An Interactional Analysis of Adult Cognitive Assessment

William Hasek

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AN INTERACTIONAL ANALYSIS OF ADULT COGNITIVE ASSESSMENT

A Dissertation

Submitted to the McAnulty College and Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for

the degree of Doctor of Philosophy

By

William Hasek

August 2015
AN INTERACTIONAL ANALYSIS OF ADULT COGNITIVE ASSESSMENT

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William Hasek

Approved May 29, 2015

________________________________
Alex Kranjec, PhD
Assistant Professor of Psychology
(Committee Chair)

Jessie Goicoechea, PhD
Assistant Professor of Psychology
(Committee Member)

________________________________
Roger Brooke, PhD, ABPP
Professor of Psychology
(Committee Member)

________________________________
James Swindal, PhD
Dean, McAnulty College and Graduate
School of Liberal Arts
Professor of Philosophy

Leswin Laubscher
Chair, Psychology Department
Associate Professor of Psychology
ABSTRACT

AN INTERACTIONAL ANALYSIS OF ADULT COGNITIVE ASSESSMENT

By

William Hasek

August 2015

Dissertation supervised by Alexander Kranjec, PhD

Psychological tests often include a standardized protocol, which gives specific instructions to clinicians on how the tests are to be administered. This protocol is intended to minimize variation across test administrations, allowing the test to yield reliable and valid measurements. Clinicians are advised to adhere to the test protocol as closely as possible, though departures from protocol are often necessary, as many assessments require clinicians to clarify instructions, modulate client anxiety, and intervene to maintain the client’s motivation. Protocols provide little guidance on how clinicians are to make these departures. The clinical literature on assessment contains some advice on when and how to depart from protocol, but this advice is based on casual, unsystematic observation, not empirical research. In my dissertation, I used two qualitative research methods – Conversation Analysis (CA) and Discourse Analysis (DA) – to study empirically how clinicians administered cognitive tests, focusing particular attention on when and how clinicians made departures from the standardized test protocol. Three cognitive assessments were recorded and transcribed in their
entirety. I then analyzed those transcripts closely, focusing particular attention on times when clinicians made utterances that were not dictated by the protocol. I found that these utterances were relatively common, though most were not major violations of protocol. In most instances, these departures functioned as a way of addressing an area of interactional difficulty and keeping the client on task. However, departures also functioned as ways of positioning the clinician as a “neutral observer” of the testing process, managing the power asymmetry between clinician and client, addressing the awkwardness occasioned by the test administration, permitting the client to “save face” for incorrect answers, and allowing the clinician to make public their professional commitment to administering the tests in a standardized fashion. Based on these findings, I concluded that adherence to standardized protocol should be thought of as a spectrum, with different degrees of adherence being appropriate at different times. I also used my findings to discuss how clinicians can administer tests in a way that is sensitive to the client and the context of the test administration without violating the standardized protocol.
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Section I – The Practice of Psychological Assessment

When designing a psychological test, it is important that the measurements yielded by the test are consistent and that they accurately reflect the psychological attributes of the test taker. Test designers recognize a variety of clinicians, each operating in a different context, will administer their instruments. The problem is that variations between these clinicians and the contexts in which they administer the test can introduce variability into the measurements. If this variability were not limited in some way, one would be unable to tell whether the measurements yielded by the test reflected the psychological attributes of the test taker or idiosyncrasies of the test’s administration.

To limit this variability, test designers create a standardized test administration protocol. This standardized protocol is, in essence, a script the clinician is supposed to follow closely. Deviations from this script – such as giving encouragement or explaining the test instructions differently – are frowned upon, as they interfere with the test’s ability to yield accurate measurements (Marlaire & Maynard, 1990; Wright, 2010).

