Appendix I

Key
Researcher = NPR
Participant 6 = A.L.

Transcript of Clinical Psychologist

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Interview #6 - Interviewer: N. Palesa Radebe
- Interviewee: Participant 6 (A.L.)

NPR: So first and foremost, thank you so much for the time; much appreciated. So how this is going to work is that I'm going to be asking you a total of about 7 questions; short and easy to get through.

AL: Okay, sure.

NPR: And as I had mentioned in my email, my research topic is looking at the use and value of cognitive assessments within the South African context. I'm just trying to figure out your perceptions of them, whether you feel they work or don't, and your overall impressions of them. As is often the case, all responses are based on your opinion and as such will be completely anonymous. So, may we jump straight into it?

AL: Okay. Yes, yes.

(Interview begins)

NPR: So basically I want to know what is your understanding of a cognitive assessment; what does it entail?

AL: So a cognitive assessment, I think there's many ways of looking at it because; I mean there's different tests, there's many definitions of what cognition is and what intelligence is and all of that, but I think--. In this setting what we use it for is to gauge what it is – particularly after let's say a trauma whether it's an emotional trauma or an actual traumatic head injury, out just our patients who are abusing substance, severely medicated or just very very kind of emotionally not well, just very depressed – we do see major changes in their cognitive abilities. So they complain about decreases in concentration, attention, they can't do things as quickly, things that used to be quite easy are now quite complicated, and so the cognitive is useful in just giving us an idea of where the patient is at. Have they lost some functionality; is there a decrease that we now need to figure out why there's a decrease; what strengths could we work on, what weaknesses should we be working on. So I think its just to figure out the patient's overall global abilities, from working memory to verbal stuff; is it a verbal problem, is it a perceptual problem. I think it's just to help the patient understand what their struggles are at the moment and see what we can do to help with it.

NPR: You had mentioned that--. It sounds rather that its very symptomatic in understanding whether or not you should or shouldn't engage in that cognitive assessment. So is that the base of the decision making?

AL: Sorry what do you mean…

NPR: In deciding whether you'll be doing the assessment. So before anyone comes to you they need to be showcasing so sort of symptomology?
AL: Yes, yes. So we don't assess everyone that comes in. So if there's been a specific cognitive complaint or if we know there has been some kind of neurological impact whether through, like I said, substances, a TBI, stroke; if there's kind of a neurological reason, or a major decrease in somebodies functioning then we'll assess to try and figure out if it's neurological, if its emotional what's going on and kind of give us a base to work from.

NPR: Okay, and in those which assessments do you guys typically use in your practice?

AL: So with our adolescents we use the WISC basically, and we do a Bender just to get a perceptual idea of what's going on – those are the cognitives, but we always do an emotional screening as well just to make sure that's not what's clouding the issue. With our adults we generally do the WAIS; we also do the Bender and also do some emotionals. We also use the D-KEFS for executive functioning…

NPR: (looks at participant quizzically) I've never heard of that.

AL: …the Delis-Kaplan Executive Functioning System (D-KEFS). It's a lovely lovely test, but it measures your executive functioning in great detail so it's got advanced Trails, advanced [inaudible], a Stroop; it's a really really nice test. So we don't always use it, I use that more when I do a neuro screening versus just a general cognitive screening; so we throw some of that in. We use components of the WMS, memory scales, but not often so generally it's our WISC and then our WAIS for the adults.

NPR: And then depending on what it is the person is most struggling on you add the additional ones?

AL: Yes, ja.

NPR: Is the D-KEFS normed for the South African population, or is it more like the WISC.

AL: Ja, it's much like the WISC, ja.

NPR: Okay. And then in that I'm just wondering, do you guys ever engage with the JSAIS or the SSAIS? Because my thinking is, it's a bit of a paradox I guess, where the WISC is new but is not normed for our population, but the JSAIS/SSAIS is hella old but at least designed for our context.

