

https://dspace.org/

Practitioners' perceptions on the value of cognitive assessment measures within the South African context

Radebe, Nomsa Palesa

2016

https://hdl.handle.net/10539/26016

Radebe, Nomsa Palesa, Practitioner's perceptions on the value of cognitive assessment measures within the South African context, University of the Witwatersrand, Johannesburg, https://hdl.handle.net/10539/26016

Downloaded from a DSpace repository. https://dspace.org/

Appendix H

Key
Researcher = NPR
Participant 5 = LS

Transcript of Clinical Psychologist

Date: 30 August 2016
Interview #5 - Interviewer: N. Palesa Radebe
- Interviewee: Participant 5 (L.S.)

NPR: So just for purposes our recording, today is the 30th of August, 2016 and I am with Clinical Psychologist, LS. So it's just going to be basic questions – a total of about 7 – and I'm just trying to understand --. Like I said, my research topic is looking at the use and value of cognitive assessments with the South African context, so I'm just trying to understand how you feel about, do you think they're working, what's lacking (laughing as participant pulls a face). What's kind of working, if at all. So I just want your personal opinion.

LS: Okay cool, ja.

(Interview begins)

NPR: So first and foremost, what is your understanding of a cognitive assessment; what does it entail?

LS: We use it to assess a child's developmental ability. It's often indicated when a child is struggling at school, or when they are having emotional difficulties. We, um why else do we us it (rhetorical).

NPR: Well also just your understanding of it; how often do you use it, what is the purpose and does it help with anything?

LS: Well, no it helps hugely. It's a huge necessity; we use it about --. We assess, here at the hospital, we assess about --. We do about 6 assessments a week for the children. For the hospital setting we try keep it to whether or not the child has an emotional issue attached to the difficulties, otherwise we try and refer to the Department of Education (GDE). But probably the most prominent reason we use them is for school placement. And I suppose if the child is struggling emotionally to determine is it an intellectual thing or if something else is affecting the child; so we try and rule the two out, but we do find it very useful.

NPR: You had mentioned that you guys try to differentiate whether it is an emotional or intellectual issue, why that differentiation?

LS: Well in the hospital setting we try and look at what is psychiatric, and what is more of an intellectual difficulty. If it has a psychiatric component then it's more suited for the hospital setting and it's what we need to be doing, whereas if its only – let's say the child is low functioning – then it's more of an educational department issue, and I guess kind of like "this is what you guys do, and this is what we do"; we don't want to be doubling up on what others do and vis-a-vers.

NPR: And how often do you find that it is either/or; do they usually present independently or do they come together?

LS: Well I suppose that's the difficult thing. So we get a referral from the parent saying the child's not coping at school, they've failed a grade and they can't remember what they're learning so they're not retaining information, and so we'll say to the dad that they need to go to the GDE. Then come of the referrals we get are that they are not concentrating, they're hitting the children at school, they're disruptive in class and also not listening at home so there's more of a global difficulty stretching across both home and school. But we find that, leave a low functioning child in a school that is not appropriate for them long enough and the behavioural stuff will come. So it's about catching it before then, but often we don't; so they come with their psychiatric difficulties and then we assess them.

NPR: I'm just wondering now, you had said that they come to you guys for these things, why not come to a training based institution like some universities first. Is it lack of awareness of the availability of these institutions? Because I can understand coming for neurologically based issues to a hospital, but the others.

LS: Well ja, it's a good question. I think a lot of the schools refer them to us and so they're not familiar with the university programmes for assessments and therapy. So it comes from the school, and maybe a familiarity with the hospital based on the treatments they may have received before and so they think that there must be something available for psychology. But I think it's mostly the schools that are wanting them to come.

NPR: And in terms of the cognitive assessments that you use on the daily, which one's do you utilize the most.

LS: Okay, I'm going to go children 10 and below and school going children: we will do the DAP, the KFD, CAT and the SSAIS and Bender I. So that's basically our battery. And children 10 and up the only thing that will change is that we will do the TAT and not the CAT. So that takes us about – depending on your experience – between 2 and 4 hours. And we also here at the hospital do the Griffiths, sot that's children as young as 2 years…

NPR: Ja, babies and toddlers…

LS: …up till --. You can do it up till 8, if the children aren't school going children. So a lot of the autistic children that we get, like for instance you'll get a 7 year old who hasn't attended school yet, we'll want to do the Griffiths on them or a 6 year old that hasn't attended school yet we'll want to do the Griffiths because what we find is that if we try and do the SSAIS with them, they'll fall very low because they haven't had a school environment or experience.

