SERVICES

We assess and treat the full range of emotional and behavioural difficulties in childhood and adolescence.

FEES

Our therapy and assessment services are offered at a reduced-fee rates.

Therapy: R400/session
Psychoeducational Assessment: R4000

Khula

THERAPY & ASSESSMENT CLINIC

Support for children & families

PSYCHOTHERAPY & PSYCHO-EDUCATIONAL ASSESSMENT

CONTACT

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1 Tenth Road,
Kew
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UBUBELE

Reasons for Referral to Ububele and Assessment Results Pre and Post COVID-19

Dr Nicola Dawson and Sinovuyo Arosi

Ububele Educational and Psychotherapy Trust

UBUBELE

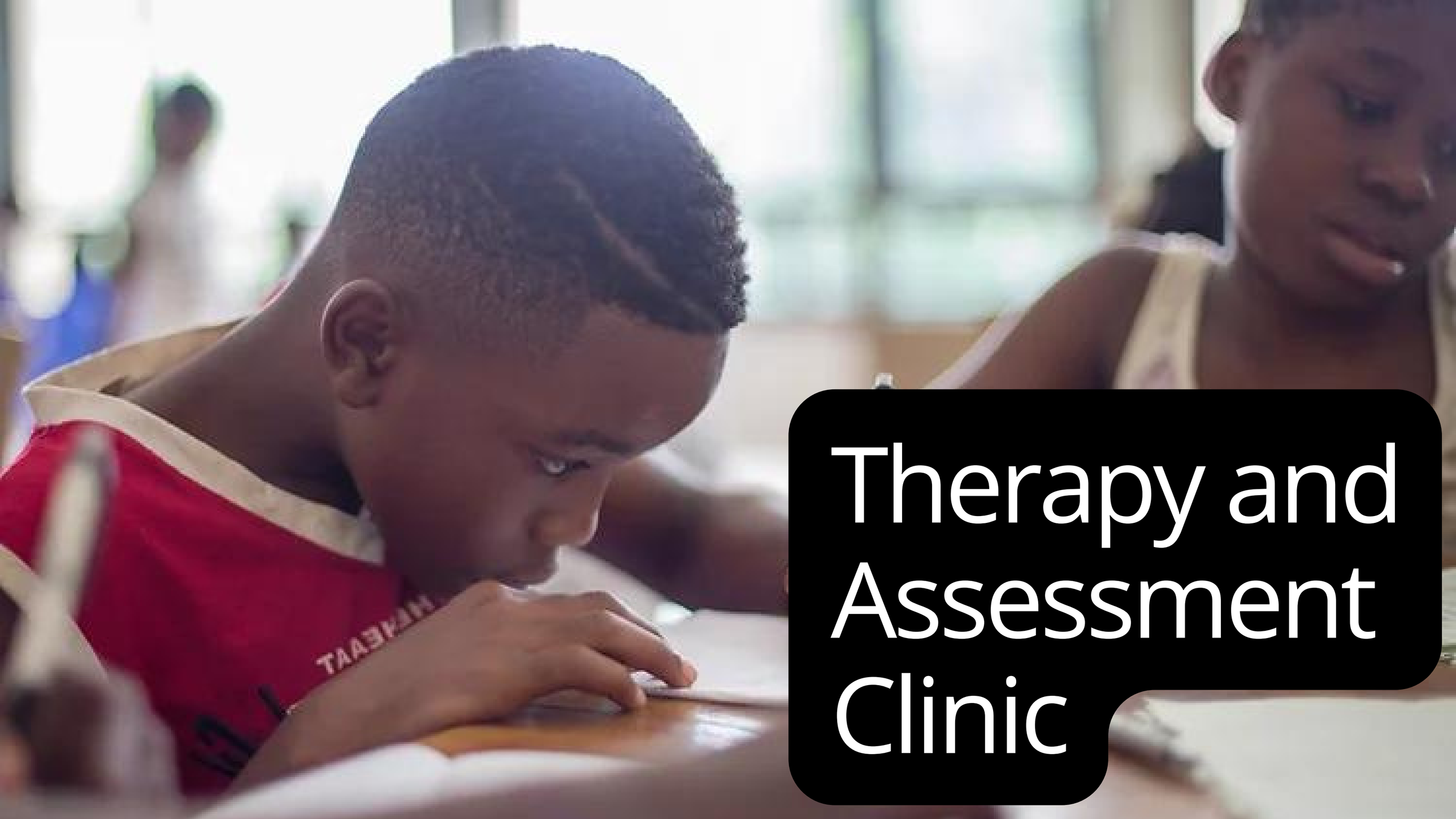
Alexandra

The Ububele Educational & Psychotherapy Trust

Healing Trauma
Building Relationships

The Ububele Preschool

Parent-Infant Services



Therapy and Assessment Clinic

Internship Site

YEAR	Number of Interns
2018	5
2019	2
2020	2
2021	4
2022	4

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UBUBELE

PERSONA DOLL COURSE

This course is intended to equip people who work with children (or have children in their care) to develop ways of speaking with children about their emotions.

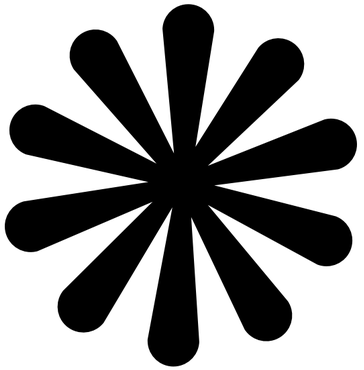
Dates:	**20th | 27th Jul | 3rd Aug 17th | 24th | 31st Aug**
Time:	**13:00 - 16:00**
Venue:	**1, 10th Road, Kew, 2090**

BOOK YOUR SPOT ON WWW.UBUBELE.ORG

R2000 p/p | R300 discount p/p on a group of 3 people or more (use the discount coupon code GROUPPD.)

For more information contact Safiya at safiya@ububele.org or Bokang at preschool@ububele.org

Professional Trainings



Literature Review

The impact of large scale disasters

- Large scale disaster such as COVID-19 are associated with increases in psychological distress, depression, suicidality and anxiety (Han et al., 2020; Nogueira et al., 2021)
- Particularly disasters which result in social confinement (Nogueira et al., 2021)
- and job losses (Pandey et al., 2021)

The impact of school closures

- COVID-19 related school closures have been linked to poorer school performance, especially in younger children and learners from lower socio-economic backgrounds (Gore et al., 2021; Hammerstein et al., 2021; Sintema, 2020)
- COVID-19 has widened the school performance gap across socio-economic divides (Gore et al., 2021)

School closure in South Africa during COVID-19

Public school learners missed nearly 40% of scheduled school days in 2020 (Van der Berg & Spaull, 2020).

Technology-based learning was inaccessible to 90% of school learners in SA (Van der Berg & Spaull, 2020).

Mental Health Precursors in South Africa

Increased social isolation (Subramaney et al., 2020)

Reduced physical activity (Subremaney et al., 2020)

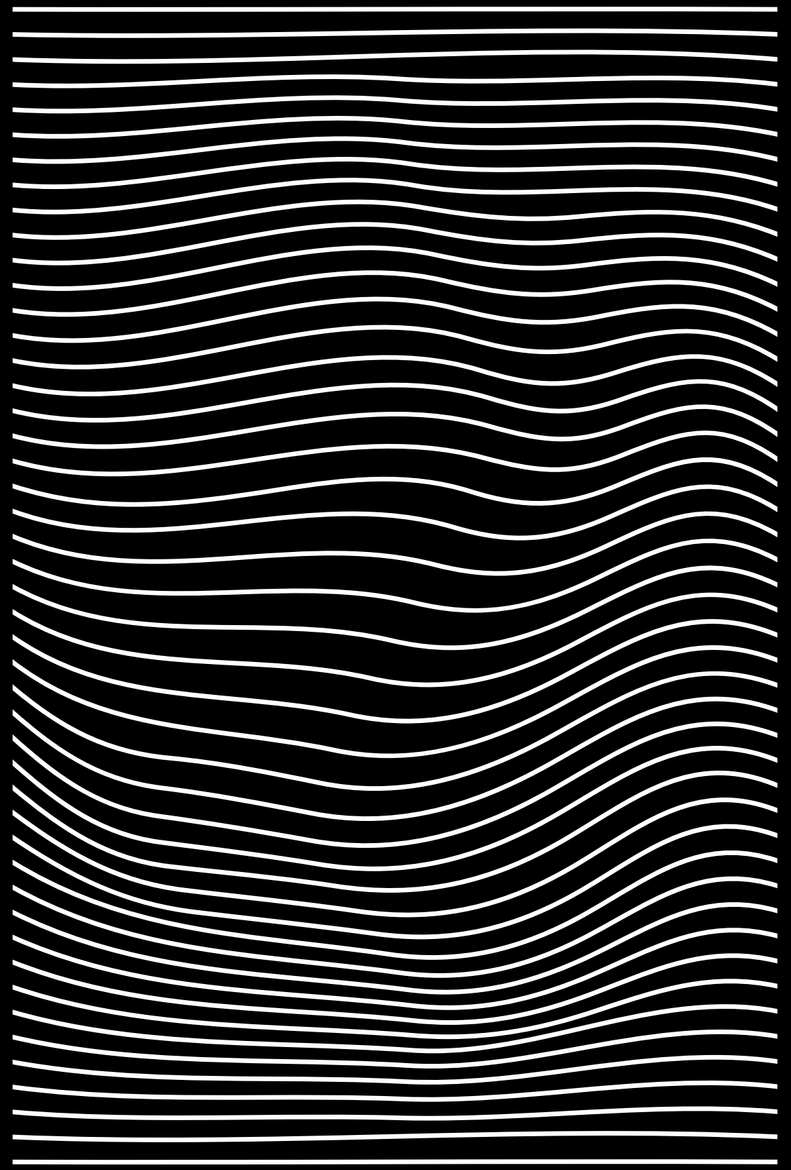
Increased screen use (Lewis et al, 2021)

Mental Health Studies in Southern Africa

- Higher levels of anxiety and depression (Mudiriza & De Lannoy, 2020; Pillay, 2022)
- Increased stress and fear (Gittings et al., 2021; Hafejje & Levine, 2020; Pillay, 2022).
- Females reported more fear during the COVID-19 pandemic and males reported more difficulties in romantic relationships (Pillay, 2022).

Research Method

Comparison of Data from
2018 to 2022



Research Questions

- Is there an increase in referrals pre and post-COVID?
- Are there differences across age, gender, and presenting concerns pre and post-COVID?
- Are there differences across age, gender, and scores of learners receiving psychoeducational assessments at Ububele pre and post-COVID?
- Is there a decrease in the school readiness performance of Ububele preschool learners pre and post-COVID?