In an ideal world, clinicians would always be able to follow test scripts, but in this world, rigid adherence to these scripts can lead to disaster. Clients referred for a psychological assessment are generally experiencing significant mental anguish and struggling to function. The assessment’s purpose is to document the extent of the client’s difficulties, but to do this the clinician often must ask the client to complete a sequence of demanding tasks, trying to locate the points at which the client can no longer complete the tasks correctly. During an Alzheimer’s evaluation, for instance, the clinician must ask the client to complete memory tasks that increase in difficulty. This means psychological assessment by its very nature involves forcing the client to her limit. This would be anxiety provoking for most people, but especially so for individuals
who are struggling with neuropsychiatric problems. As a matter of practical necessity, the clinician \textit{must} depart from the test scripts in order to ensure the client understands the directions, maintains motivation throughout the assessment, and leaves the without feeling undue distress. Indeed, if the clinician adheres too rigidly to the script, the client could give up before the completion of the testing – in which case no measurements would be obtained.

Borrowing a distinction from Lezak, Howieson, Bigler, and Tranel, it could be said that test designers and clinicians strive to create different conditions during an assessment (2012, p. 153). Test designers are interested in creating the \textit{standard conditions} in which a test is to be administered. That is to say, they want to create a script that minimizes the variation across clinicians and different contexts of administration. Clinicians, on the other hand, are interested in creating the \textit{optimal conditions} in which the test is to be administered. That is to say, they want to create the conditions in which the client is going to give the best performance possible and leave the assessment without experiencing undue distress. According to Lezak et. al., in every assessment, a clinician must strike a balance between the standard conditions and the optimal conditions, following the script enough for the test to yield reliable and valid measurements, but not so closely the client becomes alienated and terminates the assessment prematurely.

In my dissertation, I am going to explore how clinicians balance the standard conditions and optimal conditions in a cognitive assessment. I have divided the dissertation into three sections. In the remainder of this section, I will review suggestions made by experienced clinicians on how to balance the standard and optimal conditions, noting that many of these suggestions are derived from casual, unsystematic observation, not scientific investigation of actual test administration. I will trace this lack of scientific research to a model of conversational interaction implicitly endorsed by both test designers and clinicians – a model that I will refer to...
as the stimulus-response model of test administration (Marlaire & Maynard, 1990). The stimulus-response model conceptualizes the interactions between the clinician and client that emerge during an assessment in terms of stimulus and response: the clinician asks a question or presents the client with a puzzle (stimulus) and the client answers the question or solves the puzzle (response). In the second section, I will introduce an alternative understanding of conversational interaction. This understanding is derived from two qualitative research methodologies: Conversation Analysis and Discourse Analysis (hereafter abbreviated as CA and DA, respectively). By describing this understanding in detail, I will draw attention to the empirical and conceptual limitations of the stimulus-response model. In the remainder of the second section, I will describe how I utilized CA and DA to create a qualitative research project that directly studied interaction between clinicians and clients, using recorded cognitive assessments as my data. In the third and final section, I will describe the results of this qualitative research project. The purpose of this research is to identify when clinicians depart from the standardized test protocol and to analyze the function of those departures. At the end of the third section, I will use my findings to suggest ways in which clinicians may improve collaboration with clients and administer tests more effectively.

**Review of the Clinical Literature on Test Administration**

The clinical literature on test administration contains several strands of thought on how to balance standard and optimal conditions of test administration. Some clinicians forbid departures from the standardized test protocol. For instance, it is claimed one should not say “good” in response to a client’s performance, as this threatens to invalidate the results (Wright, 2010). Those who make this claim reason that if one says “good” to the client, she may believe she is doing well. When the client gives a response and does not hear “good,” she may then infer she
has failed the item and become anxious or distraught. In other words, saying “good” gives the 
client the impression she is receiving informative feedback, which causes her to become 
emotionally invested in her performance. This could alter her overall score on the test in such a 
way that her score reflects her emotional investment in the assessment rather than her underlying 
abilities.