NPR: And do you guys do any of the psychometric types such as the WISC?

LS: Ja, well so no we don't do the WISC because the idea is that the WISC is for private school children due to it's not being as culturally relevant as what the SSAIS is.

NPR: Yes.

LS: Whether the SSAIS is very relevant… (smiles questionably)

NPR: Especially in this 2016 (smiling and laughing with participant)

LS: …(laughs). So that's why we don't use the WISC. We find that the children, let's say we get a government school child, we find that they come out quite low.

NPR: It's interesting you say that because you're the first participant to say that "No, we don't touch that one", and I guess it's mainly due to private practice. Do you get the IEB children coming in and their parents wanting them tested according to that.

LS: Yes, exactly exactly.

NPR: That's refreshing. So you guys make sure that you do cater for the population, the people who are coming to you for assistance.

LS: Ja, we try, we try. We do what we can.

NPR: Do you guys ever have a parent coming in saying that they want the WISC; that they want an IQ based, newer form of assessment?

LS: No, I don't think so. A lot of the parents aren't aware of what it is we're doing with the children in the first place. I think we're getting a population that is quite unfamiliar with the whole process, so I could stretch it and say that they are uninterested in the while thing, some are just naïve about the whole process, so I don't think they're aware of what we do with the children. Ja, unfortunately.

NPR: Yes. You spoke about, or rather to, a nice paradox between the SSAIS versus the WISC. Although older, the SSAIS is normed for our population and not no much the WISC. I know you don't do much on the WISC< but could you ell me your opinions on it; how do you feel about it, how you feel it works in comparison to the JSAIS or SSAIS?

LS: Look I hate the JSAIS (laughs), so we don't use the JSAIS at all.

NPR: (laughs) well I did notice that you didn't mention it at all.

LS: No. So we don't use the JSAIS, we use the Griffiths. And if the Griffiths isn't appropriate, we'll use the SSAIS.

NPR: Irrespective of age?

LS: No. If the child is school going we'll use the SSAIS. If they're not school going and of the appropriate age then we'll do the Griffiths. If we get an older child who can't be tested with the Griffiths, then what we normally do is send them up to the neurodevelopmental clinic, because then it's usually more of a syndromic difficulty and so will be very low functioning and not attending school, most probably falling within the profound range of intellectual impairment. So in terms of the WISC, to be honest I haven't had a lot of exposure to the WISC because I've been in the government setting for most of my career. I've done a bit of private practice and had to do the WISC and I think that it is a useful test. I think that it's more --. In the greater scheme of things, I think it's more reliable than the SSAIS, but what the SSAIS does that the WISC doesn't do is that the SSAIS gives a good indication of how our children are going to manage in our schooling system. Whereas, as I said earlier, I

think the WISC a lot of the children will fall quite low on it because it's not culturally sensitive, and a lot of our children haven't been exposed to a lot of what is being asked.

NPR: I imagine it's hard to interpret the results of a child when they have not fully understood the question.

LS: Yes, exactly. But I would definitely use the WISC if I had a private school child who spoke English.

NPR: Does that happen?

LS: Not here (laughs).

NPR: Because I'm thinking in terms of factors that come play a big role, I mean in a setting such as this language always plays a part, and also the school. As in what type of school are they coming from, can they cope, what is necessary for them to get into the school they may want to get into especially in a school readiness scenario. So apart from those, what other factors would you say come into play when selecting the assessments you use?

LS: I think--. Okay yes, so you've mentioned language, and that's definitely a factor so we can do it in Afrikaans. We use our nurses as translators to do it in Zulu or in another language and we'll take out vocab and story memory and we'll appropriate the assessment so we can get a rough idea, otherwise there is no other option. We have to test children that are not English speaking, so we do what we can and sort of get a rough guideline ad obviously put in disclaimers into the report. So other factors would be (pause, thinking). Look, so in terms of placing the child we look at what school are they in, and do they need to be placed into a certain school, how old are they – that's another factor that comes into what tests we use -, how many resources does the family have because we need to think about whether or not the recommendations we give are something the family can manage or not. We can't recommend an expensive, special needs school in Parkhurst if it's not possible. So we have to factor in where s the family coming from, where do they stay, how many resources do they have and all of those sort of things. And I think that's a big determinant of whether the parents decide the move the child or not from the school that they're in.