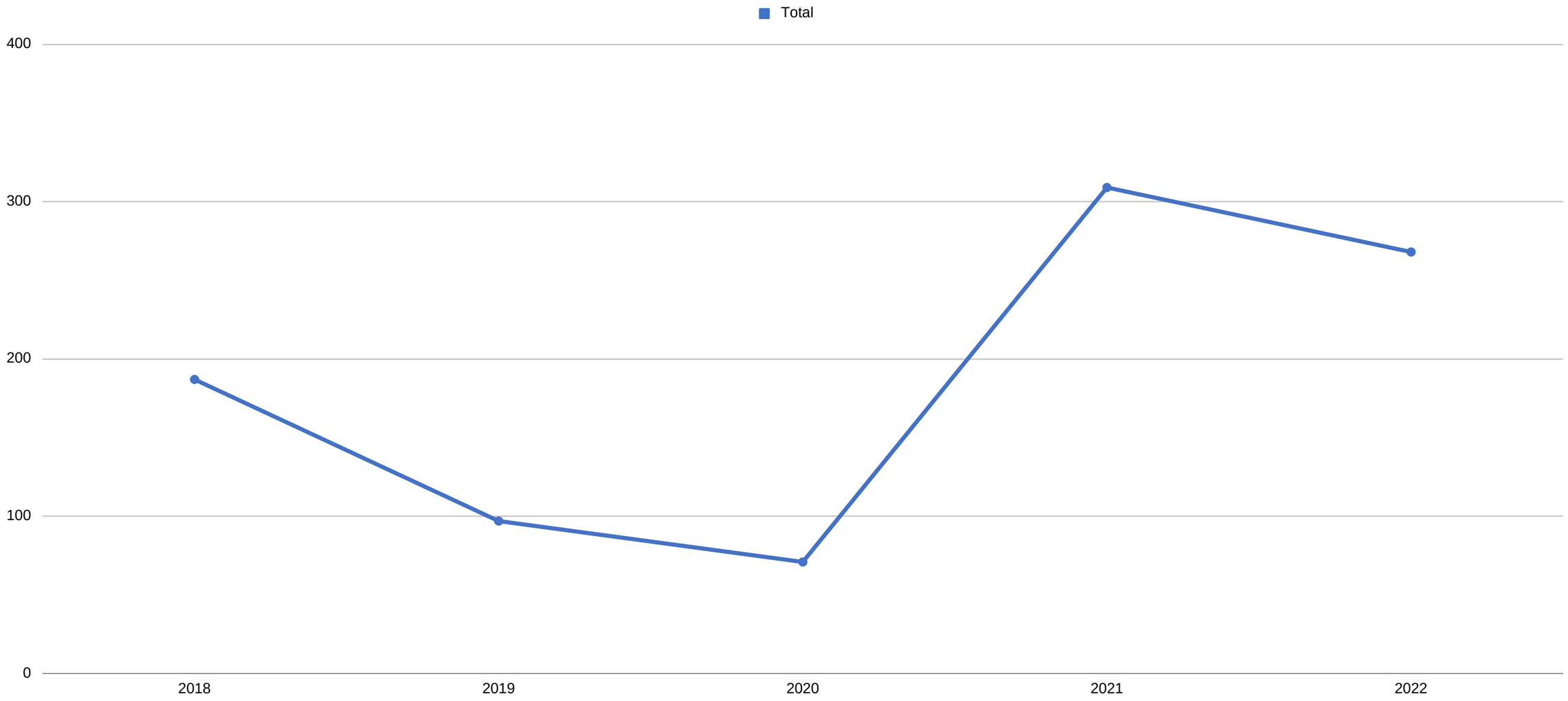
Results

Internship Site

YEAR	Number of Interns
2018	5
2019	2
2020	2
2021	4
2022	4

Closing of the waiting list dependant on anticipated capacity

Increase in Referrals Post COVID



Top Ranked Presenting Concerns

Presenting Concern	2018	2019	2020	2021	2022
Poor School Performance	1	1	1	1	1
Anger or Aggressive Behaviour	2	3	3	2	3
Interpersonal Problems or Relationship Conflict	3	2	5	4	4
Death of a Family Member or Significant Loved One	4	5	2	3	2
Personal Trauma (Non-sexual)	5				
Emotional or Overwhelmed		4	3	5	5
Rape or Sexual Assault		5			

Top Ranked Presenting Concerns

Presenting Concern	2018	2019	2020	2021	2022
Poor School Performance	1	1	1	1	1
Anger or Aggressive Behaviour	2	3	3	2	3
Interpersonal Problems or Relationship Conflict	3	2	5	4	4
Death of a Family Member or Significant Loved One	4	5	2	3	2
Personal Trauma (Non-sexual)	5				
Emotional or Overwhelmed		4	3	5	5
Rape or Sexual Assault		5			

Significantly Different RFR Across Time

- Across all years
- When comparing 2018 to 2022 (most similar years)

Chi-Square Statistic: 79.8236; DF: 10; p-value: 0

Interpretation: Assuming that nulll hypothesis is true, the probability of seeing a chi-square statistic of 79.8236 or greater is 0. That is, if there really is no relationship, then 0% of similarly collected samples will have a chi-square statistic of 79.8236 or greater.

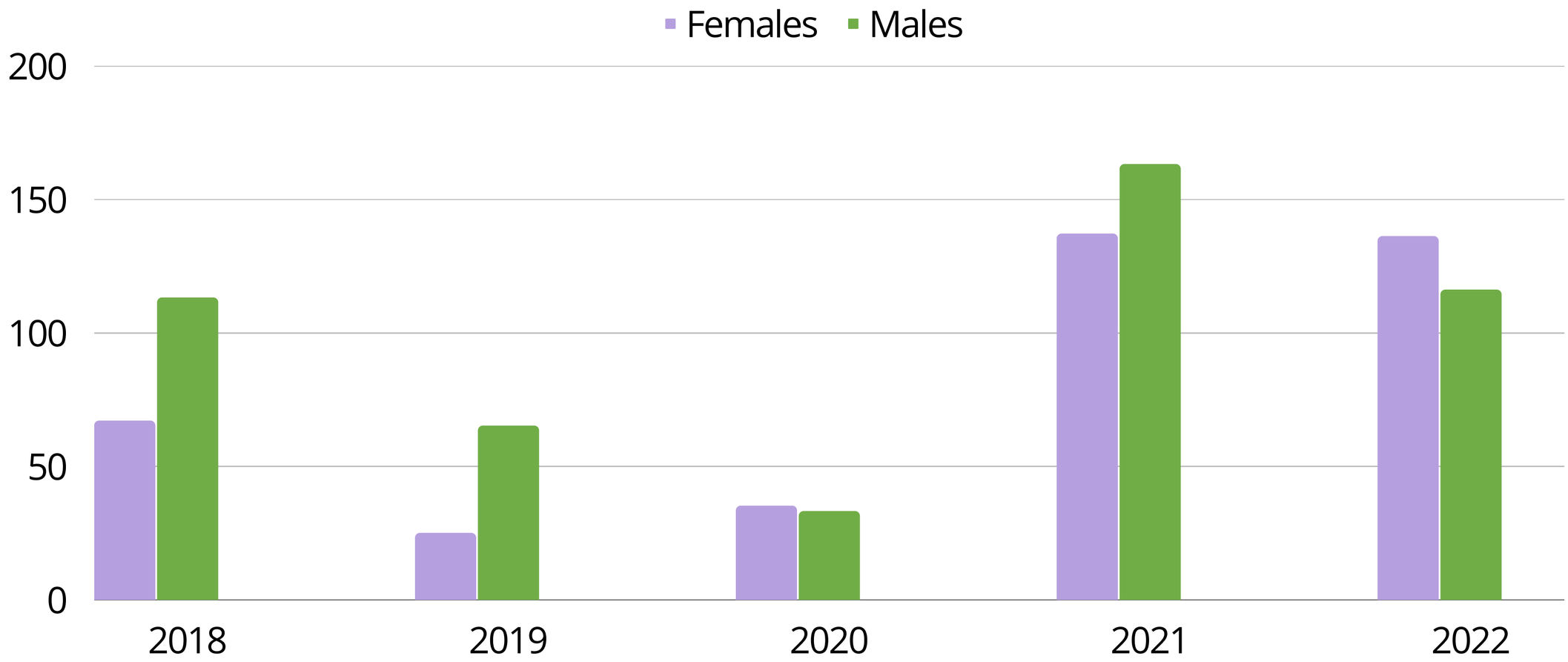
Statistically significant increase in female referrals POST COVID

	FEMALE	MALE
2018	67	113
2019	25	65
2020	35	33
2021	137	163
2022	136	116

Run Chi-Square Test

Chi-Square Statistic: 24.5831; DF: 4; p-value: 0.0001

Interpretation: Assuming that nulll hypothesis is true, the probability of seeing a chi-square statistic of 24.5831 or greater is 0.0001. That is, if there really is no relationship, then 0.01% of similarly collected samples will have a chi-square statistic of 24.5831 or greater.



Increase in Referrals of Females

Statistically Significant Increase in Age at Referral

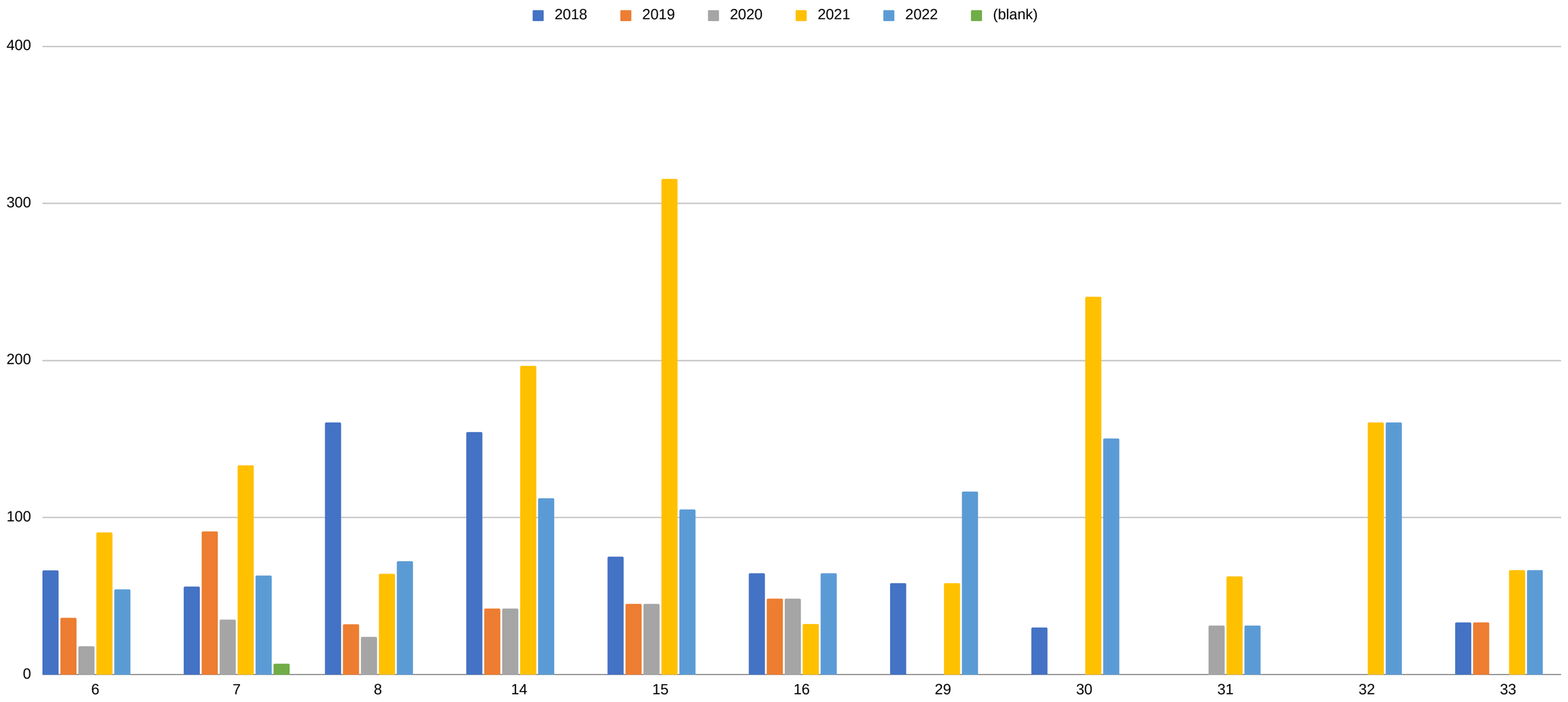
Sample Sizes:	n_1 =325	n_2 =522
Sample Means:	$\overline{x}_1$ =13.3969	$\overline{x}_2$ =16.7261
Sample Standard Deviations:	s_1 =10.2409	s_2 =12.6693
Degrees of Freedom:	df =789.7284	
Critical t Value:	t^* =1.96297	
95% Confidence Interval:	(-4.8874, -1.7708)	
t statistic:	t =-4.1937	
	p-value =0	

Interpretation: Assuming that $\mu_1 = \mu_2$, the probability of seeing a test statistic as far out as $t = -4.1937$ is 0.