AL: So what we have done is our kind of model C/private school kids we use the WISC. We do have the SSAIS for our--. We don't have to do the JSAIS because we don't see children younger than 12/13, but we have got an SSAIS (signs) – I don't even mention it because I think I've used it once since I've been here; we don't often have very previously disadvantaged, rural kids, but we do have it. I have used it, I mean I used it in government all the time, but her generally our kids are model C or private/IEB kids so we use the WISC.

NPR: So is this institution private?

AL: Yes.

NPR: Oh, okay well then that makes sense. So let's say then for instance someone does come through and you find that they're not necessarily previously disadvantaged, but I understand that if the child is not able to speak English then you would have to use the SSAIS – would you then use the SSAIS of decide on a more non-verbal type like the Raven's…

AL: So we have the Raven's – we have the coloured and the standard matrices, so we use those as well. I mean we every so often do have non English speakers so we focus on the non-verbal stuff quite a lot, and then we'll do activities like, we'd still do the Bender, the emotionals and I might do something like Trails or the--. Ja, more non-verbal assessments, but we have got the Raven's as well.

NPR: Do you guys use interpreters at all, if necessary?

AL: We do. One of our OTs is Zulu speaking, and one of our other psychologists is Setswana speaking, so we do have them when we need them. I have used our OT before to translate for us, but it hasn't often come to it, but ja we do have if we are desperate.

NPR: So it does happen. Okay, cool and what have your experiences been working with people who don't necessarily understand the language. I mean we live in a context where our languages are so many, and unfortunately not many people know how to speak every single language, so how has your experience been in terms of having to not only assess a child, but also your interaction an ultimate interpretation of the results when there is no language base?

AL: Well I think I've been fortunate in that none of them spoke no English. Some of them were not educated in English which is why we went for the non-verbal stuff, but their ability to speak basic English was ok so rapport was established quite easily and basic instructions to administer the non-verbals was ok but I would often have the interpreter with me to make sure it was understood, and kind of repeat an instruction, but actually, thankfully, here it has never been a struggle but in government I struggled significantly more. But we've been quite fortunate here in that there's been a general understanding of English throughout.

NPR: So you said you were in public settings, with that I'm wondering --. Well I'm assuming that the factors of whatever assessments you use here are vastly different to those that came up in a more public space in terms of, again going back to the language because I'm sure that's the most predominant; are there any other factors that you can think of that kind of you had to consider when engaging in an assessment?

AL: Now?

NPR: I think in both would be quite lovely to hear.

AL: In terms of the factors that brought them for assessment?

NPR: No, in terms of the cognitive assessments that you decide on doing. So what factors come into play that you need to consider?

AL: Oh, okay. So here… (quiet for a moment, thinking). Here we have a standard battery; so with the adolescents it would be a WISC, Bender and the emotionals unless we find a specific problem then I'll do a more in-depth test, and if there's an issue with language we'll do a Raven's. Sometimes even if I suspect--. Even if they say to me "I've been educated in English

from grade 1" but their English with me doesn't feel great, I'll do a Raven's anyway. But ja, we do pretty much have a standard battery unless we pick up on something unusal. It's the same with the adults – we've got a standard, but if we're picking up on a strong personality we'll do an MCMI, if we're picking up --. Let's say I do a WAIS and their working memory is nonexistent then I'll do a D-KEFS, a few trials, so ja it's kind of case by case, but we do have standard batch that we do administer first and then we go from there.

NPR: Mmmm. So any others apart form language, because I think we kind of spoke to language, is there anything else that you can kind of think of? The major factors that come into…