NPR: Do you find that helps though, in terms of informing the parents as much as you can? Are they receptive to your notes, or do they want the number (IQ score), how do you manage the number, that whole thing.

LS: Look, we don't actually give the parents numbers. So in the reports that we give out to the parents here, we give a parent report and it doesn't give--. It gives the scaled scores of the different subtests, but it doesn't give the overall verbal, non-verbal full scale IQ. So it'll give the range. So I suppose the parents can see it, but a lot of them are in denial though and we see a lot of that where they don't want to believe it, or they want to give them extra lessons or they take them to Kumon, or they'll want to do this (gesturing). But what we'll find is that the child will come back 2 years later and none of the recommendations have been put in place. I think if--. You see what's happening now is that the parents are now having to take their letters to the school, and the school is needing to go to the GDE, and that district is needing to place that child. We can't say to the parents "Your child needs to go to Forest Town, or your child needs to go the Delta Park". We need to say "Your child needs a special needs school", and then they need to take that and implement it. So its actually quite a lot of work for the

parents afterwards having to go to the schools, going to the department, and most of our parents don't have those kinds of resources.

NPR: Or the time, or willingness even.

LS: Exactly. So there's all of that that's playing into is as well. But I think it's hard for any parent to hear that their child is not of average IQ. I mean it makes--. Rich, poor, Black, White, Indian, for any parent you want your child to excel, you want your child to got to university, you want your child to have all the best opportunities that they can so they push their children in the main stream school, but what they forget is that it creates low self-esteem, it creates bullying, it creates…

NPR: Bullying, behavioural issues.

LS: Ja, huge behavioural issues, and it doesn't get better. The child will always drown, whereas of we can get them into a really good special needs school, they will learn mastery in other areas and get to their full potential in another way through their strengths.

NPR: I completely agree with you with that, in that trying to get parents to understand that placing a child in a position where they're likely to fail does little to aid the child in the long run. With that said, what would you say are your biggest struggles regarding the factors that come into play during assessments?

LS: The biggest thing is that they don't follow through on the school recommendation, not to mention the other recommendations that come with it. Because, with the cognitive assessments you're picking up on a lot of the emotional stuff as well, so I think the biggest challenge is getting the parent to realize that their child is going to be 100% better off in a different school; and that the problems will persist if they don't attend to the schooling. I think that's probably the biggest challenge. And then also managing the parents and their--. Whether or not they--. What is it in them that's pushing the child; they didn't succeed so they want better for their child. So it's managing the parents and managing their difficulties with having a child who is not a mainstream school child. Another difficulty we have is that in this setting, compliance is a problem. So we book a child for an assessment and they don't arrive, we book a child an assessment and again they don't arrive.

NPR: Hmm, and its all voluntary.

LS: No ja, definitely. Look we do get a few cases where the child has been expelled…

NPR: Oh, okay. And so this is to fulfill the requirements.

LS: Yes, yes. But other than that – coming from the cognitive assessment – I think that's our challenge. But take away the family, the challenges of language, how we assess the children, their background, their exposure, their emotional difficulties that they're coming into the room with, ja.

NPR: It definitely sounds like parents are the biggest difficulties you constantly have to manage.

LS: Ja, definitely.

NPR: Do you find that if a parent is fighting the process very hard, then they too have had a difficulty in their personal capacity?

LS: Ja, I think definitely. I think we all have expectations of what we want our children to be, and if they don't meet that than there's something going on within the parent if they can't accept that they're child isn't; or some need in them for their child to succeed opposed to what's best for the child. So I think a lot of it is most of the time centered at the parent, which is why when we agree to do therapy with the child the parents need to do therapy too. We want the parent to know that this is not just about the child.

NPR: I was actually going to ask how it is you guys work to manage and contain the parents in the process. So how long does that take?

LS: Well it depends. I've had a PC (parental counselling) for a year, but I could have one for 6 sessions. It depends on the…

NPR: Does it go hand in hand with the period the child's in therapy, so then the parent is in therapy too or can one go on for longer than the other?

LS: It can vary. So maybe you would see the parent before you see the child because the child is not therapy suited, so you'll see the parent for however long its needed, or you would have a colleague see the child and I see the parent and that will go for however long. Or it might be that the parent comes for 6 sessions and the child carries on for a year.

NPR: Which is typical I would assume.

LS: Yes. So it really just depends on the case; case by case situation.

