Psychological Assessment in South Africa

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Innovative assessment procedures, which take into account contextual factors such as language, culture, education, socio-economic status and recent educational policy developments, are needed in South Africa. In the democratic South Africa, Education White Paper 6 (Department of Education, 2001) calls for assessment practices that are less expert-driven, non-deficit-focused and linked to curriculum support. The Initial Assessment Consultation (IAC) approach, which is the focus of this chapter, encompasses and attempts to address these needs. This shared problem-solving approach to child assessment has at its core a focus on collaboration with parents and caregivers, as well as with significant others such as teachers, with the purpose of facilitating learning and the empowerment of clients. The approach is based on a sound philosophical and theoretical foundation and is a departure from the belief that assessment and intervention are discrete clinical procedures.

The IAC approach to child assessment, which represents a paradigm shift in assessment practice, was initially developed by Adelman and Taylor (1979) at the Fernald Institute at the University of California to address prevailing criticisms of conventional assessment procedures. For more than two decades, the IAC family participation and consultation model of assessment has been adapted and implemented at the University of the Witwatersrand. The key principles of the IAC approach are applied by many local professionals and training institutions that work within the assessment, remedial and educational fields. Research has supported the usefulness of this holistic and egalitarian form of assessment (Amod, 2003; Amod, Skuy, Sonderup & Fridjhon, 2000; Levin, 2003; Manala, 2001; Skuy, Westaway & Hickson, 1986; Warburton, 2008), which mirrors the more democratic environment of post-apartheid South Africa, with its endorsement of human rights, its sensitivity towards cross-cultural differences and its changing educational policies on assessment practice.

Background to the IAC approach

The IAC model provides an optimal and broad framework for assessment practice. Adelman and Taylor (1983; 1993; 2010) reject the reductionist view of
behavioural, emotional and learning problems as reflecting internal deficits and pathology within the individual. They caution against the risk of misdiagnosis and bias towards labelling. As an alternative, they propose an interactional framework within which socio-emotional issues and barriers to learning can be understood. These issues are conceptualised along a continuum that encompasses internal and extrinsic variables, or a combination of both. The ecosystemic model is particularly useful in that it reflects a holistic, culturally and environmentally based view of learning and mental health issues. The IAC model encompasses Bronfenbrenner’s (1979) ecological model, which posits that external interacting systems (such as family and school, and their reciprocal interaction) influence children’s developmental trajectory.

**Basic premises of the IAC approach**

The IAC assessment model was developed in reaction to the criticisms and limitations of prevailing assessment practices. It contests the assumptions of the medical model and exemplifies best-practice principles in assessment, which are founded on a postmodernist approach that examines a plurality of possible causes. The model transcends the biological reductionist criticism levelled against the medical model in that it examines the reciprocal relationships between personal and environmental variables (Adelman & Taylor, 1979; Skuy et al., 1986). Because of its transactional character, the IAC approach offers a broader scope of inquiry and understanding by allowing an investigation into interpersonal, intrapersonal and environmental variables.

**Table 31.1** A comparison of the traditional testing approach and the IAC model of assessment

<table>
<thead>
<tr>
<th>Traditional testing</th>
<th>IAC</th>
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<tbody>
<tr>
<td>Person-centred.</td>
<td>Dynamic interaction between person and environmental variables.</td>
</tr>
<tr>
<td>Pathology/internal deficit model.</td>
<td>Holistic; intrapersonal, societal, cultural and environmentally based conceptualisation of mental health.</td>
</tr>
<tr>
<td>Usually reliance on product-related, ‘static’ testing (IQ scores).</td>
<td>Broad conceptualisation of assessment. Incorporates diagnostic teaching or counselling and process-based and interactive assessment procedures.</td>
</tr>
<tr>
<td>Often premature, person-focused assessment.</td>
<td>Ecosystemic assessment.</td>
</tr>
<tr>
<td>Problem with culture fairness.</td>
<td>Assessment is contextualised.</td>
</tr>
<tr>
<td>Often once-off testing process.</td>
<td>Assessment seen as an ongoing process.</td>
</tr>
<tr>
<td>Criticism regarding inadequate link between assessment and intervention.</td>
<td>Facilitates link between assessment and intervention, which are seen as being inextricably linked.</td>
</tr>
</tbody>
</table>
Table 31.1 provides a comparison between the IAC approach and traditional psychometric assessment procedures. The latter tend to be person-centred, mainly focusing on internal deficits of the learner. They are also expert-driven and have been criticised for not making an adequate link between assessment and intervention. The IAC model of assessment attempts to address some of the limitations of conventional testing.