AL: Into deciding on the test (researcher nods in agreement). I'm trying to think what else (goes quiet thinking for a moment). Not…really. I mean we had a patient recently who had overdosed on morphine, an adolescent, so there he had been out of the coma for about 2 months – which is actually too soon to assess after a brain trauma like that, but the doctor wanted a base line, so there instead of doing standard battery which would have been a waste of the child's time we did the Raven's and we said that 'he used to be an A student bow he's barely passing on the Raven's obviously the morphine caused a problem, so let's reassess him in a year when it will be a lot more appropriate'. So in cases like that we might look at their health condition; also what we, it doesn't affect the battery, but rather when we'll assess. If I've got a child in that tried to commit suicide an they've just arrived I'm not going to assess them for at least two weeks, until they've settled and then they've kind of--. I mean if they're coming in and they're that depressed, they're obviously going to do poorly, so ja…we kind of give them two weeks to settle and make sure that any their medications aren't going to affect their scores like processing speed, so once that's all kind of sorted out, then we'll assess. Sometimes if even three weeks is too soon we might call them back at a later stage, or recommend that outside they must get a further assessment.

NPR: Wow, that's interesting. So it's basically on the individual's: health, the timeframe in terms of since the trauma took place, and---. So it varies from person to person.

AL:…case to case, ja.

NPR: That's so…it's really interesting and a completely different side from what I've understood. And then in terms of the cognitive assessments, I'm not sure if you guys do any informal assessments – so things such as written expression, so what is your feeling around using solely informal assessments in comparison to the more standardized?

AL: Informal in terms of qualitative approaches or…

NPR: Yes! Where they don't necessarily have a manual or scale that you can refer to.

AL: … So there are projectives, which are HUGELY subjective. So we use--. I mean the DAP and the KFD, there are cookbooks that you can look at, but generally we were trained here not to use cookbooks so it's pretty much a subjective kind of look. We use incomplete sentences, ja, sentence completion for the adults and the adolescents. (Sighs briefly) See I don't use them as much here as I did in government where--. But it was more with out primary school kids; I would do a lot of just getting them to just write for me and see what they're writing looked like so that's qualitative feel of that. I would do some dyslexia screening tests when I was in government. So some of the dyslexia screens were proper, standardized tests (laughs briefly),

but some were just getting a general idea. I'm trying to think what else we use here (goes quiet while thinking); I think our OTs do a lot of more… just gauging more through interaction with the patient and trying to see where…especially with functionality in seeing what areas are more problematic. So sometimes we'd get referrals from our OTs who've said "I've sat one-on-one with this patient and this is what I picked up; I think we should test". So ja.

NPR: Okay, okay. So in your thinking, sitting here right now, what do you think about using solely informal and none of the standardized? Is it a good idea…

AL: I don't think I'd use solely informal. I think especially things like the Raven's, the WAIS. I mean our WAIS here in the SA normed WAIS – we got the new one - so I think where it's standardized for our population it's very useful, to get a base line, and I know there are so many debates about "What is intelligence"/"Is an IQ score really of value", but I think just being able to give (even if we don't look at the overall IQ score) to say "there's a working memory problem here, let's look at his attention; is there an ADHD, is there…", you know to give us some type of basis to work from, so I think formal testing is very very important, but I think the non-formal stuff gives you such a different "flavour" but flavour isn't the right word (smiles).

NPR: (laughs) Flavour will work; I'm good with flavour.

AL: (smiling) Ja it does. It gives you a deeper understanding.

NPR: So maybe a combination of the two?

AL: Ja, 100% because. I can do a WISC on a child and he's struggling with working memory and processing speed I'm like 'Oh well, there's definitely obviously some kind of, whatever, attention problem so let's put him on Ritalin', but then you do the emotionals and you find the child is so unbelievably anxious, has poor self-esteem, obviously that's going to affect the results and so you ask yourself 'does tis child have ADHD or dies the child need play therapy?' and that's why I think the combination is so essential.

NPR: It's enlightening as well. I just want to ask you in terms of the kids, you had said that you look at the working memory and functional capacity, how--. Well I want to take it into the education system a little bit because you find that a lot of the issues are based on our education system (participant nods in agreement). So we know that teaching at the moment is very much rote learning, and in the real-world – technologically speaking – you don't need to necessarily hold a lot of information in mind. Are you finding, when assessing kids, that their working memory or their ability to retain information decreased to some capacity because you need not remember the number 4 because your calculator will do that for you; ho is that varying, is there a variation in comparison to those you have seen and those you are seeing now?