Other clinicians adopt a less rigid approach to interaction with clients. Weiner, for 
example, argues there are many aspects of test administration that cannot be specified in the 
protocol but which, nevertheless, impact on the client’s performance:

Even while following the guidelines for a structured interview and adhering 
faithfully to standardized procedures for administering various tests, the examiner 
needs to recognize that his or her manner, tone of voice and apparent attitude are 
likely to affect the perceptions and comfort level of the person being assessed, and 
consequently, the amount and kind of information that person provides (Weiner, 
2003, p. 8)

Weiner’s views seem to be supported by test designers. For instance, the protocol for the 
Wechsler Adult Intelligence Scale allows clinicians to make strategic departures from the 
protocol in order to build rapport and facilitate the smooth administration of the test 
(Lichtenberger & Kaufman, 2013). The experimental research literature on test administration 
further bolsters this position, as it has been demonstrated that the clinician administering a test 
can have a large impact on the client’s performance (McDermott, Watkins, & Rhoad, 2014). Past 
research has also found that test results can be affected by familiarity between the clinician the 
client (Fuchs & Fuchs, 1986) and the amount of emotional support offered throughout the test 
process (Braun, Rennie, & Gordon, 1987). Furthermore, qualitative research has shown that 
clients appreciate when clinicians own up to mistakes that they have made during the test 
administration, help connect assessment results to everyday, lived experiences, and openly share 
their thoughts about the measurements yielded by the assessment tools (Danna, 2011, pp. 54-77).
Weiner is constrained in his recommendations, encouraging clinicians to pay attention to their “manner, tone of voice and apparent attitude” when administering the tests. He does not advocate deviating from the test protocol. Some clinicians, however, advocate substantial deviations from protocol. Consider, for instance, this passage, which comes from the most recent edition of *Neuropsychological Assessment* – a book that has been hailed as “the bible” in the field of neuropsychology (Lowenstein, 2000):

> Although standard conditions do require that the examiner adhere to the instructions in the test manual and give no hint regarding the correctness of a response, these requirements can easily be met without creating a climate of fear and discomfort… Conversational patter is appropriate and can be very anxiety-reducing… The examiner can give continual support and encouragement to the patient without indicating success or failure by smiling and rewarding the patient’s efforts with words such as “fine,” “good,” which do not indicate whether the patient passed or failed an item (Lezak, Howieson, Bigler, & Tranel, 2012, p. 154)

Other clinicians share Lezak et. al.’s sentiments, though they are far more cautious in their recommendations. Wright, for instance, states, “your primary role as an assessor is to administer the tests in a valid way” (2010, p. 86), though he later adds:

> Warmth, empathy, and humor, while they may not be present during the actual test administration, are absolutely appropriate between tests, at the beginning and ending of sessions, and at any other point during the assessment (Wright, 2010, p. 86)

Although the ideas discussed in the passages above are intuitively appealing, it may have been helpful if the authors had unpacked them further. To be sure, Weiner (2003) is correct in saying assessors must pay attention to their “manner, tone of voice and apparent attitude,” but he does not explain what these terms mean nor does he describe the “manner” and “apparent attitude” toward which a clinician ought to aspire. There is something appealing about Lezak et. al.’s suggestion that “conversational patter is appropriate,” but what is “conversational patter?” Perhaps talking about the weather or the news is appropriate, but clients often have larger,
existential issues on their minds. For instance, I once tested a grieving man with deficits in attention and working memory. During the Wechsler Memory Scale, he began crying and told me about his wife’s sudden, unexpected death. Obviously, it is necessary to respond to this disclosure in a way that is more warm and empathic than one finds in “conversational patter,” which is what Wright suggested. Yet Wright does not expound on what sort of warmth and empathy are appropriate during assessment, telling his readers that at certain points one is simply required to “become more of a therapist” (2010, p. 86). But in the case of this elderly man, I was not his therapist, and had I spoken to him as though I were, it seemed unlikely we would ever fulfill to the assessment’s primary purpose – namely to obtain a measure of his cognitive abilities.

The passages I have reviewed contain sensible advice on how to approach test administration, but this advice is limited because it is based on casual, unsystematic observation, rather than a methodological examination of how clinicians actually balance the standard and optimal conditions of test administration. Certainly, this could be remedied by empirically researching the way assessments are actually conducted, and to some extent, such research is present in the body of literature that has grown around the work of Constance Fischer and Stephen Finn, who advocate an approach to testing known as collaborative/therapeutic assessment. Different authors within this literature define the term, “collaborative/therapeutic assessment” in different ways. However, these definitions tend to share several common features: (1) a flexible approach to the administration and interpretation of test results; (2) a dedication to reducing the power imbalance between clinician and client; (3) an attempt to conduct the testing and write the assessment report in such a way that they speak directly to the client’s lived experience. Authors within this literature have paid close attention to the
psychological assessment *process*. For example, in Fischer’s book *Individualizing Psychological Assessment* (2008) she includes transcripts that document clinician-client interactions that occurred during assessments. In a recent collection of writings on collaborative/therapeutic assessment (Finn, Fischer, & Handler, 2012), there were a large number of case studies, each offering a detailed description of how cognitive and personality assessments unfold.