A key assumption underpinning the IAC approach is that assessment is a joint problem-solving approach involving the consultant, the family and/or significant others and the child. Through this experience, clients and consultants together pave the way to reach an understanding of client concerns so as to make appropriate intervention decisions. A step-by-step procedure, which is discussed later in this chapter, serves as a catalyst for change. The IAC's shared problem-solving paradigm assumes client motivation and capability. There is an assumption that the client wants to alter a ‘discomforting status quo’ and has ‘some degree of relevant skills to do so’ (Adelman & Taylor, 1979, p.58). Client control, consent, commitment and competence are all vital to the outcome of the IAC process.

The IAC approach presents a departure from the belief that assessment and intervention are discrete clinical procedures. Adelman and Taylor (1983; 2010) maintain that in practice, assessment is an integral part of the treatment plan; it is the first intervention which highlights the existence and definition of a problem. It is this aspect of the intervention process which leads to decision-making relating to problems. This approach draws from the fields of both mental health and education, as well as from interactional epistemology.

The problem-solving approach inherent in the IAC family conferences allows the family to own the situation and take charge, instead of relying on an ‘expert’ to solve the problem. The latter position has dominated past intervention strategies, because society has cast psychologists in the role of unquestionable ‘experts’ (Skuy et al., 1986). The IAC approach demystifies this conception by recasting the entire assessment method in terms of a more equitable problem-solving approach (Skuy et al., 1986). Change, according to the model, must come from within the family rather than from the outside.

Adelman and Taylor (1983) have questioned the utility of gathering and analysing the large amount of test data generated by conventional testing procedures, especially where there are concerns related to methodological, conceptual and ethical factors. To justify the inclusion of an assessment procedure, it must provide certainty about the interpretations and judgements made from the information provided (Adelman & Taylor, 1983). Current over-reliance on test findings alone frequently results in unreliable and invalid data being used in decision-making and support delivery (Snyder & Lopez, 2005). The movement away from product-related test results (for example, IQ scores) is particularly relevant in the South African context, where most practitioners, like their overseas counterparts, acknowledge that the process of assessment is far broader than psychometric testing. Within the IAC approach, psychometric testing is just one of the various methods of eliciting data. Other important sources include, in various combinations, diagnostic teaching and/or counselling,
perceptions of the child and significant others, observational reports, informal teacher assessments, school reports and other relevant data such as medical and paramedical reports.

Central ideas related to the intervention theory
The structure of the IAC is based on several theoretical and pragmatic approaches to assessment and intervention, which are described below.

The family system
The involvement of psychologists with families in the assessment process has received considerable attention (Carnahan & Simeonsson, 1992; Davis & Gettinger, 1995; Gaughan, 1995; Ho & Gonzales, 2002; Mowder, Smith, Moy & Pedro, 1995). In keeping with ecosystemic theory, the IAC model stresses the importance of family participation and the participation of significant others in the child's life, in both the assessment and intervention planning phases. Not only is the child assessed in relation to his or her unique context, but the formulation of relevant interventions must also take the child's family and wider systems into account. The participation of the family in assessment provides the assessor with a wider range of information, in that the assessor has access to the family's perceptions, is made more aware of the values and needs of the family, and is also able to observe the family interactions. The experiences and perceptions of the family, as well as observations of family interactions, can serve to validate or invalidate formal test findings.