NPR: And in terms of the cognitive assessments, what do you feel--. How do you feel about using a solely informal assessment battery opposed to the more standardized tests, which would include tests such as the Schonell or informal written assessments in comparison to the Griffiths or SSAIS? The sole use of informals.

LS: Well to be honest we don't actually have the other tests.

NPR: At all at all?

LS: No. So we've go 1 WISC and the rest are the Griffiths, SSAIS and those others that I've mentioned.

NPR: And those would be the standardized. So do you guys ever go in and use informals at all?

LS: No (shakes head); never. Maybe it's a time thing; maybe we don't have the time, its sort of – this is our battery, we do about 6 or 7 assessments a week and that's what it is. Actually 8 a week, booked 8 a week. And maybe it's because we've found that these work best for our setting. I remember that when I as at an institution in Johannesburg, the children who only spoke an African language we only did the Raven's with them and the emotionals, whereas here we use an interpreter. So I suppose it's different for each site.

NPR: (pause) I think what I'm thinking is about, for instance a child who isn't neuro-cognitively impaired, so sending them up to neuro wouldn't help, but they just--. You're just trying to figure out a basis from which you can start with the child. So how do you guys work around that; how do you know where to start? Because a child being in grade 3 for instance is all good and well, but it doesn't say anything about the extent of their capability. So how do you measure a basis, where do you go about do that?

LS: Ja, I mean, it's a good point. Let me give it some thought (pause). If we had child that was in grade 3 and couldn't spell his name – I would imagine he is very low functioning – and you're saying there's not neurological difficulty, I would do the SSAIS to a certain extent because he is school going age, and age appropriate for the assessment, he would probably fall below -50, so falling within the moderate intellectual range, and then I would refer them to an appropriate school – a training college. So that would be the process that we would take. You see I suppose all the assessments depend on where the child's at; if they're at school we do the SSAIS, if they're not at school we do the Griffiths. If they're not a school but above the Griffiths age, we send them to neuro.

NPR: So it's a 3 way set up: this, that or the other.

LS: I guess, ja. Because we've got to start somewhere; we have to jump in at some point. So I guess we use: okay, they're school going age let's do the SSAIS and see how they do. If they do terribly and don't fall anywhere – bearing in mind the SSAIS is an easy IQ assessment – so if they're falling nowhere, taking into account language thus doing it in their home language, also taking into account that they have extreme ADHD and have to take medication; taking all those things into account we have to start somewhere. So when we do the assessments that align with their age, and the child still fall below -50 we do what is protocol and send them to a training college.

NPR: So what I'm understanding you say is, whatever happens there has to be some neuro issue; if the child doesn't "fit in", there has be some neuro-cognitive issue?

LS: What do you mean?

NPR: Because you say there are 3 options,so what I'm understanding is that if the child does not fit into either of the first 2 then it has to be a neuro issue to come capacity, especially if the child is going to school and enaggeinf woth the materials.

LS: Well I'm thinking if they--. Ja, if they're going to school and following some sort of routine, there's clearly some capacity to do something. So then it's just that if they're failing at school they're not retaining information and clearly what they're learning is too higher grade for them, so they need to move into a space that is more age appropriate for them. But we very rarely get a child that is so lo that they haven't been to school, and they're 15, then we're talking severe; they're not talking, struggling to walk and they are quite dysmorphic at the same time so you pick it up straight away. So then yes, they would go upstairs for more of a…social worker because they may have to go onto disability grant or seek out home care placement, and that sort of thing. But we don't see a lot of those children here because there's often something dysmorphically wrong with them and so they don't come here, they go to neuro. Or the paediatrician will pick them up and send them to neuro. So the idea is that we hopefully get referrals that are appropriate to what it is we are doing which is testing children

who are struggling academically or have emotional and behavioural difficulties. We see a lot of autistic children, so that's hat we deal with too.

NPR: As a primary referral?

LS: Yes (nods). Or querying autism, so they haven't spoken, are doing poorly at school or they're not at school.

NPR: Oh, okay. And you had also mentioned school readiness; that you guys do school readiness tests.

LS: Ja, so we would do the Griffiths.

NPR: I'm not fully familiar with the Griffiths; is it a full battery of tests

LS: Ja. So basically its like locomotive, hand-eye coordination based skills like: can you kick a ball, can you thread beads on a string, can they copy you building up blocks; can they do the same.

NPR: So things like copying; can you do the same as me, and following instructions?