This literature overcomes some of the difficulties associated with the passages cited earlier in this section, as these authors have directly examined test administration. Yet, even the literature on collaborative/therapeutic assessment could benefit from a more systematic approach to the study of test administration. To illustrate this point, consider the collection of case studies in collaborative/therapeutic assessment book mentioned above (Finn, Fischer, & Handler, 2012). These case studies include transcripts of clinician-client interaction, but the authors do not describe how they made these transcripts. Did they come from recordings, or are they based on the author’s memory of the interaction? Moreover, these transcripts focus almost exclusively on the content of what the clinician and the client say, omitting important details about the structural features of their speech, such as changes in breathing, intonation, and emphasis or the pattern of speaker turn-taking. Moreover, most of the transcripts focused on how feedback was delivered to the client, not how the tests were administered. To illustrate these points, consider the following passage. Erin is the clinician and Pouya is the client:

Erin initially administered TAT cards in the standard manner, but near the end, she discussed with Pouya the themes she was noticing among his stories. These themes centered on loss, death, and being left by loved ones. Erin noticed the characters with whom Pouya often seemed to identify generally failed to express wants or needs in the relationship and appeared helpless to influence what was happening. Erin went back through the stories with Pouya, asking if these observations rang true to him as well. Pouya understood that he often fell into the same pattern in relationships in his own life.
Notice how the author offers only a brief description of the test administration, writing Erin “… administered TAT cards in the standard manner…” This implies little of interest occurred during the administration, other than the “standard” presentation of stimuli and elicitation of responses. After the test, however, Erin shares her observations about the stories Pouya told, noting several themes that appeared. Even in this summary, though, Erin does not provide samples of Pouya’s speech to let us know where these observations are rooted.

If readers had access to a transcript of the TAT administration, they would be able to examine how Erin and Pouya coordinated their activities on a moment-by-moment basis throughout the assessment. Indeed, transcribing and examining test administration would allow researchers who believe in collaborative/therapeutic assessment to show that the process of collaboration is present in all phases of testing, even when the tests are administered in the “standard” fashion. However, at present the research literature contains only a small number of studies have directly examined test administration itself in a methodical, detailed fashion (see - Marlare & Maynard, 1990; Maynard & Marlaire, 1992; Rapley & Antaki, 1996; Antaki & Rapley, 1996a; Antaki and Rapley, 1996b; Antaki, 1999; Antaki, Houtkoop-Steenstra, & Rapley, 2000; Antaki, 2001)

Why is there such a large gap in the literature? Psychologists recognize conducting a successful assessment requires tact, sensitivity, and occasional departures from standard test protocol, so why not research what clinicians are actually doing during interactions with clients? One possible explanation is that psychologists deem these departures uninteresting and irrelevant to the scientific study of cognition. Of course, clinicians adjust their approach to testing for each individual client, but – it could be argued – when these adjustments are aggregated statistically,
they are random and unsystematic. Why bother studying this random, unsystematic “noise” in the data?

The notion that departures from protocol are nothing but “noise,” presupposes that there is some clear “signal” to be detected in the assessment interaction – that is to say, a basic pattern of linguistic exchange between clinician and client that represents the foundation, the essence of the cognitive assessment. According to Marlaire and Maynard (1990), many psychologists have assumed that this exchange can be modeled in terms of stimulus and response. The words spoken by the test administrator can be understood as stimuli. These stimuli, in turn, cause the client to respond, either with a behavior or with more words. Presumably, some cognitive processes mediate between the stimulus and the response, and we can infer those processes through analysis of the stimulus-response pairing. For instance, if the test administrator asked, “Who is the current president of the United States?” that would be analyzed as the stimulus, and when the client says, “Barack Obama,” that would be analyzed as the response. According to this model, between the stimulus and the response a cognitive process took place that computed the

