity for spontaneity, playfulness and creativity, and assistance building a sense of competency. Your relationship with your child has an important and far-reaching impact on your their future psychological, physical, social and emotional health.

**Fees:**

Please consult our website or request pricing via email.

# Appendix A

## Further information on child and adolescent problems:

### 1. Psychological difficulties

**Anxiety:** Anxiety is an intense sense of nervousness and discomfort. It can be accompanied by uncontrollable worries and avoidance. While some childhood fears are developmentally appropriate it can be important to seek help from a professional if your child's anxiety is affecting their day to day functioning or sense of wellbeing. Anxiety in adolescence can be a scary and debilitating condition. Teenagers may experience fear of being judged, lack confidence to spend time with friends or become overly panicked about particular situations. Intense worries and preoccupied intrusive thoughts can also occur in anxiety disorders causing the individual to feel quite overwhelmed and drained by the extra mental activity. Sleep can be disrupted and day to day thoughts can become tiring. Seeking treatment for anxiety early is essential in order to learn skills and strategies to cope with these difficulties. Working on developing resilience and confidence can be a key part of a psychologist's role in assisting children and adolescents with anxiety difficulties.

There are a variety of subtypes of anxiety including Generalized Anxiety Disorder (GAD), Separation Anxiety Disorder (SAD), Social Phobia, Specific Phobia, Panic Disorder, Obsessive Compulsive Disorder (OCD) and Selective Mutism.

***Obsessive Compulsive Disorder (OCD):*** This is a condition which can become seriously debilitating for young people and their families. OCD is technically classed as an anxiety disorder and occurs when the individual feels intense urges (obsessions) to carry out actions (compulsions) which temporarily reduce their anxiety. However the anxiety quickly returns and is often increasingly intense. OCD then progressively takes control of the individual's life by implementing more rules and restrictions which the person believes they must follow to make themselves feel better.

It is important to seek help if obsessions and compulsions are causing undue anxiety, restricting daily living or disrupting functioning. Psychologists can teach children, adolescents and their families to challenge the OCD and reduce symptoms. OCD often begins in childhood and adolescence. In the majority of cases it commences before 25 years old. Parents may notice excessive cleaning, avoidance, checking or reassurance seeking which is distressing to the child and concerning to the family. It is important to seek help from a psychologist early in these instances.

**Mood difficulties:** Children and adolescents with depression may withdraw from their family and friends, feel a strong sense of hopelessness, experience difficulties sleeping and feel intense sadness. Some individuals may engage in self-harm or suicidal thinking. Treatment by an experienced child or adolescent psychologist can be an important step in assisting these individuals. A psychologist can help families and loved ones to understand the nature of the condition better. They can also work with the individual to teach them skills to improve their condition and experience more positive feelings.

**Childhood Trauma & PTSD:** Trauma at a young age can have far reaching effects on a child or adolescent's development. Difficulties can exist into adulthood and early treatment should be sought for those who are suffering ongoing distress or disturbance following a serious incident. A traumatic experience includes those where an individual has been exposed to an extremely stressful situation which was perceived as life threatening or if the person could have experienced serious injury. Natural disasters, serious accidents, sexual assault, neglect and physical abuse can all be classed as traumatic events. In some instances during childhood and adolescence if a family member or close friend is exposed to a traumatic event, children can also present with symptoms upon learning of the incident. Post-Traumatic Stress Disorder (PTSD) is one condition which can occur as a result of traumatic experiences. Complex trauma can also occur when people are exposed to distressing events on multiple occasions or over extended periods.

If a child or adolescent has been exposed to a traumatic event and are experiencing ongoing distress or dysfunction as a result, then a consultation with a psychologist is suggested. Psychologists can help the individual and their family to understand the condition, process the event and cope with the symptoms they are experiencing. Accessing support from a child or adolescent psychologist early on can promote better mental health outcomes later in life in instances of childhood trauma.

## 2. Emotional difficulties

Sometimes children and adolescents experience emotional distress when they:

- Feel very unhappy, worried or frightened for reasons they cannot explain.
- Cling to their parents because they are fearful about independence.
- Cannot channel their energy and creativity in ways that develop their potential.
- Acquire rituals or phobias because they feel helpless in difficult situations.
- Do not know how to make friends or get along with others at school or in the family; sometimes they withdraw from social relationships (relationship issues / social skills).
- Experience family communications and boundary difficulties.
- Act meanly or aggressively because they cannot control their actions and cannot find other ways to express their feelings.
- Sometimes babies cry a lot or cannot establish regular patterns of eating or sleeping and their caregivers cannot figure out how to help them.
- Cannot learn in school because they are preoccupied with thoughts or feelings.
- Struggle to understand difficult life experiences.
- Are restless or cannot concentrate because they have not acquired better ways to maintain confidence and calmness (emotional regulation difficulties).
- Have negative attitudes toward themselves and cannot feel good about who they are, even though others can observe their obvious talents and abilities (self-esteem issues).
- Have been exposed to overwhelming, stressful situations that tax their ability to cope.