Freundl, Compas, Nelson, Adelman and Taylor (1982) studied three patterns of family participation: parents interviewed first, children interviewed first, and family interviewed as a unit. These were evaluated in terms of the impact of assessment information, client satisfaction and follow-through on decisions. Their findings suggested that assessment of the family as a unit was highly effective, and no less effective than the other patterns assessed. They hypothesised, however, that full family participation may have further psychological and long-term practical benefits, such as feelings of competence and self-determination for the child. Freundl et al. (1982) suggested, furthermore, that family involvement in decision-making that stresses open communication may, if successful, encourage the family to engage in such communication outside of the assessment setting.

Optimal accommodative match and the notion of a valid contract
Two central ideas that constitute the cornerstones of the IAC assessment approach are the establishment of (i) an optimal accommodative match and (ii) a valid contract.

The optimal accommodative match refers to the requirement that the process and content not be too disparate from clients’ current way of understanding their world. Decisions made in the IAC process must be based on the mutual understanding between the consultant and the client. This concept is helpful in the South African situation. The pursuit of an accommodative match legitimises clients’ understanding of their problems (based on their socio-cultural background,
for instance). It is also particularly important in the South African context that the alternatives for intervention generated from assessment take into consideration the limited resources of many parents, schools and communities. For example, it may not be practical to recommend that the child attend a programme of language enrichment; rather, the incorporation of activities that can be done within the contexts of home and school may be more viable.

The idea of a valid contract involves the need to elicit informed consent and mutual active commitment from all parties in terms of intervention objectives and procedures. Research supports the importance of people being involved in decision-making which affects them (Adelman & Taylor, 1979; Amod et al., 2000). The active involvement of clients in the IAC procedure facilitates self-determination and ‘ownership’ with regard to the intervention and decision-making process. The notion of a valid contract balances the scales between the assessor and the client. According to Kriegler and Skuy (1996), the IAC does not, as was past practice, perpetuate an authoritarian dichotomy between ‘expert’ and client.

Family participation empowers the family, especially the child. Client participation mediates a sense of competence to the child, which can then become a source of motivation. With active participation of the clients, interventions can be seen not only as a means of solving problems, but also as a way of affording the opportunity to mediate problem-solving skills (Adelman & Taylor, 1979).

The IAC procedure: application of the shared problem-solving process

Although most professional assessment and consultation activities can be conceptualised as problem-solving, the process may not be shared (Adelman & Taylor, 2010). The essence of the shared assessment process, as applied in the IAC, is that clients work together with the consultant to gather and interpret the assessment data and to determine alternatives for intervention. This process not only takes into account the importance of client consent and empowerment, but is the core value of the IAC approach to assessment and it characterises a shift away from the traditional medical model. The traditional structure of service provision tended to replicate the pattern of power deprivation that many clients felt in other significant areas of their lives (Saleeby, 1997). The benefits of client empowerment are that it helps people to take charge and control of their lives, learn new ways to think about their situation and adopt new behaviours that give them more satisfactory and rewarding outcomes (Hancock, 1997).

Approaches similar to that of the IAC are applied within a few other settings in South Africa (Warburton, 2008). The IAC procedure, as expounded by Adelman and Taylor (1979; 1983; 2010) and adapted for use at the University of the Witwatersrand, consists of the following steps:

1. An initial screening, usually via the telephone.
2. Completion of a questionnaire by parents and/or significant others regarding individual perceptions of concerns, background information, previous interventions, how they think their concerns could be addressed, and so forth.
3. Gathering of records and reports from other professionals and agencies, as determined by the client.

4. Analysis of the questionnaire, reports and records by the consultant to determine the need to expand upon or corroborate information.

5. The holding of a group conference with relevant parties (IAC session I). Generally the child, parents and possibly the siblings and/or significant others are invited to this session (depending on parental preference).