Conclusion:

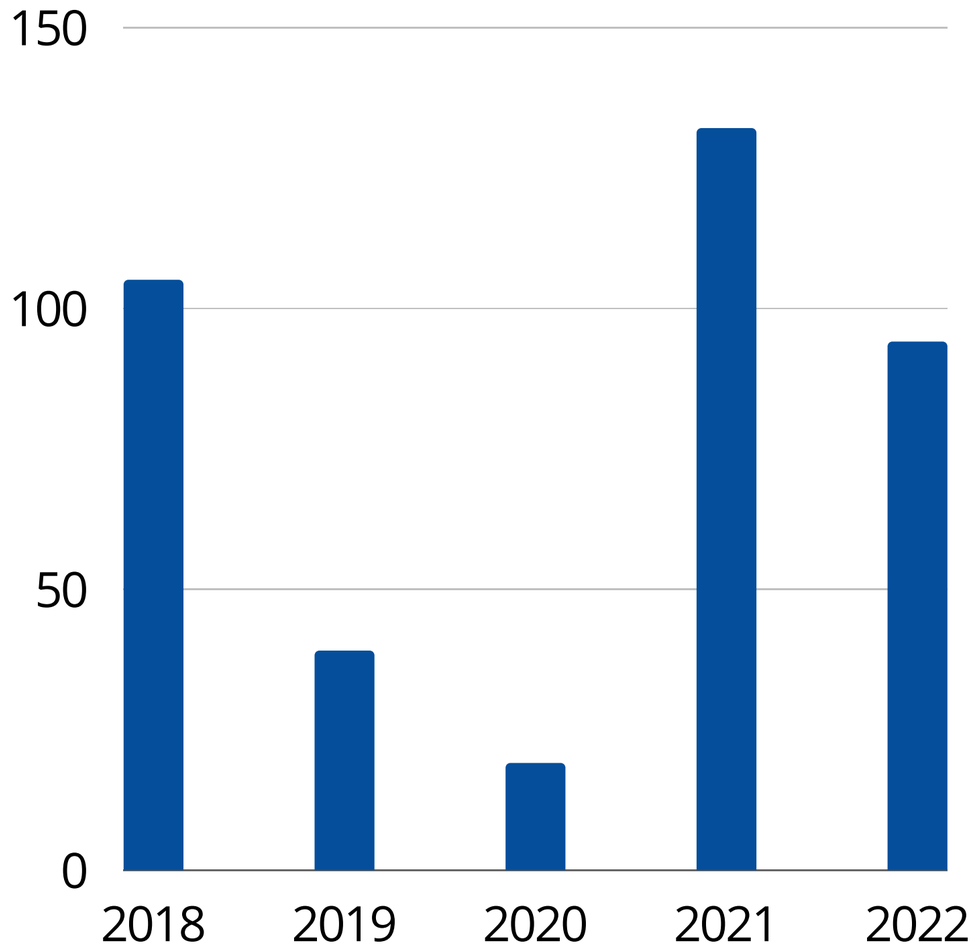
Reject the null hypothesis. $(0 = p < \alpha = 0.05)$

Spikes at School Going Age Post COVID

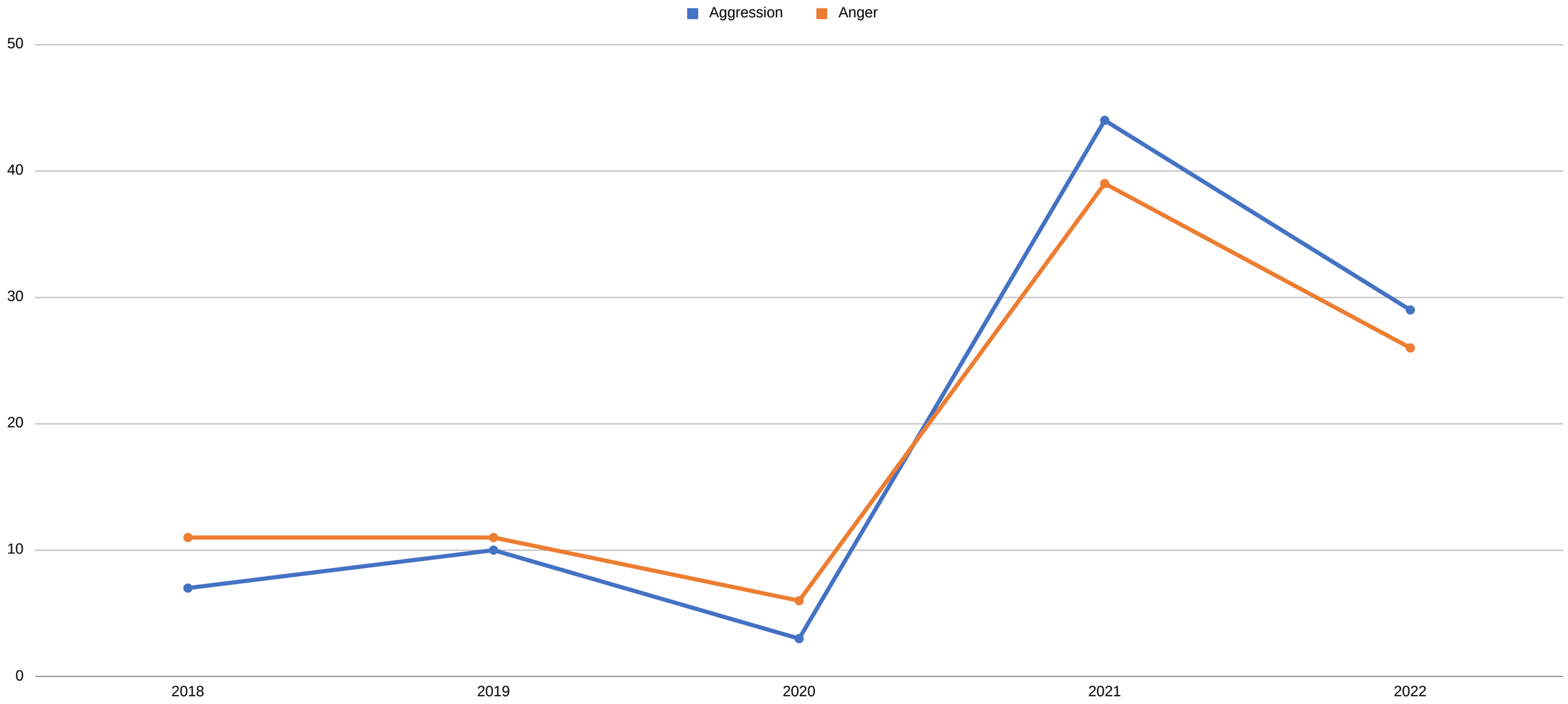


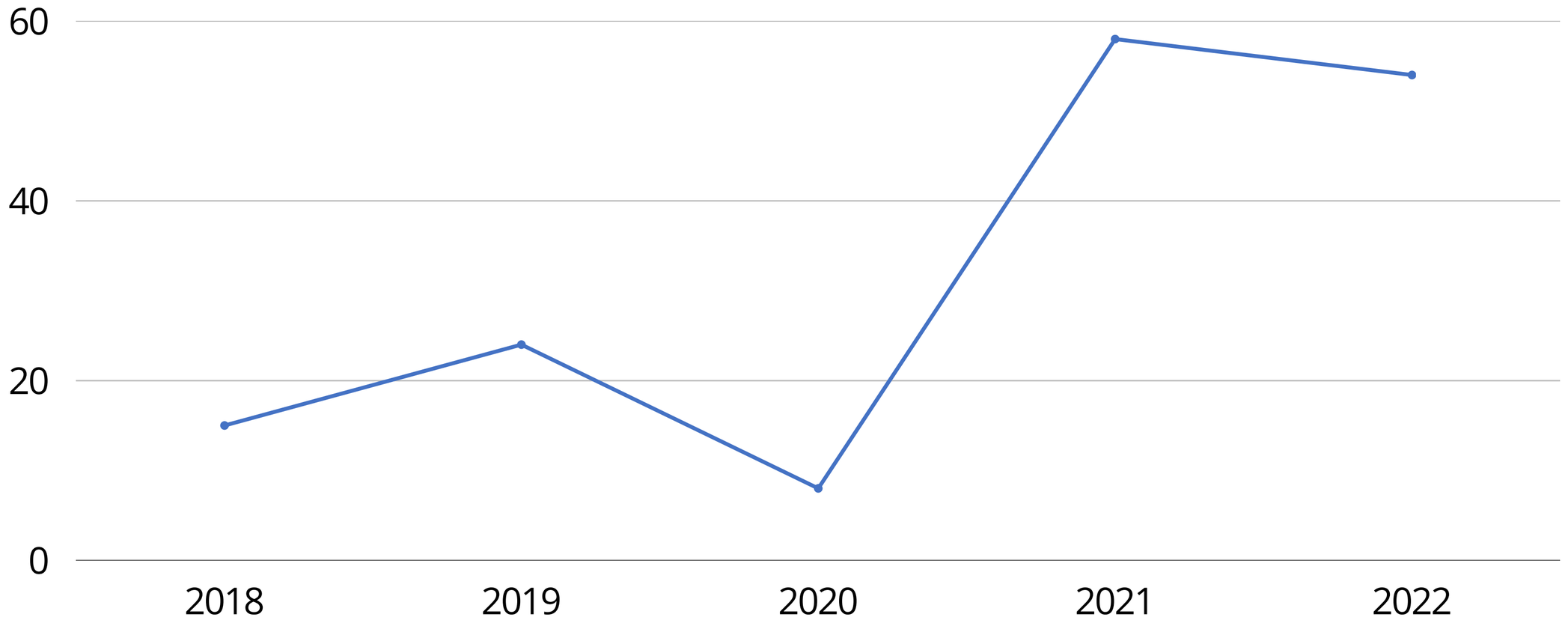
Shifts in Reasons For Referrals

Referred for School Performance By Year



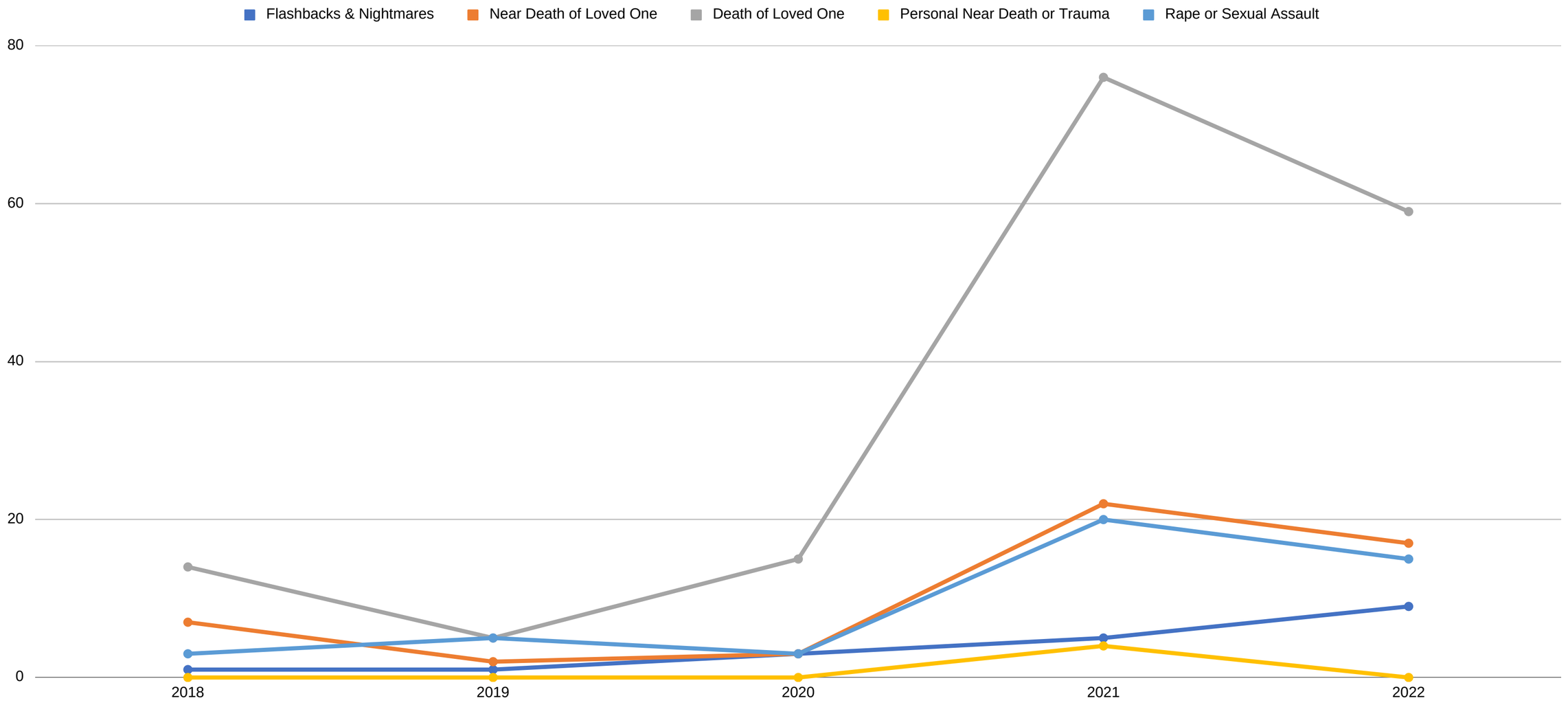
Anger and Aggression (incl. homocidality)