- A child has suffered a traumatic event or series of events. These may be of a sexual, physical or emotional nature.
- There has been an experience of serious illness within the family or a person close to the family.
- A child experiences grief and loss after the ending of a significant familial relationship or death of a significant person.
- There is upheaval after the end of parents' marital relationship, or during adjustment to new living arrangements.
- A child experiences school stress, including feeling pressure to do well.
- A child experiences bullying and peer pressure.
- School refusal.
- When there is concern that developmental milestones are not being met.
- When a child has sudden unexplained changes in mood and/or behavior that may include rapid changes in emotion, and may include expressions of self-harming or suicidal ideation or intent.
- When a child complains of pains and illness that are not otherwise explained by a medical practitioner.
- ADHD and weak study skills.
- Difficulty managing their anger.
- Substance abuse.
- Video game / digital addiction.
- Changes in the family, including separation, adjustment to parental divorce, relocation.

Sometimes adolescents:

- Feel confused about their identity and uncertain about their future.
- Turn to drugs or alcohol to feel better because they are depressed.
- Develop eating disorders as a way to manage difficult feelings they cannot verbalize.
- Join particular groups of peers to find companions, community and a sense of safety.
- Experience peer pressure.
- Face social media influences.
- Battle with puberty and depression.
- Face cognitive difficulties.
- Struggle with individuation (forming identity, self-concept, gender identity, spirituality).
- Have difficulty adjusting to new experiences (biological such as puberty, social such as school and family transitions).
- Develop maladaptive coping mechanisms.

### 3. Behavioural difficulties

Raising healthy, successful, happy and considerate children is the desire of every parent. When a child acts in ways that cause confusion, concern and urgency, a behavior evaluation may be an important tool in understanding and addressing those behaviours, as well as the factors contributing to the behaviour.

In the behaviour evaluation, we identify the function as well as the precipitators and sustainers of inappropriate behaviour. Additionally, we explore the child's internal self-statements, thoughts and beliefs to understand the child's behavioural intent.

The behaviour evaluation includes child and parent interviews, school observation, teacher consultation, review of educational records, emotional assessments, a written report and a feedback session to review results of the evaluation.

Sample parental statements and questions that might prompt a behaviour evaluation are:

- Is my child's behavior typical for his or her age?
- How can my child's behavior be fine at home, but very disruptive at school?
- Why does my child always disobey me?
- My daughter spends all of her time in her room and I do not know what is going on with her. She seems depressed. How can I help her?
- Sometimes my son gets so angry that I am afraid that he will lose control. How can I help him?

# Appendix B

## Psychological assessment categories:

***Personality characteristics:***

- Assesses personality traits and psychopathology.
- Indicates differing psychological preferences in how people perceive the world around them and make decisions.
- Provides a profile of a person's personality structure that may be useful for vocational guidance.
- Assists people to gain insight about themselves and how they interact with others.
- Use of this assessment can help individuals improve how they communicate, learn, and work. It provides a powerful framework for building better relationships, driving positive change, harnessing innovation, and achieving excellence.
- The Jung Personality Questionnaire (JPQ) assessment makes Carl Jung's theory of psychological type both understandable and highly practical by helping individuals identify their preferences in four areas namely Extroversion-Introversion, Thinking-Feeling, Judging-Perceiving, Sensing-Intuition.

***Emotional difficulties:***

Emotional assessments may be used to assess the child emotional state including anxiety, depression, anger and self-esteem. These difficulties include both internalizing (such as anxiety, depression) and externalizing conditions (such as attention and behavioral issues such as ODD). Tests used include the Kinetic Family Drawing, Kinetic School Drawing, Draw-A-Person, Sentence Completion Test, Beck Youth Inventory and Piers-Harris Self Concept Scale. Projective testing methods in particular invoke less anxiety as they indirectly assess an individual's emotional state without the child having to directly answer uncomfortable questioning about their emotional state. These include the use of drawings or by examining and telling a story about a picture or by sentence completion.

***Career prospects:***

*Do you need to know what school subjects to choose for Grade 10? Do you need to know what career will suit your child best? Do you need to know your child's aptitude?*

*Career assessment*

A career assessment is advised for Grade 11 and 12 learners. It provides feedback on what career(s) would be suitable for them. This feedback helps with motivation and goal setting (particularly during the difficult matric year). An important need of adolescents is to build a sense of identity and self-esteem and a career assessment is likely to assist in this regard as they learn more about themselves and how they relate to the occupational world.