6. Testing, if necessary. Assessment through a brief period of instruction or counselling may be indicated instead, or in some instances a multidisciplinary team assessment may be necessary. There is liaison with the school, with the consent of the family.

7. A second group conference is held with the child and his or her parents or family members (IAC session II). The purpose of this feedback session is to expand on the understanding of the concerns (after gathering further information), and to generate alternatives and decisions to address the identified concerns.

8. A few weeks later, a follow-up is conducted via the telephone or a conference is held with the family to evaluate progress with regard to alternatives decided upon in the IAC sessions and to assess satisfaction with the service. Further assessment sessions and a subsequent conference may be held if necessary, to review and possibly revise the original decisions.

The family conferences are conducted in a fairly structured way. The areas of discussion are documented under certain headings, and summaries are written up on a large chart or sheet of paper for all participants to peruse. This provides clients with access to all available information. Common and divergent perspectives on the problem are highlighted, and areas of success as well as perceived solutions are discussed.

In the initial family interview, agreement is sought regarding the goals of the assessment. The child’s strengths and interests are then elicited. This contributes to a holistic understanding of the child and is in line with the focus on asset-based assessment procedures (Bouwer, 2005). Family members are in the unique position of having an intimate understanding of their child’s strengths and interests, temperament and what motivates the child. Concerns regarding the child and an understanding of these concerns are discussed, after which alternatives are generated and examined, as possible solutions to the difficulties and concerns identified. Evaluating the advantages and disadvantages of each alternative with the participants further clarifies each person’s idea of a best solution. In this way participants make decisions based on their own understanding, through facilitation by the consultant, rather than relying too much on expert advice.

Depending upon the decisions taken in the initial IAC session, information is gathered during the ensuing week(s) from a number of sources which could include informal and formal assessment procedures, observation, available reports, liaison with the school and/or diagnostic teaching or counselling. Once the understanding of the concerns has been thus broadened, a follow-
up consultation is held where further decisions regarding intervention are made jointly by the participants. Such intervention may target changes in the environment or aspects thereof, and/or may be directed at the child him- or herself. The telephonic follow-up or case conference to discuss and evaluate the assessment outcome and decisions made reflects the view of assessment as an ongoing process.

The framework of the IAC structure, which uses a chart to record the family conference discussions, aids the process of problem resolution. Such a framework makes concrete abstract formulations in such a way that a clearer picture of the problem is drawn and the different perceptions of the participants are recorded. The experience of actively working through each column of the chart allows for enactment of phases of problem resolution on the ‘stage’ of the IAC room. Through this problem-solving process the consultant is also provided with valuable insights into family structure and interaction, and the family is given the opportunity of expressing its communication channels, blocks, areas of conflict, and capacity or reasons for failure to resolve conflict.

Uses and practical application of the IAC approach in the South African context

A number of psychology training institutions in South Africa use an approach to assessment based on the broad principles embodied in the IAC model of assessment. Postgraduate students at the University of the Witwatersrand undertake practical work using the IAC approach with children, adolescents and their families. A number of these graduates have adapted principles and procedures compatible with the IAC in their practices (Warburton, 2008).

Psychological assessment needs to be grounded in a workable model as a framework for practice. The IAC approach has been found to have particular relevance to the South African context, as it has several innovative features incorporated into the assessment procedure. The conceptual shift represented by the IAC approach, from an individual pathology orientation to an interactional and family empowerment focus, circumvents many of the criticisms of traditional assessment procedures. The basic principles of active participation, self-determination, joint decision-making, consumer orientation and a holistic and systemic framework are in keeping with the values of transparency and democracy advocated in the South African Constitution.