AL: Where there's definitely been a variation is in basic arithmetic. Arithmetic skills are (pause)… even the arithmetic subtests. Because obviously it's a story sum and the child needs to work it out in their head, on the spot and they can't write anything down, so it's measuring a few things but it checks the ability to calculate something in your head, a simple 'John has five books and he sells 3, how many does he have left?' and you'd be surprised how much kids struggle with basic basic arithmetic. I mean we'll sit in a group in a non-formal way and

ask them to take six pencils and give everyone in the group one, and they can't. So I think that's where calculators, cellphones--. I don't think doing timetables the way we did them is a things anymore, so arithmetical abilities have decreased significantly – that's perhaps the biggest one we see. Because they can do Digit Span – you say remember these five numbers and they remember them, try get them to add the five numbers, there's no way. So that's been the biggest decline; vocab is definitely (shakes head). I've noticed those areas kind of…especially with youngsters vocab is not greats, and it's not inly in our non English speaking kids because a lot think "ah, I can just Google the word. If someone asks me something I don't know I'll just look it up".

NPR: Very true. So they kind of recognize the word, but the meaning and functionality related to it is completely los to them.

AL: Ja, because they'll often say to be "mmm I've heard the word before", but they're not sure what it means, or if I explain it to them; let's say they don't know what, ag it's a student example, let's say they don't know what pragmatic mean, so I'll explain what pragmatic means and they'll be like "so the person's strong?" and I'm just like "ja" (nodding disappointedly). So they'll bring in the colloquial slang, and that's what I've noticed a lot. Even when we're assessing their writing, there's a lot of SMS language being used, a lot of abbreviations, a lot of slang, I mean even in the work that they do here – their worksheets – so I don't know how bad it is at school, but it is becoming more and more of a problem. So spelling, vocab and basic arithmetic is definitely that I'd say are decreasing.

NPR: And that's definitely associated to the education system, generally (participant agrees saying "yes"). And that's interesting because you said that you guys don't see children younger than 12, so these children have lived and gone to high school in some instances.

AL: Well what's also been scary that we've noticed is kids coming in and the doctor will say there's been a significant decrease in their results this year so let's have a look why. So a child will come out with severely below average IQs, sometimes borderline results and you can't understand how did they get to grade 9 – you're surprised at how they got to primary school at all. It's often that they were pushed through, or they were in systems where it was too difficult to fail you – and that's also a problem – so you have a child sitting at 16 in grade 9 and now what do we say? They're too old to get into a trade kind of system so do we then send them to a training center at this age… there's so little we can do at the age when they get to us with some of them. Some of them when we get them at 12/13 it's easier, but 16 year olds, 17 year olds, 18 year olds that have kind of pushed their way through and…

NPR: So they're the "missing middle" basically and you cant really (shakes head). That is sad.

AL: Ja, very much. I don't know if it's change since I was in government, but from what I know it's said that a child can only fail once within each phase (researcher concurs), so we would have a child fail in grade 1 and then get a free ride to grade 5, and I as thinking that this child should be doing grade 1 again, but now they're 11 in grade 5 and they shouldn't be there; I don't know, is that still happening?

NPR: Yes, it is still happening and is a situation I had dealt with in one of my assessment cases where a child was not in the grade level suited for his academic abilities.

AL: (shakes head) It's a big big problem.

NPR: So I guess it's a bit of a policies problem.

AL: Ja, because you fail once and you get 3 years through even though you're failing them which means these problems aren't being addressed where it's a 'oh that's fine you can go through and you'll b the next teacher's problem', so it's a big problem.

NPR: (Deep sigh) So moving on a little bit, in terms of climate of cognitive assessments in South Africa, where do you think we are? Are we anywhere worth mentioning, or maybe is there something missing?