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1 I do not care for the term “stimulus-response model,” but I have chosen to use it because it is the term adopted by most of the literature I reviewed. The term is problematic, as it suggests the traditional approach to assessment is based on a reductionistic – and naïve – behavioral model of the mind in which stimuli directly cause behaviors. Since the “cognitive revolution” of the 1960s and 70s, few psychologists have accepted such a model of the mind. For that reason, many psychologists – upon initial exposure to the term “stimulus-response model” – may believe a view is being attributed to them that they do not maintain. Understandably, these psychologists may be put off under such circumstances. Of course, Marlaire and Maynard use the term “stimulus-response model” to refer to a model of conversational interaction that guides cognitive assessment, not to a model of the mind, though the term is ambiguous. They could have avoided the ambiguity by adopting a different term, such as “The prompt-response model of test administration.” This conveys the same basic notion – that the clinician is only there to prompt the client, and the client is only responding to these prompts – without all of the unnecessary theoretical baggage.
correct answer to the question and then activated a motor program that allowed the client to verbalize the correct answer.

The stimulus-response model is not entirely false, but it fails to account for important aspects of communication. To be sure, it allows us to understand, to a limited extent, question-and-answer type interactions, but there are many forms of interaction quite different from this: making a promise, telling a joke, asking for help, etc. (Wittgenstein, 1953; Austin, 1955). These types of interaction appear in cognitive assessments, and there is compelling research demonstrating that the stimulus-response model cannot accommodate these other types of interactions.

**Review of the Empirical Literature on Test Administration**

The empirical literature on cognitive assessment practices has been guided primarily by the qualitative research method known as Conversation Analysis (CA). In CA studies, the researcher examines recordings of naturally occurring conversation, examining how the conversation participants coordinate their utterances and non-verbal behaviors on a moment-by-moment basis. CA assumes this coordination gives rise to well-ordered forms of social action that accomplish work in a given environment. In a typical CA study, the researcher examines, among other things, how people initiate and terminate conversation, how they take turns with one another, and how they repair ruptures in communication (Wooffitt, 2005; ten Have, 2004; Liddicoat, 2007). Attention is paid to all aspects of speech, including intonation, pitch, pauses, and intervening breathes, as these can all play a significant role in shaping the interaction.

The first systematic description of psychological assessment’s conversational structure appeared in the 1990s, in an article entitled *Standardized Testing as an Interactional Phenomenon* (Marlaire & Maynard, 1990). This article was the first to articulate the assumptions
made by the stimulus-response model discussed in the previous section and to use empirical data to undermine these assumptions. Marlaire and Maynard focused their study on the cognitive assessment of children. These assessments relied on tests such as the Woodcock-Johnson (Schrank, Woodcock, & McGrew, 2001) and the Brigance Diagnostic Inventory of Early Development (Sander, 2011).

According to Marlaire and Maynard, testing begins with co-orientation, in which both the clinician and the child orient to the test’s proceedings. The clinician accomplishes this by arranging the test materials on the table, preparing the recording sheet, and gazing at the child. The child, in turn, responds by sitting down, facing the clinician, and returning her gaze. After co-orientation, the clinician rehearses a sub-test with the child, providing a sample question and explaining how to format an acceptable response. For instance, the clinician might say, “I am going to ask you to do some math problems. If John has eight books, and he gives away half, how many does he have left?” Sometimes clinicians preface a rehearsal with explicit instructions, but other times they ask the child sample questions. If the child responds correctly, then the clinician acknowledges as much with a response such as “okay” or “you’ve got the idea.” If the child does not answer the sample questions correctly, the clinician provides a repair initiation (Schlegoff, Jefferson, & Sacks, 1977), which is an utterance that indicates to the child that she should offer a different response. Repair initiations can take many forms. The clinician may restate the child’s response as a question or ask, “Are you sure?” Once the child is able to provide correct responses, the test itself begins. At this point, it is generally assumed any incorrect responses reflect a deficit in the child’s underlying cognitive abilities rather than a lack of comprehension of the test format.
Once the test has begun, Marlaire and Maynard point out the typical interaction has a three-part structure: (1) test prompt, (2) reply, and (3) acknowledgement. For example (from p. 89):

1. CL: Bread is to eat as milk is to ... [test prompt]
2. CH: Drink. [reply]
3. CL: Good. [acknowledgement]

The three-part turn-taking structure involved in testing can be varied depending on the testing situation. For instance, clinicians often altered the prompt, elaborating it when the child appeared to misunderstand and compressing it when the child was providing correct responses.