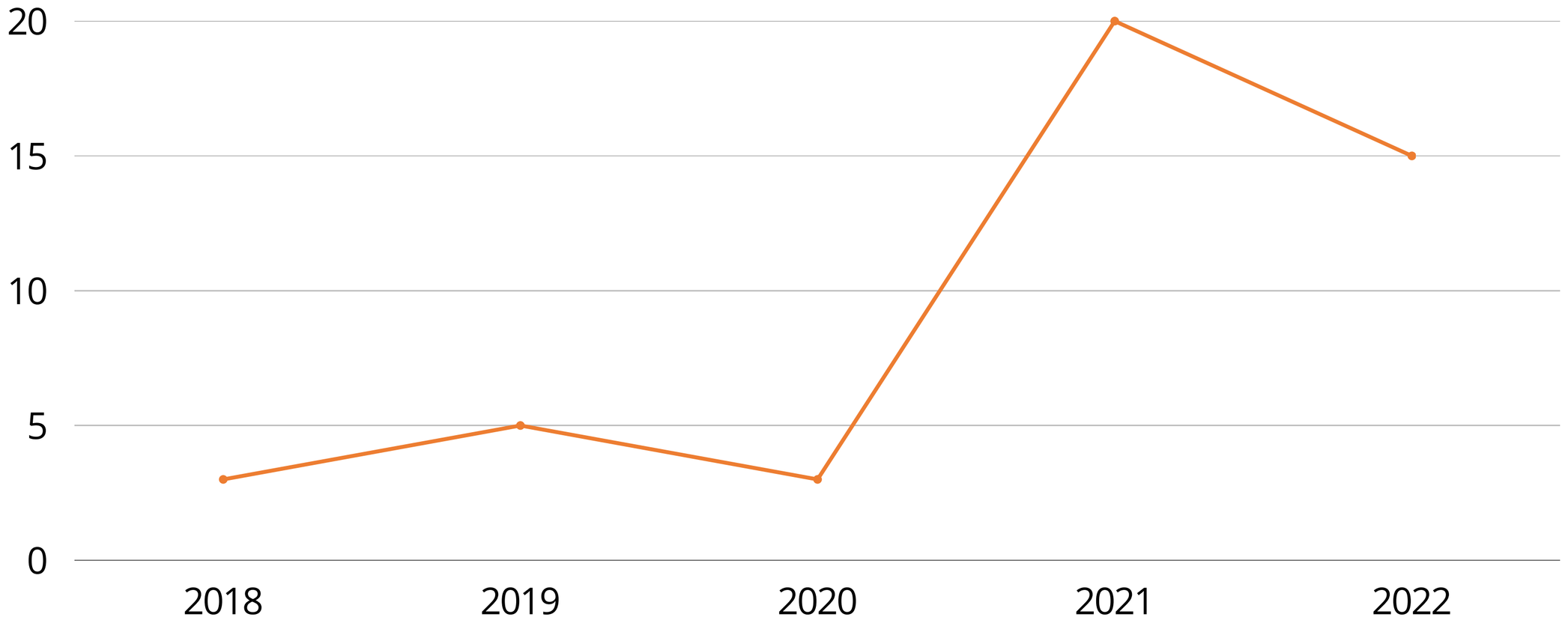




Interpersonal Conflict

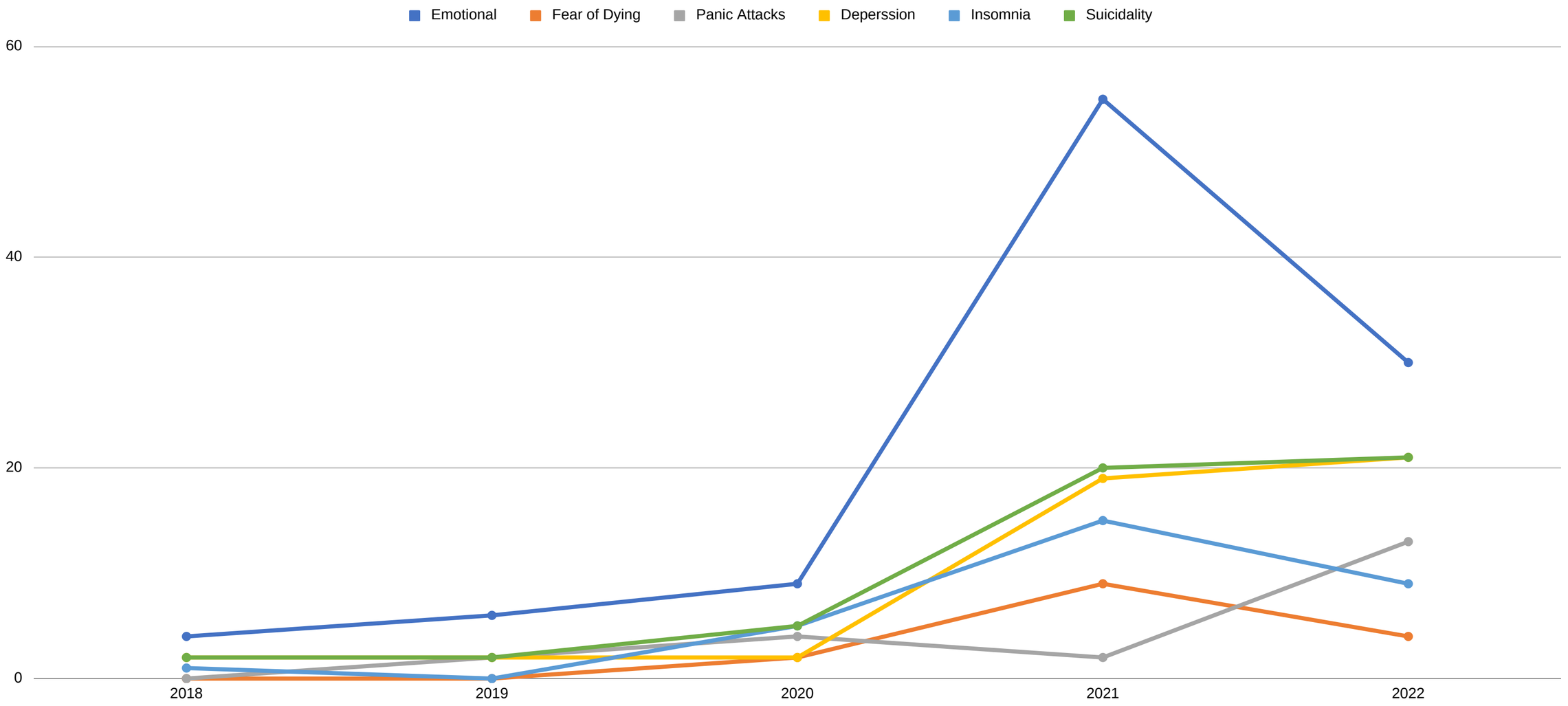
Trauma Related Referrals

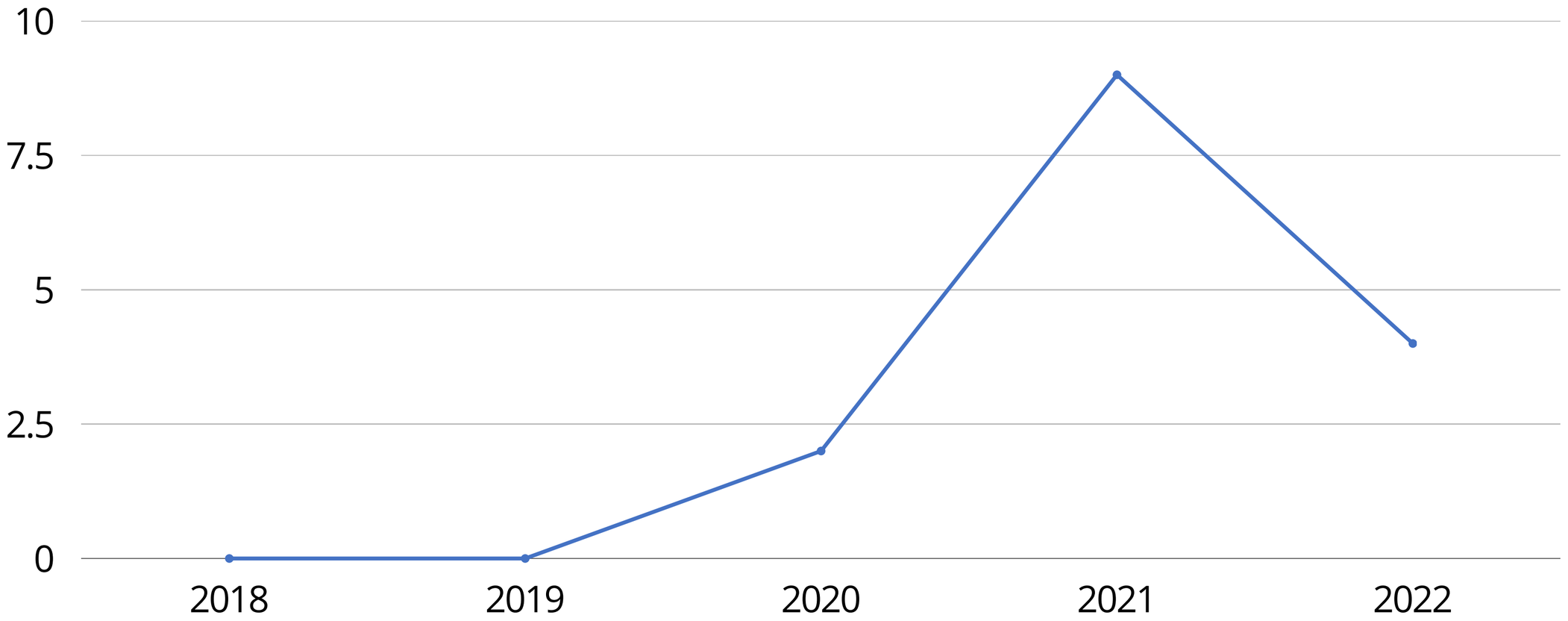




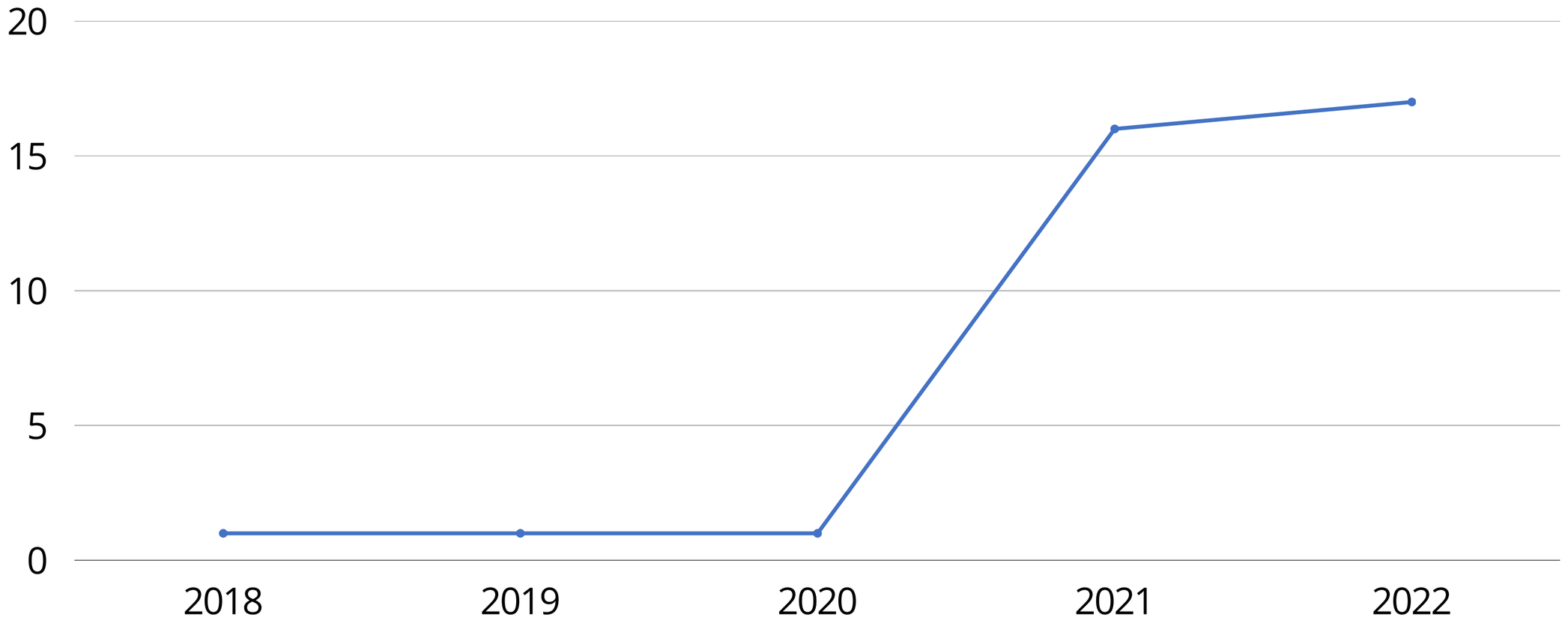
Increase in Rape and Sexual Assault Referrals

Anxiety and Depression Related Referrals





Fear of Dying



Unemployment and Financial Stress Mentioned at Intake

A Summary:

- Significantly more children are being referred for therapy post-COVID
- More females are being referred
- The average age of clients has increased
- Proportionally, there is a significant increase in referrals due to:
  - Death of a loved one
  - Near-death of a loved one
  - Rape or sexual assault
  - Feelings of overwhelm
  - Depression
  - Suicidality
  - Fear of Dying
  - Financial stressors

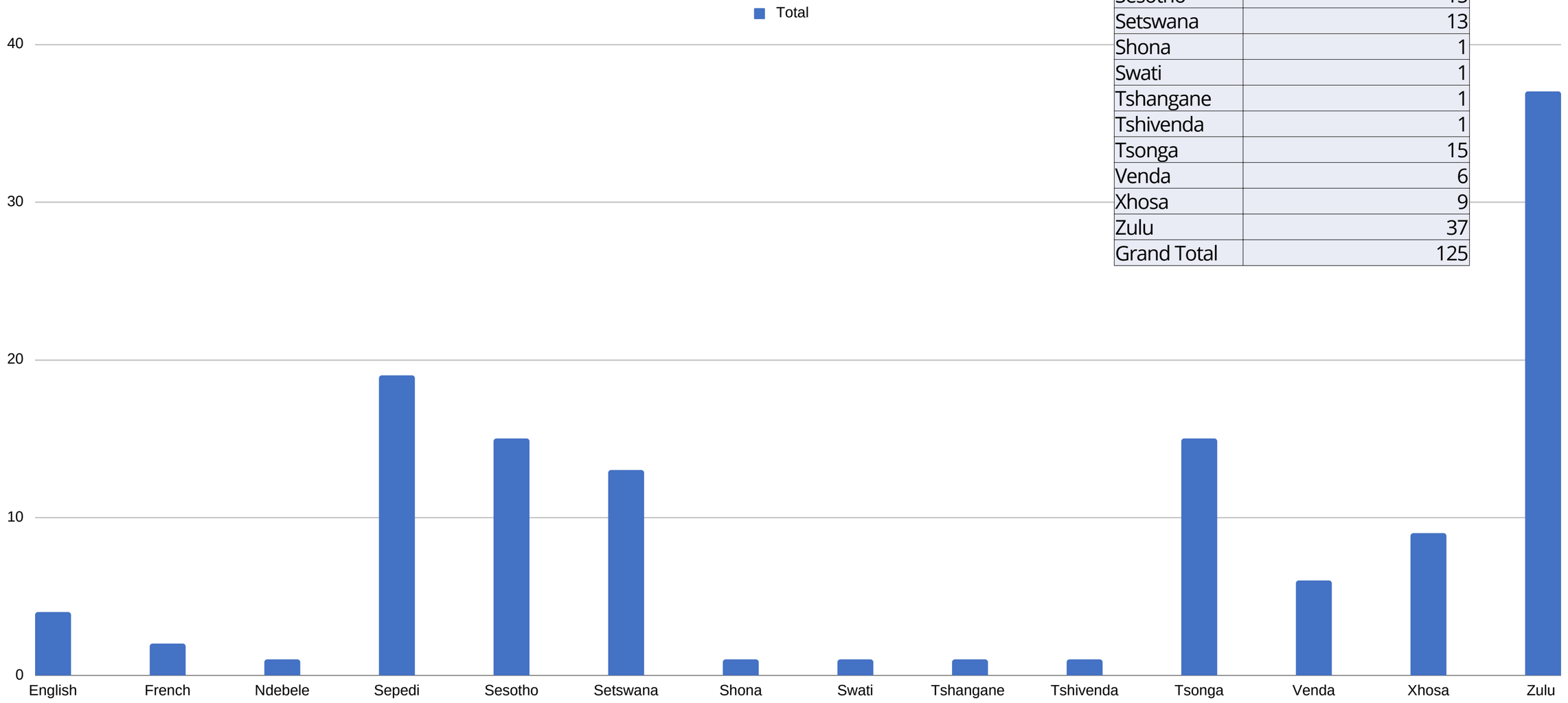
PSYCHOEDUCATIONAL ASSESSMENTS

Assessments Done 2018 to 2022

YEAR	SSAIS	WISC/WIPPSI	TOTAL
2018	9	31	45
2019	5	1	9
2020	20	1	21
2021	8	8	28
2022	26	8	36
GRAND TOTAL	68	49	129

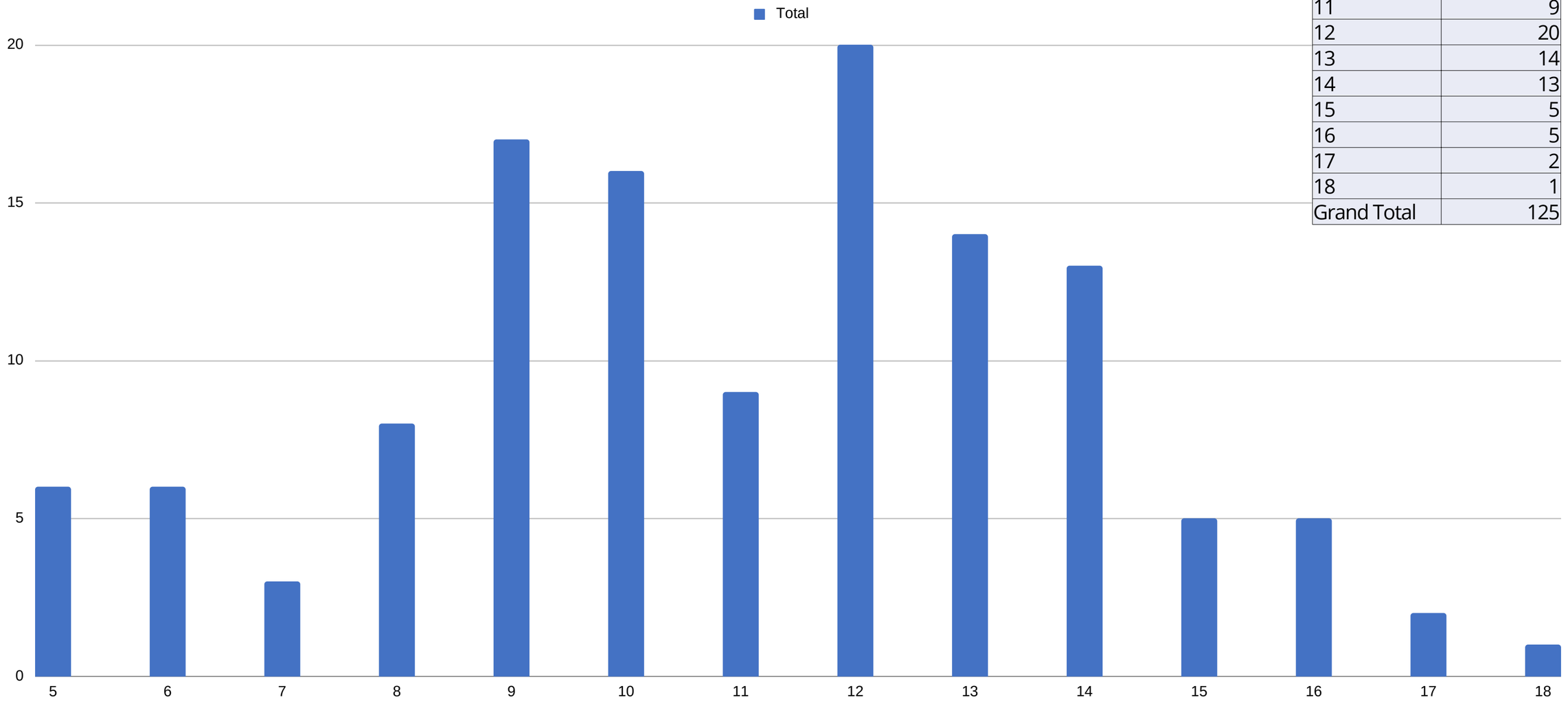
Language of Clients Referred

Row Labels	Count of Home Language
English	4
French	2
Ndebele	1
Sepedi	19
Sesotho	15
Setswana	13
Shona	1
Swati	1
Tshangane	1
Tshivenda	1
Tsonga	15
Venda	6
Xhosa	9
Zulu	37
Grand Total	125



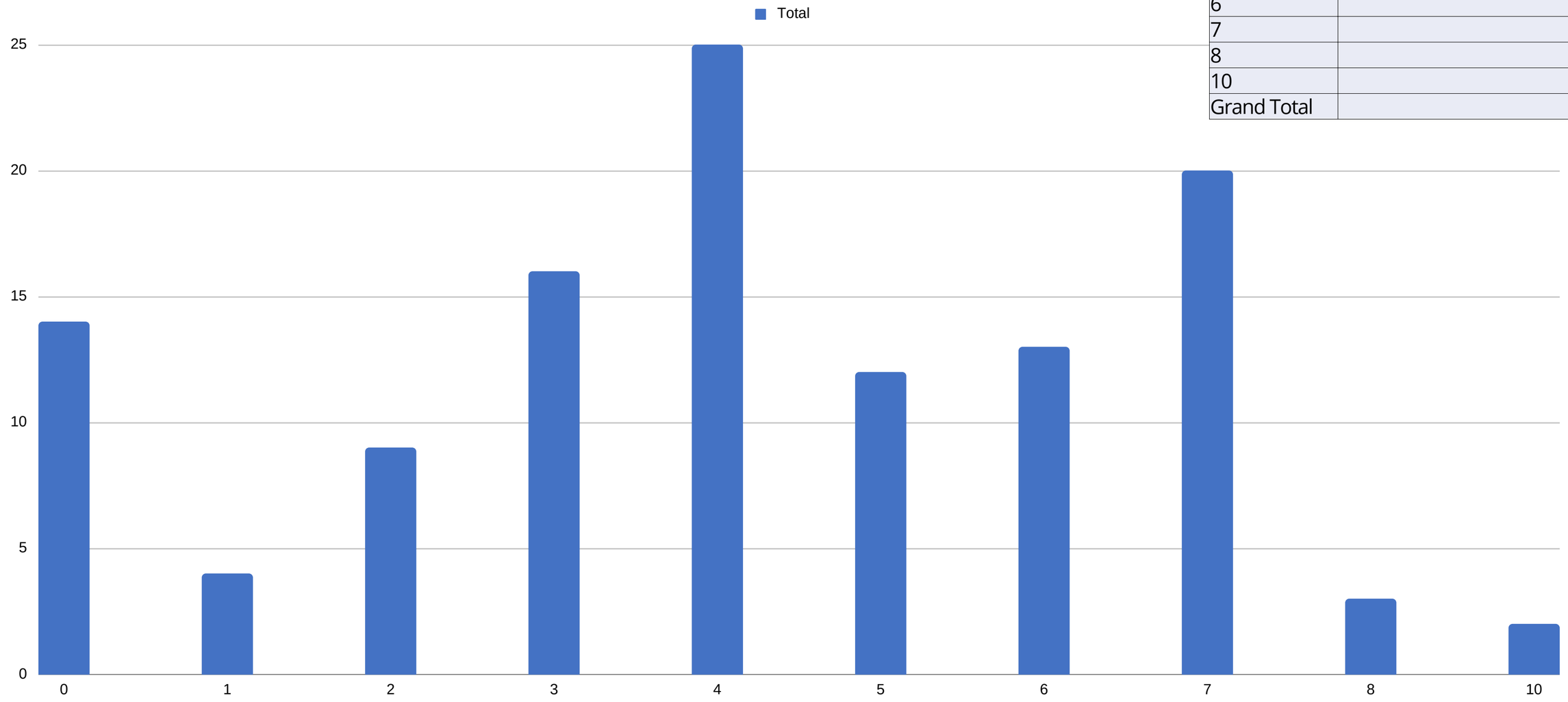
Age of Referred Clients

Row Labels	Count of Age
5	6
6	6
8	8
9	17
10	16
11	9
12	20
13	14
14	13
15	5
16	5
17	2
18	1
Grand Total	125