In utilising an approach such as the IAC model, assessment is viewed in its broadest sense, drawing upon multiple sources of data other than formal testing procedures. Where tests are used, these need to be justified by clear rationales, which encourages reflective and ethical psychological practice; and unnecessary testing is eliminated. Other alternatives that can be used in the IAC assessment process include prescribed periods of assessment through instruction or teaching, and assessment through counselling. The former alternative could include, for instance, the introduction of a reading programme, and pre- and post-intervention measures could be obtained of the child’s functioning. This form of
dynamic assessment of the child’s learning potential is described in chapter 9 of this volume. As regards assessment through counselling, an example would be the use of play-based assessment as described by Linder (1993).

Limitations of the IAC approach

Adelman and Taylor (1979) mention certain limitations of the IAC approach, stating that some clients tend to rely excessively on professionals for diagnoses and prescriptions and would prefer to have definite answers given to them. They also mention that children may be reluctant to voice and share their perceptions in front of their family members. Certain reservations have also been expressed about the ability of younger children and those with severe problems to participate in a meaningful way in the IAC process. The IAC framework needs to be used and applied flexibly, to meet the diverse needs of children and their families or caregivers.

Another limitation of the IAC approach could be that important and possibly confrontational issues may be overlooked. In terms of the psychodynamic approach, it might be argued that defences, denial and repressed memories may prevent clients from presenting the whole truth. It is therefore argued that, in applying the IAC process, the consultant needs to be psychotherapeutically well skilled.

Research on the IAC approach

Studies conducted on the IAC approach by Adelman and Taylor (1979) and those conducted in South Africa (Amod, 2003; Amod et al., 2000; Dangor, 1983; Manala, 2001; Mugnaioni, 2008; Skuy et al., 1986) have looked at client satisfaction with services rendered. The perceptions of consultants using this approach to assessment have also been surveyed (Dangor, 1983; Levin, 2003; Mugnaioni, 2008; Warburton, 2008). These exploratory quantitative descriptive studies, which span a period of about three decades, utilised structured questionnaires and rating scales for the collection of data. While the sample sizes used in these studies have generally been small, which may affect the validity of the findings, they have supported the usefulness of the IAC approach to assessment as perceived by clients and consultants. Client satisfaction with professional services is an obvious aspect of the quality of service delivery and a relevant outcome measure (Human & Teglasi, 1993; Rey, Plapp & Simpson, 1998). Furthermore, as noted by Rey et al. (1998), learning about facets that alter parental satisfaction may facilitate the design of services that are more effective and acceptable to consumers.

Initial research carried out by Adelman and Taylor (1979) indicated client satisfaction with the IAC procedure: 24.4 per cent were satisfied, and 65.9 per cent were very satisfied with the procedure. They also found that 72.8 per cent of clients had followed through on decisions made in the IAC, while a further 18.7 per cent had either begun the process or had chosen alternatives not mentioned in the IAC. Adelman and Taylor (1979) concluded that their
preliminary findings suggested that the IAC approach was a viable alternative to other existing assessment practices, and that it was effective in generating decisions about the nature of psychoeducational services needed. The fact that 90.3 per cent of clients were satisfied with the programme, and that 91.5 per cent had either acted on decisions made or were implementing other alternatives, suggested that family participation in a problem-solving paradigm provides a valuable framework for assessment.

There is a general lack of research on models of assessment, not only in South Africa but also elsewhere in the world. Amongst the pilot studies that have been conducted at the University of the Witwatersrand, Dangor (1983) assessed the effectiveness of the IAC by means of family perceptions, as well as the perceptions of student consultants. The sample in this study included 40 families who constituted 90 per cent of the clients seen within a 6-month period, as well as 20 student assessors. The findings indicated a high degree of client family satisfaction with the IAC model, favouring the continued use of the IAC. Client families endorsed the joint decision-making process between the consultants and themselves as being highly positive, and regarded decisions emanating from the IAC as being very worthwhile. Students found the structure of the IAC helpful, and they viewed the emphasis on the child’s strengths positively. According to Dangor (1983), there was no discrepancy between family and students’ perceptions of the IAC. Dangor noted that the degree of respondent motivation to complete the questionnaires was an extraneous variable in the study which was difficult to control. Families needed reminders before returning the questionnaires. She suggested that further studies needed to be conducted using objective change criteria, to gauge the effectiveness of the IAC model.