Elaborations on the test prompt are an explicit departure from the standardized test protocol, and, when made in response to an incorrect answer, they often indicate the clinician is unsure whether an incorrect answer reflects a cognitive deficit or an issue with the test script itself.

Just as there are variations in the prompt phase, there are also variations in the reply and acknowledgement phases. Marlaire and Maynard documented three reply types: (1) unmitigated – the child provides the answer in a straightforward manner; (2) absent – the child declines to answer; and (3) tentative – the child gives a partial answer. The authors noted that children strategically employed tentative answers, as such answers tended to prompt a repair from the clinician, granting the child more information about what the clinician is looking for and how to formulate a correct answer. This finding was corroborated in subsequent research (Muskett, Body, & Perkins, 2012). The acknowledgement phase exhibited variations as well. For instance, clinicians tended to say “Good” to correct replies, and “Okay. Good” to incorrect replies.

The variations that are evident in the prompt, response, and acknowledgement phases show that the clinicians and children in Marlaire and Maynard’s research were continually renegotiating the administration of the test. The data showed that the participants were not
simply engaged in the mechanical presentation of stimuli and elicitation of response, but rather coordinating their linguistic utterances on a moment-by-moment basis and carrying out a highly-complex, social interaction.

Most subsequent research on psychological assessment focused on children, however, between the mid-1990s and the present, Charles Antaki and Mark Rapley used CA to study the interviewing and testing of adults with intellectual disabilities. They examined interviews that utilized a standardized assessment tool known as the Quality of Life Questionnaire (QOLQ) (Schalock & Keith, 1993). The QOLQ presents the interviewee with a question and offers them a limited set of response options. The test administrator is permitted to paraphrase the questions if she deems necessary, though the test manual does not provide any guidelines as to how one ought to go about such paraphrasing. Antaki found only 1 out of 8 questions on the interview schedule were asked in a way that approximated word-for-word the question printed in the QOLQ (1999).

Interviewers often paraphrased the question before the client had an opportunity to reply, indicating such paraphrases were not made in view of the client’s failure to comprehend the item (after all, the client never had the opportunity to display comprehension failures). In some cases, these paraphrases were similar to the original item, but in other cases the departure from the question’s scripted version was quite dramatic. For instance, one question is written as “Do you participate actively in those recreational activities? Usually, most of the time (3), Frequently, about half of the time (2), Seldom or never (1),” but in the transcript, the interviewer asked, “So when you’re at parties, do you have a bit of a drink do you?” Antaki noted most paraphrases simplify the question, casting it in colloquial, everyday terms, eliminating the response alternatives, and illustrating the question’s topic with a singular example (1999). Test
administrators may have paraphrased questions in this way to help the interviewees save face and obtain a better score on the test. By simplifying the questions, however, the clinicians inflated the client’s scores, making their quality of life appear higher than it is in actuality (Antaki, 1999; Antaki, 2001).

One purpose of Antaki’s and Rapley’s studies was to show that the social demand to “save face” can interfere with administering a test instrument in a standardized fashion, but in other studies they demonstrated that adhering too closely to the standardized administration can decrease test scores in an equally problematic way. To illustrate this, Antaki and Rapley pointed to influential studies from the 1980s claiming people with intellectual disabilities tend to display an “acquiescence bias” when they are asked standardized interview questions (Rapley and Antaki, 1996; Antaki and Rapley, 1996b). During assessments, these clients tend to respond “yes” to every question, regardless of its content or purpose. Unsurprisingly, this leads to the client answering questions in ways that are inconsistent, even contradictory. Antaki and Rapley pointed out one glaring flaw in the research on “acquiescence bias” is the failure to report what people with intellectual disabilities actually say when they are asked standardized, interview questions. Without samples from the actual conversation, it is difficult to tell whether the “yes” responses of people with intellectual disabilities are a product of an internal disposition to answer all questions in the same manner or a product of the testing situation and interview format itself.