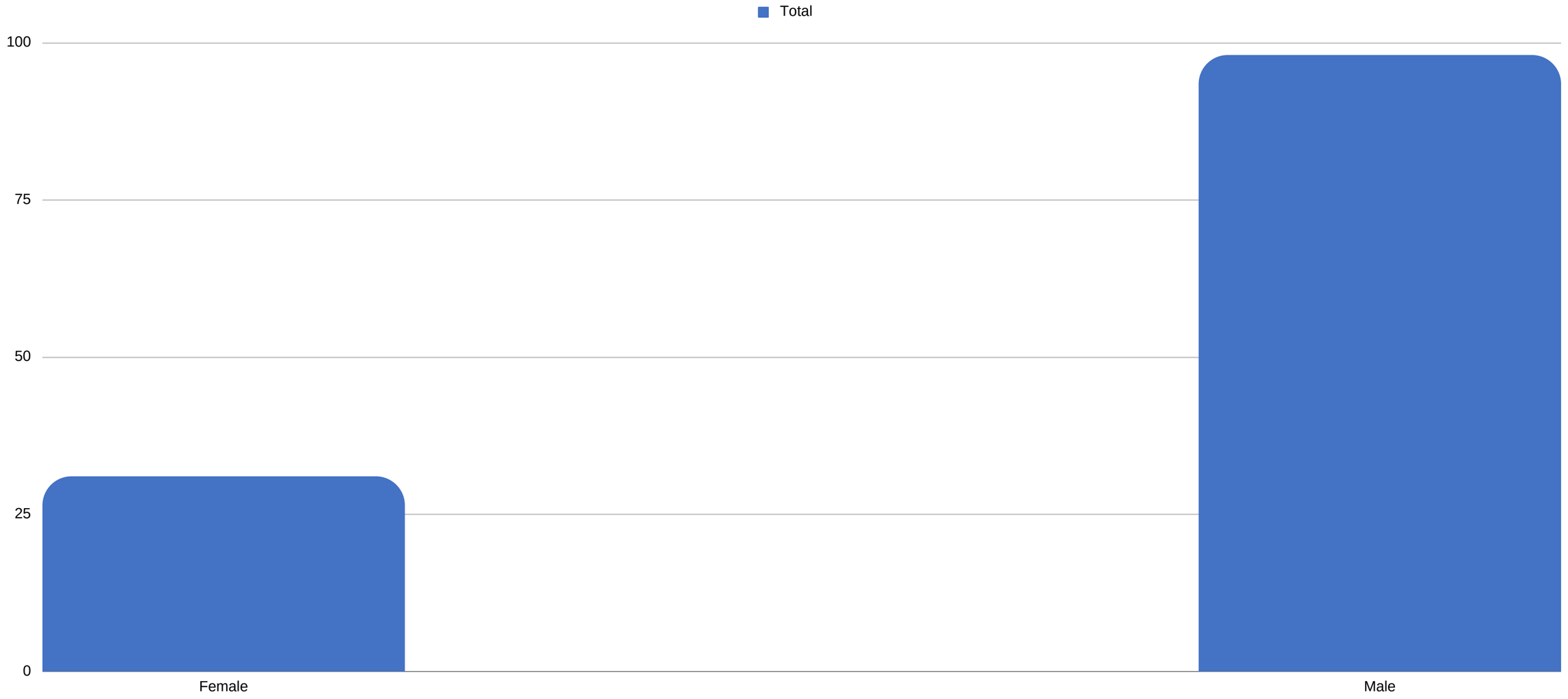
Grade of Clients Assessed

Row Labels	Count of Grade in Year Assessed
0	14
1	4
2	9
3	16
4	25
5	12
6	13
7	20
8	3
10	2
Grand Total	118



Gender of Referred Clients

Row Labels	Count of Gender
Female	31
Male	98
Grand Total	129

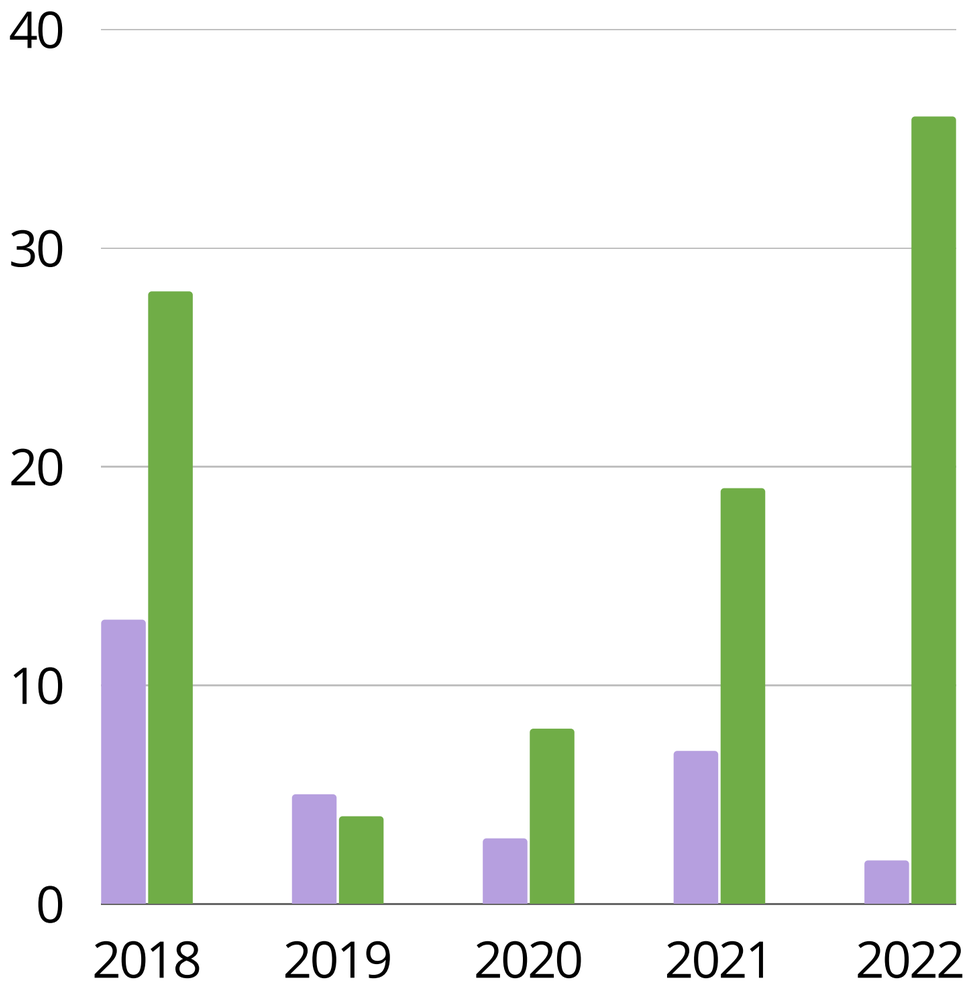


Significant Increase in Male Referrals in 2021

Chi-Square Statistic: 13.7488; DF: 4; p-value: 0.0081

Interpretation: Assuming that nulll hypothesis is true, the probability of seeing a chi-square statistic of 13.7488 or greater is 0.0081. That is, if there really is no relationship, then 0.81% of similarly collected samples will have a chi-square statistic of 13.7488 or greater.

Psychoeducational Assessments by Gender



No Difference in Age or Grade of Clients Assessed

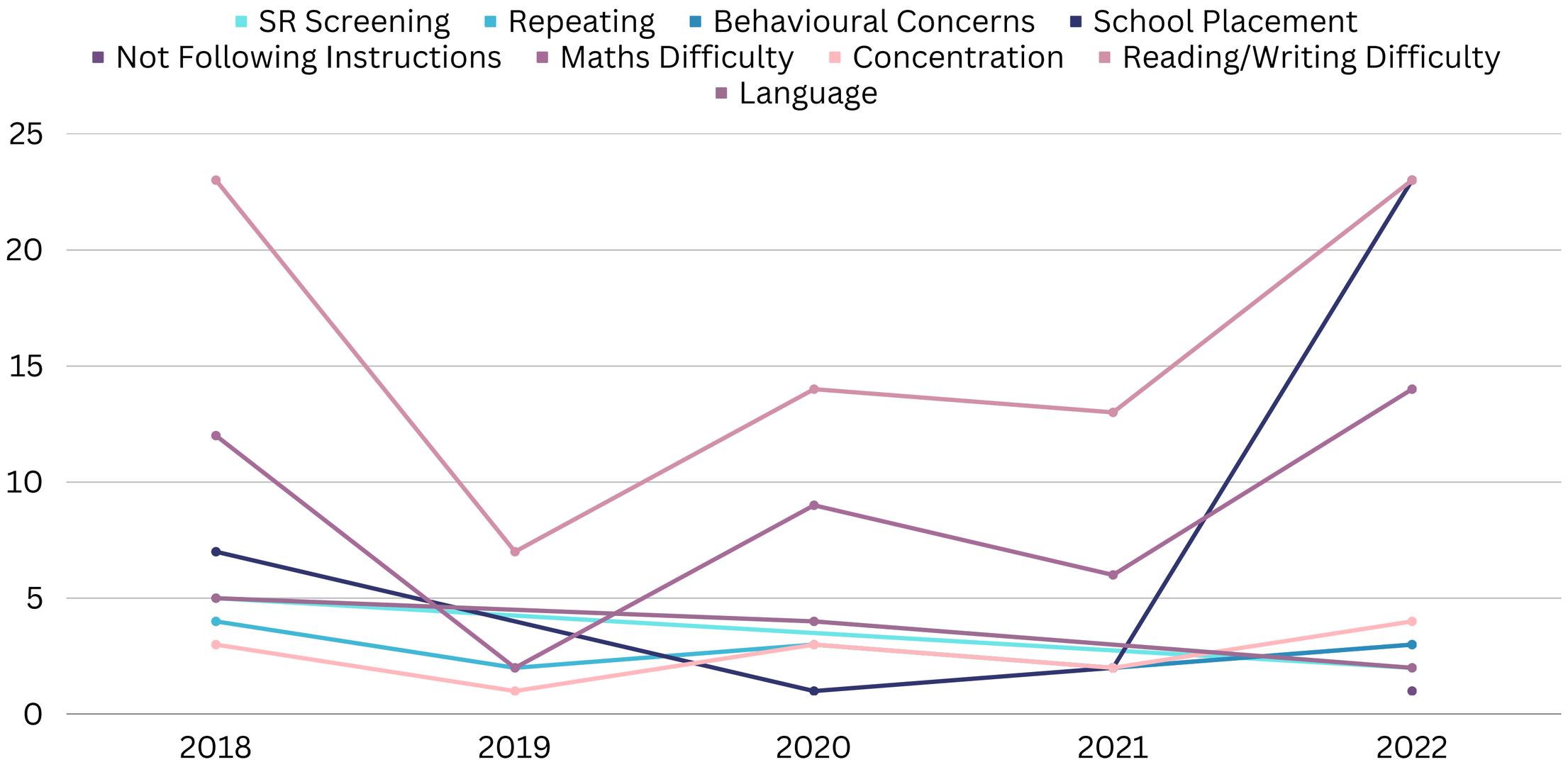
Sample Sizes:	n_1 =54	n_2 =54
Sample Means:	$\overline{x}_1$ =10.1111	$\overline{x}_2$ =11.1111
Sample Standard Deviations:	s_1 =2.8987	s_2 =3.3289
Degrees of Freedom:	df =104.0329	
Critical t Value:	t^* =1.98303	
95% Confidence Interval:	(-2.1912, 0.1912)	
t statistic:	t =-1.6648	
	p-value =0.3212	

Interpretation: Assuming that $\mu_1 = \mu_2$, the probability of seeing a test statistic as far out as $t = -1.6648$ is 0.3212.