LS: Yes. Exactly, exactly. And then its things like: can you wash your own hair, can they eat with a knife and fork, or something that's culturally relevant, can they get in and out of a car. So that's what it's measuring, it's measuring your developmental capacity opposed to your intellectual capacity a lot of the time. But they're coming out with quotients for the subtests, but it's developmental and not academic success. So its different from the SSAIS where the content requires you to have gone to school to grasp those concepts prior to being able to utilize them in a testing situation.

NPR: So it sounds like a: can you survive in the world based on the level of development you have right now (participant nods in agreement). Speaking on that, you had mentioned how school based learning is about rote learning where one is tested on whether or not they can take what they've been taught and expand upon that; looking at the evolution of technology, the need to store information in one's mind is not as much of a necessity because of how things are moving so fast it's one of those things that – if you can' hold the number "4" in your mind, here's a calculator. With that said, how do you find the results for working memory tests have differed, if at all, given this change in our times? Is the interpretation coming out differently given the fact that children need not retain information in the same way as the past generations had to; especially since our education systems are still pushing that rote learning.

LS: Ja, ja. Well I think our system is pushing that rote learning. I think more advanced – maybe this is harsh to say - but more advanced countries are looking at a more collaborative…

NPR: "Techno-savvy"…

LS: …ja, but I don't personally think not having a working memory will ever be alright (laughs), because I think just a simple instruction involves the working memory. You're needing to retain something in your mind and then later execute it at a later stage. Yes sure,

you could write it down, or put it on your tablet, but I think there's something quite innate – in terms of your intelligence – in being able to retain information.

NPR: Yeah. I think my thinking in asking that question is based on children are coming into contact with information in different ways to how you and I, or our parents, did. So when you're going into a test that wants you to test a particular portion of the brain that is not necessarily exercised in everyday life, I would assume the outcomes would come out at times low, or skewed in comparison to the past. I'm just wondering how--. Do you think that would be an issue ever; how would it need to be negotiated and would it need to be factored in at a some point when assessing a child through the use of that particular subtest?

LS: I think a lot of it has to do with the fact that…Ok, le's take your example of the fact that children are learning information differently. So let's say they are learning through tablets and are learning through (goes quiet, thinking). I think children learn better through interactions, so mom reads them a book opposed to they look at pictures on a tablet. You see that's where for instance vocab would come into it. So it how…early childhood stimulation: has mom read to the child, are they hearing words, has mom spoken to the child? What you're saying is that we take out a human element in a sense, which is sadly something that we're moving away from in that some children learn more from their tablet than a teacher talking; and maybe a lot of the time that is more efficient and better, but in terms of early development in order to learn in a productive way you need that human relational take on learning. Because intelligence is intelligence; it's about being able to adapt, being able to be flexible and all of these things, I don't think that - well I don't know – I don't think it'll ever change…

NPR: Or become completely unnecessary, or obsolete at some point.

LS: Ja. I mean we are learning in a different way, but I think a lot of the ways are either better or worse depending on the situation. I think giving a school in a township grade 1 level tablets, no I don't think that will be useful. I think more one-one-one, teacher talking to the pupil will be more useful.

NPR: So basically at the foundational phase, the interaction is the most important basis that needs to be secured. And you'd said something interesting about how more developed countries, in terms of their education systems, kind of work with what the society is dealing with at the moment and make sure that children are equipped for that. With that in mind, what do you think about the climate of cognitive assessments in South Africa at present? I can see your face (both research and participant laugh) and I'm guessing it's not going to be a rave review, but where do you think we are right now in comparison?

LS: We're very far behind. I think we're very very far behind.

NPR: What parts do you think are the worst?

LS: We don't have an IQ assessment that has been normed for an African population. That's probably the biggest thing, so every test that we do on an African child is in some way not appropriate and unreliable, and we can see in all our assessment reports that we have disclaimers that say "Please note that this has not been normed for an African population etcetera, etcetera.

NPR: Yet we are constantly doing assessments on the African population (laughs)

LS: And that's because we don't have another one to do. And that's the long and short of it, it's that we don't have any other tests, short of the Raven's, but the Raven's in one test and it doesn't give us a lot of information. Whereas, what we find is, because our educational system is – maybe I can say somewhat delayed – we are still using a test that is somewhat delayed because it's giving us a good indication of how our kids are going to manage in a mainstream, South African government school. So if a child is falling within an 80 range we know that they are not going to cope in our mainstream schools; we know that they have to go to a different school, period. That is what the SSAIS is telling us.

NPR: Purely because there is nothing else there to compensate.