Using the data from his studies on the QOLQ, Antaki and Rapley (1996; 1996a; 1996b) examined what happened when the clinicians adhered closely to the standard protocol. They demonstrated close adherence could lead the clinician to mistake many client responses for “acquiescence bias,” coding them as “invalid” and thereby lowering the interviewee’s score. For instance, after the question was read and the alternatives were presented, the interviewee would
sometimes repeat the response options or say “yes” to indicate they heard the question. These maneuvers are common in all conversations. The interviewers, however, misunderstood and coded such responses as “invalid.” Thus, what appeared to be an invalid, acquiescent response was, in reality, simply adherence to the conventions that typically organize conversation.

One potential flaw in the method of Antaki and Rapley concerns the source of the data. In many transcripts they analyzed, Rapley administered the QOLQ. Though this does not disqualify them as legitimate data sources, it is undeniable that Rapley had certain hypotheses he wanted this data to substantiate, and he may have subtly, even unconsciously, guided the conversation in such a way that it conformed to his hypotheses. The sample is also limited, so it is difficult to assess their conclusions’ generalizability. Nevertheless, Antaki’s and Rapley’s use of CA has been influential, prompting researchers and clinicians to rethink the assessment of people with intellectual disabilities (Finlay & Lyons, 2001).

Although Antaki relied on CA in his research, he also drew on elements of another qualitative method known as Discourse Analysis (DA). DA and CA rely on similar methods – direct examination of conversational interaction on a moment-by-moment basis. Indeed, there is a debate about what distinguishes DA from CA, and indeed, whether the two methods are distinct in the first place (Wooffitt, 2005). In my experience, however, DA studies tend to differ from CA studies in their analytic focus. Whereas CA focuses on the structure of conversational communication, DA focuses on the power dynamics at play in an interaction and the roles people adopt in linguistic exchanges with one another. In the DA literature, roles are called positions and the assignment of roles is known as positioning. DA researchers argue positioning is constructed and maintained on a moment-by-moment basis and that positioning is continually renegotiated as the interaction unfolds.
Antaki examined how conversational interaction positioned people with intellectual disabilities (Antaki and Rapley, 1996b; Antaki, 2001). In his article examining how standardized interview questions are paraphrased, he argued the way test administrators substituted simplified questions for the standard questions constructed the interviewee as incompetent from the test’s beginning. By contrast, in his study on “acquiescence bias,” Antaki shows the way standard interview questions are phrased sometimes forces a person with an intellectual disability into a submissive, acquiescent role.

In the research I undertook for my dissertation, I wanted to expand on these studies of psychological assessment. Like Marlaire and Maynard, I assumed assessment should be viewed as a specialized type of conversation. In that sense, the assessment is not just a way of documenting the client’s underlying cognitive functions and ability to form accurate representations of the world, but also a form of linguistic interaction that has its own unique organization and social conventions. As noted earlier, I was interested in identifying when clinicians departed from the standardized test protocols and to analyzing the function of those departures. This research focus is similar to the focus in Antaki and Rapley’s studies on test administration. However, I examined a different set of tests and a different clinical population. Moreover, unlike Antaki, the data I used in my project did not come from assessments I or someone affiliated with my research conducted. For the most part, my project utilized CA to study the transcripts of adult cognitive assessments, though I also tried to situate the linguistic behavior that makes up these assessments in a larger cultural framework, attempting to show how they give rise to an understanding of the social roles of the clinician and the client. In that sense, my project, much like Antaki’s research, drew on elements of DA.
Section II – Conversation Analysis, Discourse Analysis, and My Research Method

In this section, I am going to outline a qualitative research project that I undertook for my dissertation. The first two parts of this section, I will describe the history, theory, methodology, and major findings of CA and DA respectively. In the third part of this section, I will describe how I drew upon CA and DA to create a procedure for my own research project. I will begin by discussing how I gathered my data and prepared it for analysis, and then I will discuss how I went about analyzing the data.