The career assessment process consists of an intake interview with the learner, written assessments and a feedback session with the parent and learner. A report is provided and discussed at the feedback session, which will include a list of suitable careers.

Please note that for tertiary course requirements or career paths and career descriptions, please contact tertiary institutions or other resources directly to obtain this information.

*Aptitude*

Aptitude is the potential a person has that enables them, with a given amount of training and/or practice, to reach a certain level of ability. Aptitude in a particular field together with interest, motivation, attitude and other personality traits, will to a large extent determine the ultimate success of the person in that field.

The aptitude test can be used to assist Grade 9 learners as it provides subject aptitude which can be used to assist with subject choice for Grade 10. The aptitude test can also be used in conjunction with the career assessment above for Grade 11 and 12 learners to help determine suitable careers as it provides career field aptitude specifically for the academic, commercial / clerical and technical fields.

The aptitude assessment process includes an intake interview, administration of assessments, a written report and a feedback session.

Please note that if career and aptitude tests are both chosen and administered concurrently, then only one intake session and one feedback session are required. In addition, one report is provided.

## Neurodevelopmental testing

Cognitive and scholastic assessments may point to areas needing further investigation such as attention, executive functioning, language deficits, auditory perceptual and processing delays, memory weaknesses and visual perceptual or fine/gross motor co-ordination difficulties. In this case a neurodevelopmental assessment may be carried out to provide more information. The results of these assessments may be utilized to guide appropriate school placements and referrals, and may inform a neurodevelopmental disorder diagnosis.

Neurodevelopmental disorders usually have onset during the developmental period. They can be defined as follows:

***Intellectual disability:*** characterized by deficits in general mental abilities such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning and learning from experience.

***Communication disorders*****:** relating to deficits in the development and use of language, speech and social communication. Disorders include Language Disorder, Speech Sound Disorder and Social communication disorder.

***Autism Spectrum Disorder (ASD):*** a neurodevelopmental disorder characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communication behaviors used for social interaction, and skills in developing, maintaining and understanding relationships. In addition to social communication deficits, restricted, repetitive patterns of behavior, interests or activities must also be present.

***Attention Deficit Hyperactivity Disorder (ADHD):*** a neurodevelopmental disorder defined by impaired levels of inattention, disorganization, and/or hyperactivity-impulsivity. Inattention and disorganization entail inability to stay on task, seeming not to listen and losing materials at levels that are inconsistent with age or developmental level. Hyperactivity-impulsivity entails over-activity, fidgeting, inability to stay seated, intruding into other people's activities and inability to wait – symptoms that are excessive for age or developmental level. ADHD often overlaps with "externalizing disorders" such as Oppositional Defiant Disorder and Conduct Disorder. A questionnaire is usually given to the parent, teacher and child in order to provide more information about any ADHD symptoms.

***Specific Learning Disorder:*** diagnosed when there are specific deficits in an individual's ability to perceive or process information efficiently and accurately. This disorder first manifests during the years of formal schooling and is characterized by persistent and impairing difficulties with learning foundational academic skills in reading, writing and/or mathematics. The individual's performance of the affected academic skills is well below average for age or acceptable performance levels are only achieved with extraordinary effort.

## Psycho-educational assessments

A psycho-educational assessment involves a comprehensive assessment of cognitive and academic functioning, as well as an evaluation of various information processing skills essential in learning (e.g. memory, oral language, phonological awareness abilities and executive functioning skills).
The objectives of a psycho-educational assessment are multiple and include:

- Identification of Learning Disabilities (e.g. reading and writing disabilities, nonverbal learning disability, ADHD, ODD).
- Identification of giftedness.
- Comprehensive and practical recommendations for school and home, including classroom strategies tailored to the child's specific learning needs and profile of strengths and weaknesses.
- Educational assessments provide insight into your child's unique learning profile. It is a way to objectively measure your child's abilities therefore enabling you and their educators to tailor learning experiences that match your child's abilities and provide an effective individual learning program.

**Assessments will determine:**

- Your child's individual learning profile (strengths and weaknesses).
- Any specific learning difficulties that may be present.

- Areas of intellectual giftedness.
- School readiness.
- Assessment of your child involves both cognitive and educational testing in order to understand their abilities and areas where they may experience difficulties. The tests consist of a variety of questions, puzzles, drawings, stories and games.