LS: Ja. I don't know how else we'll get something more nuance. Yes we look at the subtests and try to think around the abilities of focus on each index, but really we're doing a lot of assessments for a lot of people, and we're needing to have quite quick results of where this child is going to be successful.

NPR: You had said that these aren't normed for a particular population group, so I'm just wondering, based on those outcomes where you may have an Indian child in comparison to a Black child being assessed, do you find that there are vast differences that you observe within the outcomes given that it's not normed for a singular grouping, or do you find this to not be true seeing as children are now in schools where diversity of races is prevalent. Do you find it to be different to what one may have observed say 20/30 years ago?

LS: Ja I think---. I can't say that I've had an experience where Black children were worse than say Indian children. But what we definitely found is say for example, lower income children generally tend to do worse. The school that they've been to is a huge factor, for example we might get a child in grade 1 that we're assessing – no, let's say grade 3, so they've had 2 years of English medium school and they come to us and some of them can barely speak English. No…they're not doing well on the SSAIS. Period. But we have to test them without a translator because they're in an English medium school.

NPR: (Sighs heavily) SO it's basically you have to fit in the boxes and once you do you must follow whatever the protocol is.

LS: Yes. Exactly. You know it's funny because a lot of the private assessment you'll get about 20 pages back form the psychologist because they do every test under the sun. And yes, I think there is some merit in that, but I find we pick up a lot doing the battery that we do. We pick up of there are speech difficulties, we pick up it there are OT difficulties, we pick up if there are physio difficulties, we pick up in what school they need to be in, we pick up a lot of the emotional things that are happening within the family – we pick up on all those fronts, so we'll make appropriate referrals to allied professionals, we'll make recommendations based on what we feel is the most appropriate school, we will make sure the child is on the correct medication if that's what is influencing their SSAIS results, and we will be offering parental counselling and therapy for the child. So we kind of covering all the bases…

NPR: On just those few little things.

LS: …But there might be nuances that we are missing because we're only doing a set battery. But we're getting an overall picture.

NPR: Do you think then that it would be best to expand on your battery to some capacity to attend to those particular nuances.

LS: Well we don't do educational assessments because then we think the educational department needs to be doing that, so we not going to do educational assessments and that wipes out a lot – the WIAT, the spelling, maths, so it wipes out a lot of those. I don't even think we would get funding for a WIAT because they would be asking "why, it's an educational". So as dysfunctional as what we're doing is (laughs), and as unreliable as the SSAIS is, in a sort of weird way it has some functionality here, where it' telling us a lot about what's going on and the children that have been placed are doing better; they do do better. But we are still very far behind, and I guess you have to pick you battles a well.

NPR: If there was one particular thing, because you're saying we're very far behind in terms of our educational system and then the socio-economic standings…

LS: Well where do you start (laughs)

NPR:…I mean that's really rather difficult for sure (laughs). But if there was one thing that you felt needs to be most attended to, what feasible thing would that be to make sure we take that small stride…

LS: For cognitive assessments?

NPR: Yes. In just catching up.

LS: That's a really hard question. My mind is sort of going to--. So my personal interest is in mental health, so my first thought is we need to start from the beginning (laughs) so we don't have these problems. I think if anyone was to start anywhere it making a test that is normed for our African population, but with that you're looking at a good 10 years to really get that going…

NPR: And capital and the like…

LS: …ja, and we keep talking about it but no one ever does anything about it because you think "whoa, 10 years", but if we had started when we first started studying we would be a good 6 years in. So ja, I don't know… I think the biggest thing for us and what we try – although we have a very standardized battery that's very run of the mill and may not always be very appropriate – what we try and doing out utmost capacity is we as clinicians, we try and get a lot from out clinical impressions, e try look at each child as an individual, we try do a thorough history on the children: we get school report, we get medical reports, see the parents for 3/4 hours, do children interviews , so we try and get all of that. The cognitive assessment is a tiny (gestures) part of it considering everything else that's going on. So I guess in some way it's placing less emphasis on it - yes we're making decisions with it, but we really do try look at each child individual and think what would best suit the child.

NPR: Where they are right now. Which is the very basis of my research. I think that a lot of people, especially within the educational system, focus their energies on this small portion and fail to consider the context as it is far more telling than just the numbers cited on an assessment.

LS: Yes, but you need each part…

NPR: ABSOLUTELY. It's a system.