AL: I think there's still a lot of work that we have to do. With the WAIS norming it we've come a long way; the Raven's (sighs in frustration) we have this stupid section were there's no norms, I think form 12 to 18 we have no norms for coloured or for standard matrices, so the Raven's I think needs work. I mean it's nice that we have some South African norms for the Raven's; I think--. The WISC as well more – I know we say in IEB settings we can use it, but there a re a lot of tests that aren't culturally sensitive. So I think we're getting there, but we're still a long way off, and I think our education system is different to other parts of the world so I'm not sure if we should be using the same tests. The one thing that I see all the time is, it's in the SSAIS and I think it was in the old WISC and not in the current WISC, I think in the SSAIS it was in the missing parts with the envelope and I think the address was missing. Well in the WISC there's a question "what are stamps used for?", no child today knows! No child has a clue; I mean some kids ask me if there are still letters. And they're not wrong; I have adults who don't know what stamps are for. They say when they send a package they say they take it to the post office and say "I'm sending this to China" so the post office puts the stamp on and they just pay their money and leave. Some kids will tell me stamps are there to make it look pretty…

NPR: Oh, for like a decorative part?

AL:…ja. There's no understanding that it's there for actual monetary value. Or like the SSAIS one with the missing address, they look at it and are like (shakes head). They have no clue what's missing, they don't' understand that an address needs to be there, so why questions like that are…and the WISC in new! Why questions like that are still there is beyond me.

NPR: So maybe it does bring in the question that, maybe in the UK…

AL: Maybe they do still use letters (laughs), I don't know. I can't imagine because they're technology should be superior to ours. So I don't' know if they still learn about letters in school and how to write an post it, but it just doesn't make sense to me that questions like that are still there.

NPR: So what you're saying is that our biggest issue at the moment is the lack of moving with the times?

AL: Moving with the times, but South Africa in particular has a cultural issue that I think isn't being addressed at all.

NPR: What elements would you say in particular?

AL: (quiet while thinking) I think just in a country like ours where there's a lot of different backgrounds you can't assume that every child will interpret a given situation or question in the same way. I'm trying to think of a specific example (goes quiet while thinking)…I can't think of the subtest, but you know you would ask "if you find a wallet on the floor what would you do?", now some of those – not that specifically – would be different depending on what the child is taught.

NPR: The same thing as, I think one of the questions asked "what should you do when you stub your toe and start bleeding?", so if you're brought up with being told that "you need to be a man" you're not going to answer that by saying 'run to your parents' – which is one of the options – so yeah it will differ and so will have the child coming across as being one thing when in truth the child is responding to their societies teachings. So yeah, I completely hear you.

AL: I hope that makes sense.

NPR: No yes, completely. It does. So how do you as a clinical psychologist understand the interpretive nature of that? How do you negotiate that in a report; do you mention that you were dealing with an Asian-South African and that they grow up in a particular manner?

AL: So sometimes with, when I would encounter questions of that manner, we would often sit and have a discussion about it. Like with the child we'd ask "what is your understanding of that" and get them to explain it to me from their side (research nods). So they would say that "in my home this is how it would have been handled", so you can't really say that that question is wrong, and then I would often put that qualitatively in the report and kind of say 'the child scored poorly on whatever subtest, however these kind of area were noted'. It isn't always easy because--. That's where the formal resting kind of gets difficult because the rules are the rules; if the book says it's wrong then it must be wrong, and I think that's where – they'll still get marked wrong, but that kind of qualitative section in it saying '…however based on this, tis may not be a true reflection of their ability in that domain'.

NPR: So then would you say that the ethical rules associated to these assessments kind of need to be bent in some capacity, in terms of how an assessment cannot be taken as "cut and dried" because of, especially her (participant nods in agreement of point made)--. They're lacking in some way, or is that because of their not being normed?

AL: You see I think with questions like that even if they were normed it's not quite--. I think norming it to a South African population would help, but I still think that if the questions are still that inappropriate it's still a problem. I men when I sit with kids and they tell me about the stamp and the letter I struggle to not just give them the mark because how do we expect them to know that? So I think norming helps because we'd understand that in this context they won't score as well in that subtest, but still I think that the--. I mean because the other thing that starts happening is that the child then starts figuring out that they're getting these things wrong (researcher agrees by saying "yes") which then impacts results in other ways because now they feel like they've messed it up, and their confidence…

NPR: And anxieties go up.