Findings by Dangor (1983) and those yielded previously in the USA were supported by a further study by Skuy et al. (1986). Participants in the latter study were 84 client families, who constituted 93 per cent of the 90 clients attended to over a period of 8 months. The findings of this study demonstrated positive attitudes to the IAC procedure as measured by (i) clients’ satisfaction with the process; (ii) their perceived ability to participate in the process; and (iii) the efficacy of the shared problem-solving approach in ensuring a link between assessment and intervention. A further finding was that 93 per cent of the sample had implemented the decisions taken in the parent feedback interview of the IAC process.

Skuy et al. (1986) found positive correlations between decision-making, active participation in assessment, and attitudes towards the consultants and the services provided by them. They concluded that decision-making arising from the assessment and active participation in the assessment were associated with positive attitudes towards consultants and the services which they offered. Significant positive correlations were also reported between improvement in six problem-area variables, which included the presenting problem, school, behaviour, motivation, emotional functioning and family relationships. A limitation of the Skuy et al. (1986) study was the lack of a control group which would have afforded the opportunity to compare the IAC with other models of assessment. Also, there do not appear to be any comparable studies to suggest that decisions are more frequently implemented using the IAC framework than when other assessment approaches are used.
Concerns related to the use of a Eurocentric model of assessment in South Africa, such as the IAC approach, prompted the study by Amod et al. (2000). This study indicated that the IAC was an effective assessment approach across racial and cultural groups within the client population seen at the University of the Witwatersrand. Fifty client families out of those seen over a period of two years were surveyed. The questionnaire, which was constructed in this study to measure client feedback and perceived improvement in problem areas, was based on that used previously by Skuy et al. (1986). In addition to the original questionnaire, questions were added relating to cross-cultural issues. The replication of the questionnaire and the use of the same dimensions allowed for a qualitative comparison to be made between the results obtained and the findings of the Skuy et al. (1986) study.

The results of the Amod et al. (2000) study corroborated the positive findings of Skuy et al. (1986). Clients were highly satisfied with the IAC process and their involvement in it, as well as with the efficiency and efficacy of the shared problem-solving process in ensuring a link between assessment and intervention. Ninety-four per cent of the clients in this study implemented decisions taken in the IAC, while a similar number of clients (93 per cent) did so in the Skuy et al. study. The findings further suggested that race and culture were not a significant factor in relation to attitudes towards the IAC. There were two exceptions to this. Firstly, a significantly larger number of black respondents indicated that they would have wished for greater decision-making on the part of the consultant, as compared with their white, coloured and Indian counterparts. This could be related to the fact that people who were most disempowered by the apartheid system may not have been used to a participative style, and hence expected professionals to take responsibility for decision-making.

Secondly, the fact that Indian and African extended families participated in the assessment to a significantly greater extent than white and coloured families ties in with the cultural differences among the groups in this regard (Amod et al., 2000). Among the African and Indian families in South Africa, emphasis is placed on the role of grandparents and the extended family in the lives of parents and children.

A limitation of the Amod et al. (2000) study was the inability to control for extraneous variables which could have contributed to perceived client changes, such as school and teacher changes, increased motivation, and change in family dynamics. Furthermore, while the study focused on attitudes towards the IAC process and the implementation of decisions, there were no further reports of clients’ long-term adherence, or objective measures of improved functioning in problem areas.