Conclusion:

Keep the null hypothesis. ($0.3212 = p \geq \alpha = 0.05$)

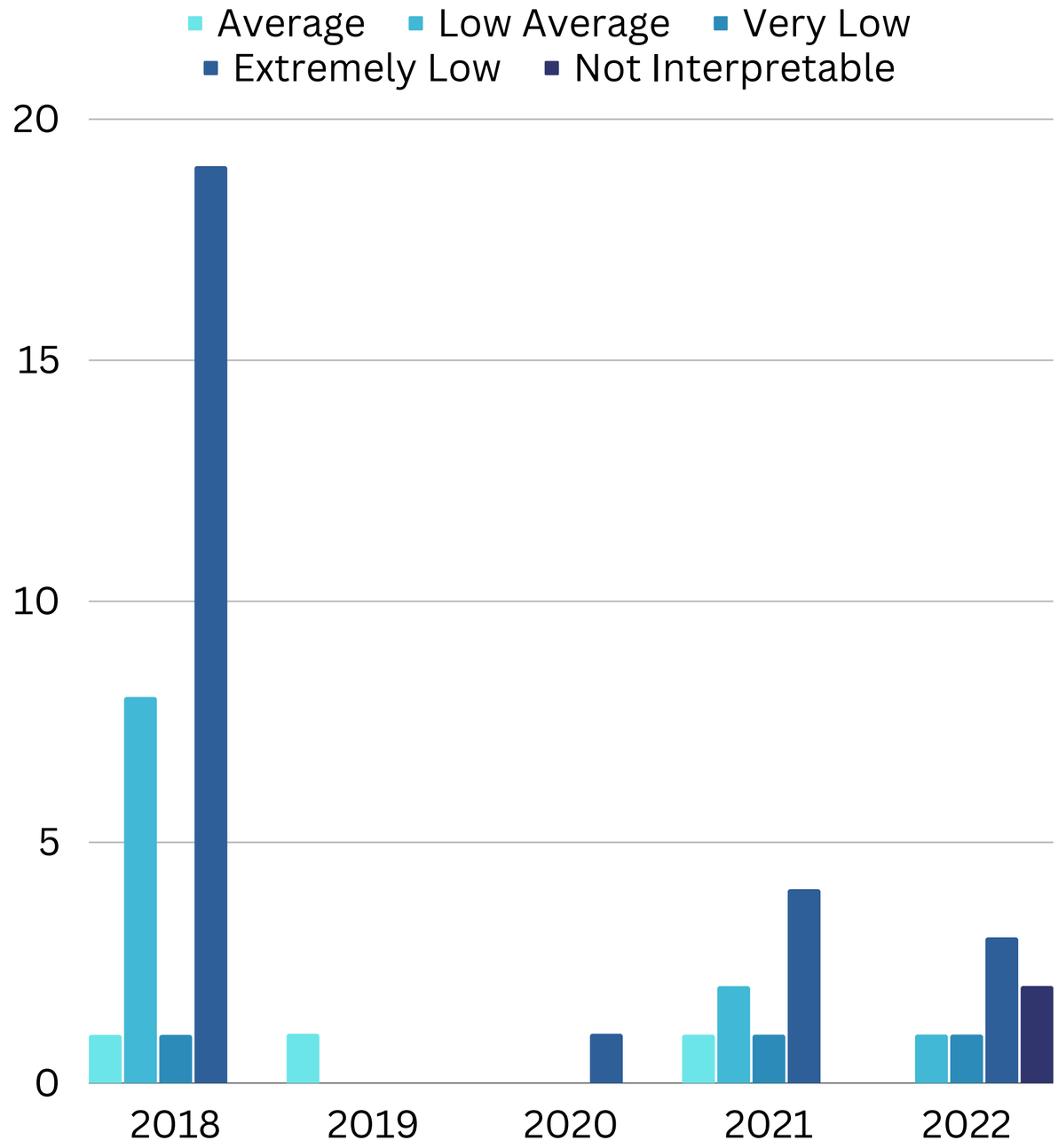
Reasons For Psychoeducational Referral



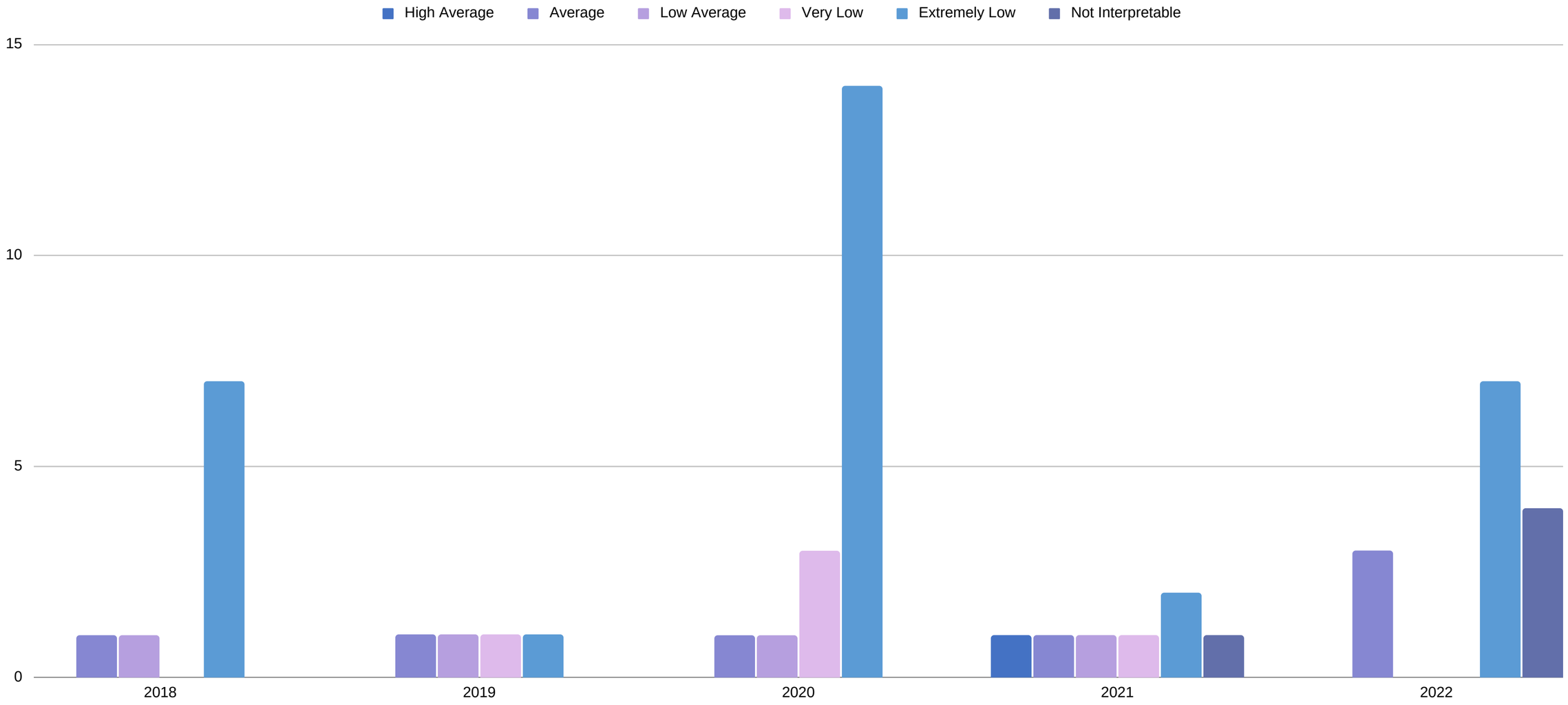
Standard Score Descriptors

Composite Score Range	Qualitative Descriptor	Ordinal Category
130 and higher	Extremely High	6
120 – 129	Very High	5
110 – 119	High Average	4
90 – 119	Average	3
80 – 89	Low Average	2
70 – 79	Very Low	1
Less than 70	Extremely Low	0

Weschler Score Distribution



SSAIS Score Distribution



No Difference in PRE and POST FSIQ Scores

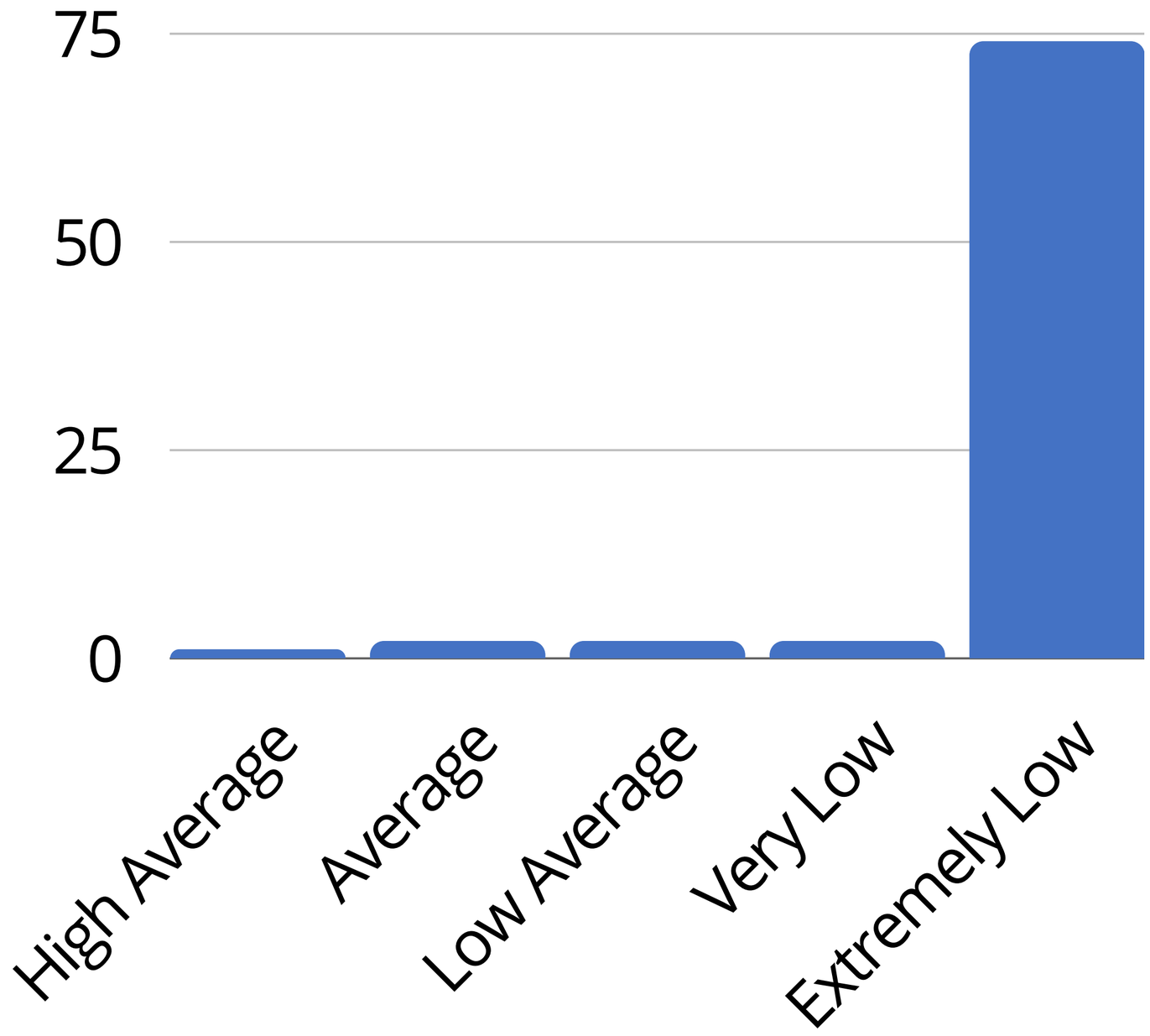
Sample Sizes:	n_1 =63	n_2 =29
Sample Medians:	M_1 =0	M_2 =0
W statistic:	W =2798	
Mean of W under H_0:	μ_W =2929.5	
Standard Deviation of W under H_0 (with tie correction):	σ_W =102.5856	
z Value for Test (with continuity correction):	z =-1.277	
Critical z Value:	z^* =1.6449	
p-value:	p =0.8992	

Interpretation: Assuming that both distributions are the same, the probability of seeing a W statistic $W = 2798$ or bigger is 0.8992.

Conclusion:

Keep the null hypothesis. ($0.8992 = p \geq \alpha = 0.05$)

WIAT Score Distribution



No difference in PRE and POST Reading Scores

Sample Sizes:	n_1 =33	n_2 =31
Sample Medians:	M_1 =0	M_2 =0
W statistic:	W =957	
Mean of W under H_0:	μ_W =1072.5	
Standard Deviation of W under H_0 (with tie correction):	σ_W =40.3028	
z Value for Test (with continuity correction):	z =-2.8534	
Critical z Value:	z^* =1.6449	
p-value:	p =0.9978	

Interpretation: Assuming that both distributions are the same, the probability of seeing a W statistic $W = 957$ or bigger is 0.9978.

Conclusion:

Keep the null hypothesis. ($0.9978 = p \geq \alpha = 0.05$)

No Difference in Pre and Post Writing Scores

Sample Sizes:	$n_1 = 11$	$n_2 = 16$
Sample Medians:	$M_1 = 0$	$M_2 = 0$
W statistic:	$W = 130$	
Mean of W under H_0:	$\mu_W = 154$	
Standard Deviation of W under H_0 (with tie correction):	$\sigma_W = 15.5865$	
z Value for Test (with continuity correction):	$z = -1.5077$	
Critical z Value:	$z^* = 1.6449$	
p-value:	$p = 0.9342$	

Interpretation: Assuming that both distributions are the same, the probability of seeing a W statistic $W = 130$ or bigger is 0.9342.