AL: …yes. So I don't think the norms are all that we need, I think the tests need to be more sensitive.

NPR: How effective would you say they are in a comparative capacity to other countries.

AL: So how useful they are here, to us?

NPR: Yes. And for comparisons going outside South Africa because I would assume that's why we use them more than anything else to see how it is on a global standing we fair.

AL: I do they are useful. I think again that there is a lot lacking, but I do think, especially with the one's that are normed, we can get a good comparison. And from what I see with kids, I get a lot o kids who come out with average IQs, above average IQs that I think are competing with overseas, and the one's that do come out low – we've got our below averages and borderline kids – we often understand why. It's often a very abusive background or they've been abusing severe substances from like 9 years old, so it's not like I can say that I've assessed 100 kids and 80 of them were below average and is that because of the tes, or is that because of…you know what I mean. So I do think we can compare to international standards, but we are probably slightly disadvantaged.

NPR: So from what you've seen, is it a good outcome so far, or are we heading in a direction that is…

AL: I do think that we're heading in the right direction; I think more and more tests are being normed and we every so often get emails that say "would you like to participate in the research to norm 'X' test", so I think it is happening more and more. I think companies are trying to norm test. I mean every so often. Like with the WAIS now, our South African version there's no norms over 60, so I can't on elderly people with our WAIS. So then it's a poll kind of asking what suggestions do we make, and they will assist through triangulating – for instance use the UK norms for the WAIS so you look at this, so there is a movement to try and assist the patient and not just compare them to the UK norm say it might be an underestimation; we try and get a better idea, so I think there is a greater movement towards helping figure out.

NPR: So you guys are trying at least. It's great to know that assistance is too given to really older individuals, most especially aiding with life changes and the like.

AL: Yeah, definitely. It's important to figure out whether or not the issues that come up are wholly neurological or emotional as either/or can lead to a psychotic break of sorts.

NPR: Ok, shoo. That's really interesting. In terms of the cognitive assessments that you guys do – I don't know to what extent you guys work with SLD's, I'd assume not very much (participant looks at researcher quizzically): Specific Learning Disorder – so in terms of the youngsters. How useful or beneficial do you find the cognitive assessments are in making recommendations and just further interventions? Do they do what they need to do?

AL: They don't do enough. I don't think they do enough. Like I said in government we had the dyslexia screening tests, which we don't have here and need to get (mumbles inaudibly)--. So with the WISC you can kind of say it looks like a verbal learning disorder, but there isn't a

lot more that we can say. Or verbal is fine, but perceptual is shot so they need to go for some OT, but specifics are hard to identify with the battery we've got.

NPR: So you find that it's lacking? (Participant nods in agreement to statement made). So a lot of supplementation kind of needs to take place. IS there an assessment that you know of that we may not, that kind of covers everything, or is there no such thing at the moment?

AL: There is, but it's not normed for South Africa…I'll tell you what it's called (goes quiet while thinking)…I probably have it in my car. But it's a report that you have to send – it's not the Connor's or anything; it's not an ADHD screening – but there's a report that you have to send to the teachers to fill out a whole lot of sections; the parents fill out a whole lot of sections. I've never administered it so I just know it exists, so I also can't comment on how useful it is, but it gauges from what I understand many of the learning disorders. So it looks at ADHD, dyslexia…see I barely looked at it because I knew I wasn't going to use it, but a colleague of mine leant it to me but I didn't bother to actually look at it. So I think so tests exists – if it is completely comprehensive and completely all encompassing, I don't know, but I think there are some tests that will look at: is it a dyslexia, is it a…whatever. So what we find we do here a lot is if I suspect it's a verbal learning disorder, or if I've made him write and I'm seeing a lot of reversals, I'll refer for an OT assessment and I'll refer for further educational assessment.