LS: …you need the IQ, the cognitive test, you need to school collateral, you need the parent interview; you can't do ay of it without anything. I'm not going to write a report if I don't have a school report, if I don't have a full history from the parents, and if I don't have the emotionals – referring problem about what's going on. You see I suppose that's how we make the SSAISN unique in that we take all of this information and we use it as a base, but then we say "okay wait, this is wha this is explain, or that is what that's explaining".

NPR: It builds a more clear picture, absolutely in terms of the components coming together.

LS: Definitely. You see what I find--. I mean I think because the GDE is very overwhelmed with cases and the number of people they are seeing, a lot of the assessments are one page, and sort of a less holistic view is coming through. So it's less reliable; I find what we do more reliable because we get a bigger picture.

NPR: Okay. I'm hearing that you tend to speak very proudly of the battery that you guys use, which is great (participant laughs in a shy manner), just in that you show a certain level if certainty of what the outcomes are/will be, how it helps, and how it will help all members of the family (participants nods in agreement). SO my next question is – well yes you have mentioned how it helps with recommendations and treatment - , but what would you say is the most useful aspect of the cognitive assessments, in terms of treatment and recommendations? Is it more of a treatment assistance tool, or more of an intervention type/recommendation aspect...or maybe both even; how do these help?

LS: Ja…well I think cognitive assessments are 100% essential because they (pauses the think) because I think that the intellectual functioning of a child is probably really important part of who they are; how they're going to function in society as a whole. So I think using the cognitive assessment we are getting a pretty good idea of the way forward, exactly that. SO yes, what interventions need to happen because they child has a borderline intellectual functions, so what interventions need to happen at that point, and are we picking up other things that are happening in the assessment. So are there attention and concentration difficulties, is there a low frustration tolerance, is there overfamiliarity, is there depression because you know--. The reason – I think – an SSAIS is so much better than an aptitude test is because you get a one-on-one with the child, so you're picking up so much more than just the cognitive test, but you you're picking up on how they're going to respond to something that is cognitive. Where are their frustrations coming down, where are they feeling confident, where are they not? So all of that will speak to how we intervene. Do we find that they learn better verbally or non-verbally, if they're working better non-verbally then they probably need to be in a more special needs type environment. So ja it's definitely speaking to all our treatment, but we will try as little as possible to intervene until a child has had a cognitive assessment.

NPR: Okay…So that you can know where and how to go about managing it.

LS: Ja because you don't know what's going on until you can find out where a child is functioning intellectually; even if you just get a rough idea. Remember that with the SSAIS, let's say on a scaled score you're getting 5 more or 5 less, we always think about it in terms of

this child is very depressed, are they going to jump up 5 points on Similarities, no probably not okay. So it's giving us--. We have to know where the child is sitting intellectually to lets us know what's' going on. I mean a child that is incorrectly placed school will come up with some really wonderful symptoms to compensate for their inconsistences; it can range from anything to anything an everything (laughs), so we have to take that into account. It's 100% essential.

NPR: That's a hard thing to attend to, but then you hear about a child's ability to adapt and make things work although counterproductive in their abilities to move forward, but gets them to where they need to be.

LS: Ja. I mean is a child is acting out at school, they're letting you know something given that they intellectually delayed, can we or can we not rule that out. Let's say they're not, okay so then something else is going on because in a sense they should be coping at school so why are they not? Is there something going on at home, or with them, or bullying, abuse. If it is an intellectual thing then our first point of call is they need to move schools because we do think that children that are too low functioning for the school that they are in will have behavioural difficulties later on in life, whether internalized or externalized behaviour, although internalized are those we see less of as they are less of a problem for teachers.

NPR: Hmm, yeah ok (laughs). Thank you. Okay now onto the last question, I just want to know what your thoughts are on using purely psychometrics – such as the SSAISs – in comparison to more information processing tests such as the KABC, although you don't use it (laughs sheepishly). Ok, let me explain: the SSAIS has the "block" that the child kind of needs to fit into; the KABC kind of looks at how does a child process information, how do they make sense of it and then formulate then use it at a later stage. So it's about either fitting into a box and figuring out how it is you make sense. So what are your thoughts, even though you don't know very much about them…

LS: Well ja, just from what you're saying (pauses to think).

NPR: What are your thoughts on either one or the other?