Psycho-educational Assessments are geared towards understanding a child's learning profile and identifying strengths and weaknesses. It can be broken into three categories: cognitive, school-readiness and scholastic testing:

**Cognitive testing** examines a child's general intellectual abilities, notable intellectual strengths and weaknesses and educational vulnerabilities. An Intellectual assessment might be requested for various reasons. For instance, numerous private schools require an intellectual assessment as part of their application process. Thus a parent may decide to have an intellectual assessment conducted as part of that process. Additionally, other professionals such as pediatricians, psychiatrists or psychologists may also refer families for an intellectual assessment to aid in the child's treatment planning.

- Sample questions that might prompt an Intellectual Assessment are:
    - What is my child's intelligence?
    - Is my child gifted?
    - How can I support my child's intellectual development?

Cognitive assessments are used to establish the child's basic cognitive potential and where his or her strengths and weaknesses lie. Cognitive tests measure abilities such as attention, memory, auditory and visual processing, language skills, eye-hand coordination, planning ability, verbal reasoning and perceptual and spatial skills.

It is important for children and adolescents to reach their potential, from children with exceptional abilities to those that are cognitively handicapped. With the help of cognitive assessments these children can then be slotted into appropriate education programs. The vast majority of assessments conducted assist in identifying barriers to learning such as specific learning disabilities in children with at least average cognitive potential.

**School-readiness testing** helps to guide parents and educators on whether a child, who is eligible to enter Grade 1, is "school-ready". Early identification of delays in development is important in order to assist the child in this regard. Grade 1 to 3 is commonly known as the "foundation phase" and lays the foundation for learning in subsequent grades. Thus it is important for a child to be school ready in order to form a firm foundation for later learning.

**The Scholastic skills assessment** indicates at what chronological age and grade level a child is functioning in reading, spelling, mathematics and written expression skills, including academic fluency (speed of reading, writing and calculating), listening comprehension and oral expression skills.

The results show up the nature of your child's barriers to learning and where the gaps lie. An important outcome of scholastic skills assessments is ascertaining whether a child's scholastic skills matches with their intellectual potential. When a child is underachieving and there is a significant gap between their skills and actual potential, or a specific learning disability is identified, recommendations are made either for remedial teaching lessons to close the gaps and support development or for placement in a more appropriate learning environment such as, a remedial school, when the deficits are severe and longstanding. Sometimes in cases of immaturity, it may be suggested that it would be best for a child to repeat a grade to consolidate his foundation skills. When an intellectual assessment provides an explanation as to why a child is a "slow learner" and not coping in a mainstream class i.e. that he is a "learner with special educational needs", an independent education program, a special class placement or referral to a special school may be recommended and implemented.

# Appendix C:

## Assessment tests and batteries used:

| Assessment name | Abbr. | Ages |
|---|---|---|
| ***Scholastics*** | | |
| ESSI Reading and Spelling Test | ESSI | 6-12y |
| VASSI Mathematics Proficiency Test | VASSI | 6-11y |
| One-Minute Test (reading, subtracting, adding) | | 6-16y |
| ***Attention and concentration*** | | |
| Connors - 3rd edition | | Age 6-18y |
| ***Cognitive*** | | |
| Senior South African Individual Scale – Revised | SSAIS-R | 7y0m-16y11m |
| A Developmental Neuropsychological Assessment | NEPSY-II | Age 7-16 |
| Aptitude Tests for School Beginners | ASB | Ages 5-8 |
| ***Career*** | | |
| Career Development Questionnaire | CDQ | >=14 |
| The Values Scale | VS | >=14 |
| Self-Directed Search | SDS | >=14 |
| Jung Personality Questionnaire | JPQ | >=14 |
| Differential Aptitude Test-R, S | DAT | Grade 7-10 |
| Differential Aptitude Test-K, L | DAT | Grade 10-12, adults |
| ***Emotional*** | | |
| Kinetic Family Drawing | KFD | >=3 |
| Kinetic School Drawing | KSD | >=3 |
| Draw-a-person | DAP | >=3 |
| Beck Youth Inventories - Second edition | BYI-II | 7 to 18 |
| Piers-Harris Children's Self-concept Scale - Second edition | Piers-Harris 2 | 7 to 18 |
| Beck Depression Inventory | BDI-II | >=13 |
| Beck Scale for Suicide Ideation | BSS | >=17 |
| Beck Anxiety Inventory | BAI | >=17 |
| Columbia-Suicide Severity Rating Scale | C-SSRS | >=12 |
| Rotter Incomplete Sentences Test | RISB-2 | >=12 |
| Bene-Anthony Family Relations Test | BAFRT | Age 3-15 |
| ***Personality*** | | |
| Thematic Apperception Test (includes CAT) | TAT | >=14 |
| Jung Personality Questionnaire | JPQ | >=14 |