NPR: Okay cool. And last question, you had spoken to earlier on, on how you tend to work on identifying the strengths and weaknesses of the patients upon arrival then working on promoting the strengths, while helping them manage their weaknesses; it kind of sounds like it speaks to what an information processing assessment would look at. So I'm just wondering, I'm not sure if you're familiar with the KABC or CAS in any capacity? (participant shakes her head). So those are basically information processing; so where you have the WISCS which are psychometrics and speak to 'here's a box, fit into and run', and the information processing looks at what are your strengths, what are your weaknesses, let's foster and promote your strengths. So how do you feel about the use those type of psychometrics where you need to fit into a box like I said, opposed to the information processing? Which do you think is better…

AL: Tell me a bit more (smiling)

NPR:…it's the Kaufman, it's very…It's not necessary non-verbal, but it speaks more to the non-verbal aspects of understanding. So where you have, like in terms of the SSAIS in terms of the stubbing your toe, you have to answer in a particular way, whereas we were saying with an Asian individual they'd have to explain themselves and you'd have to understand their thinking and why that makes sense, and whether that's appropriate for their context – so that's how they differ. So my question to you is: what is you feeling, or impression, of the psychometrics in comparison to the information processing?

AL: So the information processing you don't have to fit into a box?

NPR: Not necessarily. It's just explain yourself.

AL: Look, I think the information processing would be useful because a lot of us don't fit into the box. I mean I will often score, especially things like Vocab and Similarities, and when they're explaining it to me during the assessment I'm like "that makes sense", and then I go

look at the little book to score it afterwards and it's not there, but their answer makes sense 100% and I think 'doesn't that make sense, or is my thinking also faulty?'

NPR: (laughing) YES! Do I need to get assessed myself (laughing).

AL: (Nods) And then they'll be times when they give me something and I'm like "that's wrong", but I look in the book and it's actually 1 mark and I start thinking 'but how is that an answer?'. So I'll be sitting with my colleagues asking if I'm the only one who has this issue…

(Brief interruption with knock on door)

AL: Gone (referring to train of thought)

NPR: …comparing to when you speaking to your colleagues…

AL: Ja, so I'll be sitting with my colleagues and saying is it just me, have I completely lost my mind, but they'll also agree that it's a ridiculous answer, or that's a brilliant answer how can they not get a mark. So I do think the box sometimes, it isn't a one size fits all at all, and that's where again I think our testing is lacking. I know that we have to work with what we've got for now, but don't think one size fits all at all.

NPR: And in what spheres, given you've worked in both the public now private, in what spheres would the information processing best fit?

AL: I think both. I think both, and I mean--. Look, especially in government where we've got the very previously disadvantaged kids, very poor educational backgrounds, and very under stimulated at home, parents who also weren't very well educated especially are not going to fit in the box most especially with these coming from overseas – 99% of them, but even here we see it. We have all sorts of people coming here, you name it, we have it here, and just because they got that far it doesn't meant their grounding was great either. So I can give--. I can assess a CA who's clearly very bright, but they'll do something like Similarities and it just doesn't make sense to them; the box doesn't always work.

NPR: And it doesn't necessarily predict success.

AL: Absolutely, ja.

NPR:…For anyone. Well that's me (smiles); so I just want to ask if there's anything else that you want to let me know; anything that may have just popped into mind regarding cognitive assessments?

AL: Just that I think that they're useful; I think they're important. I think what I've seen using them is that a lot of the patients are quite relieved when they understand what's going on, even the one's that get quite difficult results. I think a lot of them walk away feeling better knowing what's wrong, it's not like 'I was going made or playing it up', and I think for a lot of people it's just understanding what's going on, or 'now what can I do about it'. And I do think it's useful.

NPR: So the labeling of it takes a lot of weight off the individual in that it wasn't their doing (participant nods). Okay, well thank you once again for your time; I really do appreciate it.

AL: Glad I could help.