LS: Well I suppose if you're looking at how is a child learning. You see – I'm going to go back to being quite cynical again – we don't have that luxury, not in government schools and not with the masses of South Africa, we don't have the luxury to say "Well this child needs a more of this sort of environment with this and the teachers need to do more of this". It's all very well when you're going to speak about a private school, yes, you can demand that the teacher needs to do this and this on the basis of it being how your child learns, but we need to see how our children are going to cope in our schools. So, I think although that might be a very useful test, what is it really telling us? Are we now going to go to the teacher and say "This is what you need to do with 1 of your 46 children"? She's most likely going to say "mmm, sure ok" (gesturing, with a sarcastic expression on her face) and it's never going to happen. So maybe I'm not getting the concept of those tests; maybe I don't know them well enough – well I don't know them well enough so I can't comment on their use – but from what you're saying it sounds like it's very individual…

NPR: It is, it is. It's very much the whole inclusive education notion.

LS: Which think is lovely…I really do. But I think in theory that 's what's happening in more advanced countries where you are getting that. Your child is able to learn how they learn best, but we just don't have that luxury here. So in theory I think it's lovely, but (gives a questioning side smile|).

NPR: So do you think if we were given the resources, the training, the accessibility to that type of a learning system…good, bad, not buying??

LS: Ja, great, wonderful.

NPR: So we should not be comparing children; we should be dealing with them as individuals within the school setting because this is what this speaks to and perhaps why White Paper 6 has just been shelved so many years.

LS: Do you know what, we always need to compare. I mean life is about comparing. You get the job because you were better than so and so. A bank is not going to say "I see you have difficulties with this and this", they're just going to take the best candidate, but I guess we have to have something that's global. We have to have something like a mean so we can see how fair from the "norm" you deviate to see where are your capacities lying, where are your strengths lying then maybe to go into, okay lets say all the children with a 80 borderline intellectual functioning, how are we best gong to teach these children though looking at the individual strengths and weaknesses and the same with the average and above average children. But I don't know, I sort of have the feeling that one needs to have a sense of what is average functioning…I don't know, what do you think?

NPR: I do agree with it to some extent, but with your point regarding the need to have a bases set for the country in which one is using as the foundation of their education, the ability to manage in it's context should be primary. But also, when looking at it globally the need to compare across the board is vital so as to ascertain that once in a foreign country you need to know if you can fight and be on par with them, and that's possible with a comparative testing system. |Individualization could leave you isolated, so maybe good and bad.

LS: Ja, good and bad. I'm just thinking, if you get a jib done, you get a job done, how you go about it is a different story. Ja…it's very difficult.

NPR: I think it seems to be very 50/50 at present. Well that's me…anything else you want to add perhaps?

LS: The only thing maybe, that we stress here, is as early intervention as possible to try prevent issues relating to children being placed in the wrong school. Maybe her it feels a little narrow minded given it's out main priority, but we think that if a child is placed in the right school and we have a good understanding of their intellectual capacity, we can do a lot to help the child. So the earlier the better.

NPR: And most efficient, I guess because that's what your battery has indicated to me in that you need to deal with what's important right now and the rest will hopefully fall into place.

LS: Ja and that's another thing. I've heard of private assessments taking 2 days (shakes head). It's not possible, it's just not possible.

NPR: Well I guess given the influx that you guys receive it's impossible.

LS: We have a waiting list of 4 months. So children who come to us now will only be assessed in January.

NPR: So there's no luxury of come today and again tomorrow.

LS: (shakes head) It's just not going to happen. We need to be practical with what we've got; we're not going to make the system change so we need to work with the system and I guess that's why it feels a bit like a sausage factory.

NPR: I guess it then brings up the question of how it shows up in the results because doing one day of assessments is exhausting and the child is finished especially given these assessments take 4/5 hours. I just wonder how fair it is to the child given splitting it up into 2 hours each would produce completely different results?

LS: Completely.

NPR: SO do you guys factor that in when interpreting?

LS: Well seeing as all our assessments are in one day we stress to the interns that they must finish within 3 hours otherwise it's too much for the child. You cannot expect a 9 year old to concentrate for 4 hours, it doesn't happen and it's not realistic. So you're kind of setting the child up to fail. Our thinking is that you do a 2 hour assessment because the child will go to school and then go to break, that's how long the child can truly concentrate for; that's what we're testing and if they cant, that's relevant and if they can that's relevant. But, also we'd never assess a child in the afternoon. Ever. You cannot assess a 9 year old on the SSAIS at 3 o'clock in the afternoon, ever. Your results will it be reliable; even more so. I don't think people do, maybe they'll do emotionals, but ja.

NPR: That's that, thank you so much for your time.