Given the lack of comparative studies involving the IAC, Manala (2001) conducted a survey of parents’ views on two approaches to assessment. One approach was the IAC and the other was a psychodynamic-social model used at a community internship site. The latter approach to assessment starts with an initial intake interview which is attended by the parents only, and has a psychodynamic focus. The psychosocial history of the child and family is recorded. This intake interview is discussed at a case conference, and suggestions for further interventions are evaluated by the therapeutic team. Interventions may include parent counselling, play therapy, emotional assessment and/or psychoeducational assessment. Testing is not always advocated. Manala (2001)
found that there was no significant difference in the respondents’ perceptions, and both approaches to assessment were rated as being highly satisfying. She proposed an integrated assessment model which incorporates cognitive and psychodynamic insights and involves the entire family in the assessment.

The IAC formed part of a broader study conducted by Amod (2003), in which a problem-solving psychoeducational assessment model was designed and implemented in a school district consisting mainly of schools of lower socio-economic status. In this mixed-methods action research study using a control group, 12 district support team members (including psychologists and learning support specialists) and 47 school-based support team members were trained on the IAC. Levin (2003), an intern psychologist, facilitated the training of the district support team. The IAC trainees implemented this approach within 10 schools which included 54 learners and their parents. A range of measures were utilised in this study, such as pre- and post-intervention questionnaires, pupil screening scales, school adjustment scales and family grids, as well as focus group interviews. The results reflected positive attitudes and a strong concordance in the perceptions of the respondents (IAC consultants, parents, learners and teachers), in relation to the IAC procedure. The majority of the perceptions were highly positive about the active participation of parents and families in the assessment process. This was the first study of the IAC that was conducted out of the ‘clinical’ university setting and extended to schools and the community. The successful application of the IAC tool within a school district attests to its flexibility and utility within different settings.

A case study using the IAC approach to assessment and an ecosystemic intervention programme consisting of learning support, play therapy and parent counselling was conducted by Mugnaioni (2008). Qualitative methods of data collection were used, and thematic content analysis was employed to analyse the data. Mugnaioni concluded that an ecosystemic approach to assessment and intervention was a viable process in understanding and supporting an underachieving, anxious child. She did, however, state that more research was needed to add validity to the findings of her study. Constraints in applying an ecosystemic approach to assessment and intervention were also noted, since successful implementation of this approach required time, expertise and the necessary financial and structural support.

In a recent, non-experimental exploratory pilot study, Warburton (2008) investigated past student consultants’ (N = 40) perceptions of the effectiveness of the IAC as a framework for the assessment process, and their use of this approach at internship sites or other places of work. A self-designed questionnaire, which was pilot-tested on a representative sample, was administered in this study. Thematic content analysis was used to analyse the data. The results of the study suggested that the IAC is perceived as an effective approach to assessment, as it helps to contextualise the client and is a collaborative and interactive process (100 per cent of the respondents indicated this). Respondents viewed the IAC process as conducive to involving all stakeholders, such as the child, the family or other caregivers and the teacher, in the assessment and intervention planning process. The majority of the sample (92 per cent) expressed satisfaction with the IAC model’s ecosystemic and holistic approach, which they regarded as practical and flexible,
while 72 per cent saw the value of the IAC as being its client- and family-centred focus. Warburton (2008) found that many of the principles of the IAC continued to be adopted by past students at their internship sites or places of work.

A limitation of the Warburton (2008) study was the low return rate of the questionnaires, which resulted in a small sample size. Further, since the majority of the respondents had less than five years of work experience, they may not have had an extensive background experience against which to critically compare and evaluate the IAC model in relation to other approaches to assessment.

Conclusion

The IAC model, with its sound philosophical, theoretical and ethical foundations, is well suited to meeting the needs of psychological assessment practice and intervention in South Africa. Studies conducted thus far, although limited to the context of the University of the Witwatersrand, have shown that the IAC is an effective assessment approach across cultural groups. The holistic and joint child and family participatory emphasis of the IAC complements the government’s emphasis on addressing barriers to learning and development. Furthermore, the IAC process is congruent with the principles of best practice in the field of assessment, which move beyond a conventional testing approach.

References