Conclusion:

Keep the null hypothesis. ($0.9342 = p \geq \alpha = 0.05$)

No Difference in Pre and Post Maths Scores

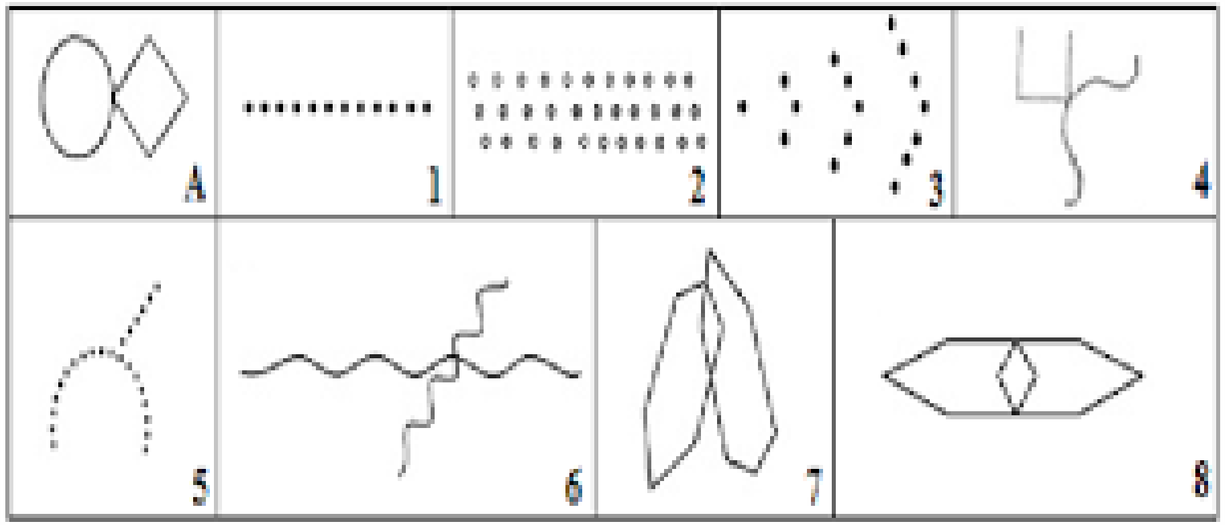
Sample Sizes:	n_1 =31	n_2 =36
Sample Medians:	M_1 =0	M_2 =0
W statistic:	W =1054.5	
Mean of W under H_0:	μ_W =1054	
Standard Deviation of W under H_0 (with tie correction):	σ_W =68.6272	
z Value for Test (with continuity correction):	z =0	
Critical z Value:	z^* =1.6449	
p-value:	p =0.5	

Interpretation: Assuming that both distributions are the same, the probability of seeing a W statistic $W = 1054.5$ or bigger is 0.5.

Conclusion:

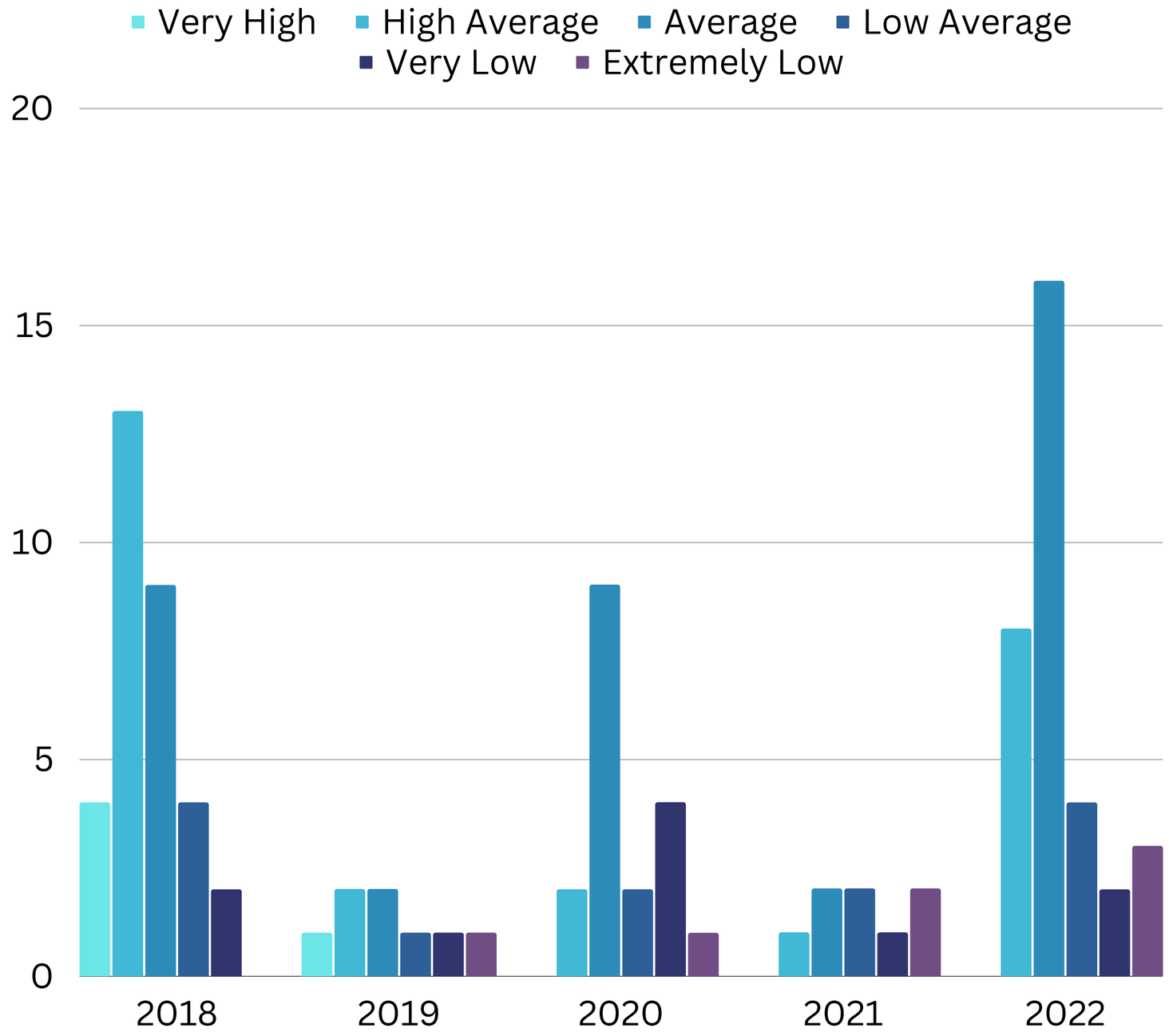
Keep the null hypothesis. ($0.5 = p \geq \alpha = 0.05$)

Bender



The Bender Visual-Motor Gestalt Test is a psychological test used by mental health practitioners that assesses visual-motor functioning, developmental disorders, and neurological impairments in children ages 3 and older and adults.

Bender Score Distribution



Significantly Better Pre-COVID Bender Copy Scores

Sample Sizes:	$n_1 = 40$	$n_2 = 41$
Sample Medians:	$M_1 = 3.5$	$M_2 = 3$
W statistic:	$W = 1902.5$	
Mean of W under H_0:	$\mu_W = 1640$	
Standard Deviation of W under H_0 (with tie correction):	$\sigma_W = 101.8032$	
z Value for Test (with continuity correction):	$z = 2.5736$	
Critical z Value:	$z^* = 1.6449$	
p-value:	$p = 0.005$	

Interpretation: Assuming that both distributions are the same, the probability of seeing a W statistic $W = 1902.5$ or bigger is 0.005.

Conclusion:

Reject the null hypothesis. ($0.005 = p < \alpha = 0.05$)

Significantly Better Pre-COVID Bender Recall Scores

Sample Sizes:	$n_1 = 31$	$n_2 = 39$
Sample Medians:	$M_1 = 3$	$M_2 = 3$
W statistic:	$W = 1229.5$	
Mean of W under H_0:	$\mu_W = 1100.5$	
Standard Deviation of W under H_0 (with tie correction):	$\sigma_W = 81.2215$	
z Value for Test (with continuity correction):	$z = 1.5821$	
Critical z Value:	$z^* = 1.6449$	
p-value:	$p = 0.0568$	

Interpretation: Assuming that both distributions are the same, the probability of seeing a W statistic $W = 1229.5$ or bigger is 0.0568.

Conclusion:

Keep the null hypothesis. ($0.0568 = p \geq \alpha = 0.05$)

Significantly Less Referrals to Therapy from Psychoeducational Assessments

Interpretation: Assuming that nulll hypothesis is true, the probability of seeing a chi-square statistic of 2.4601 or greater is 0.1168.
That is, if there really is no relationship, then 11.68% of similarly collected samples will have a chi-square statistic of 2.4601 or greater.

		PRE	POST	Row Totals
THERAPY	Observed:	24	16	40
	Expected:	21.4815	18.5185	
	Chi Square Contribution:	0.2953	0.3425	
NOT	Observed:	5	9	14
	Expected:	7.5185	6.4815	
	Chi Square Contribution:	0.8436	0.9786	
	Column Totals	29	25	54

A Summary

- More boys seem to be struggling with school performance post-COVID
- IQ and WIAT scores of learners referred to Ububele's therapy and assessment clinic tend to fall in the extremely low range
  - This does not allow decreased performance to be reflected in ordinal data calculations
- There has been a significant decrease in performance on the Bender post-COVID
- Less of the learners referred to psychoeducational assessments are better supported by therapy services

PRESCHOOL SCHOOL READINESS

Aptitude Test for School Beginners (ASB)

The purpose of the ASB is to predict future scholastic achievement and school readiness. The assessment measures certain aspects that are important for elementary school. The ASB can be used to obtain an integrated profile of certain aptitudes required for the success of the school beginner. The assessment can also be administered to children who are about to start school in order to evaluate the cognitive aspects of school readiness.

ASB subtest descriptions

Perception
Determines the learner's visual perception (ability to organise and interpret information that is seen). It requires logical observations and the ability to distinguish between similarities and differences in a picture. This ability is essential for reading and writing proficiency.

Spatial
Measures a learner's ability to rotate a given figure mentally in specific manner.

ASB subtest descriptions

Reasoning
Measures concept formation, logical thinking and the ability to classify information.

Numerical
Provides an indication of a learner's ability to count, grasp quantities, proportions, and numbers, as well as verbal comprehension. Logical thinking and concentration also play an important part.

ASB subtest descriptions

Gestalt
Measures the ability of a child to reproduce figures correctly.

Coordination
Evaluates the pupil's motor skill. It provides an indication of the pupil's maturity and their skill in using a pencil and paper. These abilities are essential for writing.

ASB subtest descriptions

Memory
The non-intentional visual memory of the pupil is tested.

Verbal Comprehension
Measures the pupil's ability to comprehend what is read to him/her.

Sample Size

Year	Number of Assessments
2018	1
2019	16
2020	6
2021	14
2022	15
Grand Total	52

Variance Pre and Post COVID on ASB

Sub-Test	Variance Pre and Post COVID	P-value	Significance
Perception	No difference	0.7420	Not significant
Spatial	Improved Post COVID	0.0691	Not significant
Reasoning	Improved Post COVID	0.1475	Not significant
Numerical	Improved Post COVID	0.0114	SIGNIFICANT
Gestalt	Improved Post COVID	0.0000	SIGNIFICANT
Coordination	Improved Post COVID	0.2064	Not significant
Memory	Declined Post COVID	0.3582	Not significant
Verbal Comprehension	Improved Post COVID	0.0018	SIGNIFICANT

Why the Improvement?

- DSD vs DBE response to COVID
  - Reduced number of children in schools (vs reduced numbers of days in schools)
  - Ububele large premises
- Change in Grade R preschool teacher in late 2019 (level 6 qualification)
- Increased number of preschool staff in 2021 and 2022
- Introduction of Booksharing Programme in 2021
- Class sizes:
  - 2019 = 20
  - 2020 = 25
  - 2021 = 15
  - 2022 = 21

CONCLUSIONS

- There appears to be an increase in children and adults in Alexandra either experiencing or being identified as struggling with **bereavement**, **depression,** and **anxiety**
- There appears to be an **increase in female** children experiencing or being identified as struggling with trauma and mental health problems
- IQ and educational scores for learners in Alexandra are predominantly in the Extremely Low range
- **Bender scores have decreased since COVID**
- Ububele **preschool learners performed better** on school readiness assessments in 2021 and 2022 than in 2019

CLINICAL IMPLICATIONS

- A greater focus on bereavement, suicide, depression, and anxiety support is needed in intern training
- Urgent interventions are needed for schools in Alexandra
- Interventions focusing on visual perceptual, fine motor, and memory skills should be implemented
- Ububele should continue to strive to keep class sizes smaller and child: teacher ratios lower; and continue implementing Booksharing

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Thank You!

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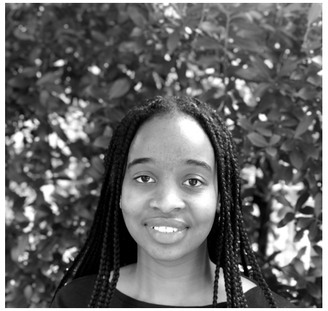

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