Introduction to Conversation Analysis

CA research is based on the notion that conversational interaction is a form of *orderly social action through which speakers co-construct an understanding of the world* (Liddicoat, 2007). CA is rooted in the scholarship of Harvey Sacks – a lawyer turned sociologist. During his study of law, Sacks concluded that legal and judiciary reasoning do not depend on formal argumentation so much as on working through commonsense intuitions about what is right and wrong (Maynard, 2012). Convinced social practices underlie these commonsense intuitions, Sacks began to study sociology at Berkeley University. During his studies, Sacks met Harold Garfinkel, an eminent sociologist (Silverman, 1998). Garfinkel was the founder of ethnomethodology, a sub-discipline of sociology that studies the way in which social practices produce and sustain an understanding of the world for those who participate in those practices (Heritage, 1984; Hester & Francis, 2007). Recognizing the relevance of ethnomethodology to his theoretical and research interests, Sacks began to follow Garfinkel’s work closely.

Garfinkel’s argued that human beings are always engaged in an active effort to understand the world. As social creatures, this effort is a shared, communal enterprise, rather than an individual undertaking. People formulate their understanding of the world in view of
others, and then turn to others in order to test that understanding. Through social interactions, human beings develop a set of practices that embody the understandings we have created and provide techniques for re-writing and re-establishing that understanding (Garfinkel, 1972).

In addition to Garfinkel’s work on ethnomethodology, Sacks turned to the research of another prominent sociologist – Erving Goffman (Silverman, 1998) – who taught at Berkeley when Sacks was studying for his doctorate. Goffman was convinced we could learn significant facts about our social lives through observational studies of everyday life. Goffman’s faith in observational research ran contrary to the quantitative, experimental research paradigm that dominated sociology during the middle portion of the twentieth century (Maynard, 2012). However, Goffman demonstrated the power of observational research in the articles and books he published throughout his career. In his last book – *Forms of Talk* (1981) – Goffman focused his attention on the social significance of communication. In his discussion of conversation, he argued conversations exhibit a systematic order that cannot be explained in strictly linguistic terms (e.g. in terms of grammar, syntax, etc.).

Drawing inspiration from the work of Garfinkel and Goffman, Sacks began to carry out his own observational studies of conversation. His initial orientation to this research involved a synthesis of ideas from Goffman and Garfinkel. From Goffman, Sacks borrowed the idea that conversation should be treated as a type of *orderly social action*, not simply a linguistic or behavioral phenomenon; from Garfinkel, he borrowed the idea that we construct an understanding of the world through this orderly action – an understanding we eventually take for granted, calling it “common sense” (Silverman, 1998; Maynard, 2012)
The Research Methods of Conversation Analysis

Sacks’ early research focused on suicide hotline calls and psychotherapy sessions (Peräkylä, 2012). Along with his colleagues – Gail Jefferson and Emanuel Schlegoff – he expanded the focus of CA from these circumscribed forms of interaction to ordinary, everyday conversation (Liddicoat, 2007). During this expansion, the methods of CA were developed in earnest. Readers should note conversation analysts do not follow a formalized procedure when conducting research. That being said, the activities analysts undertake roughly approximate the seven-step process described below (ten Have, 2004):

1. **Data Collection** – The researcher records naturally occurring conversations using either an audio-recording device or a video camera.

2. **Transcription** – The words spoken by the people in the recordings are transcribed. If relevant to the researcher, gestures are transcribed as well.

3. **Transcript Review** – The researcher reviews the transcriptions repeatedly, looking for sequences of action in which one person does something, the other person reacts, the first person responds to his reaction, and so on.

4. **Intuitive formulation** – Based on her own knowledge and experience as a language-speaker, the researcher attempts to make sense of the sequences of action. The goal is to explain what actions each participant in the conversation has undertaken and how those actions relate to one another.

5. **Validation** – The researcher then compares her intuitive formulations to the data, retaining those formulations that match the data and discarding those that do not.

6. **Elaboration** – The researcher then expands her analytic focus, examining sequences of action occurring at later points in the conversation. The goal is to see how they are related.
to the sequences she has already described, if at all. The researcher also examines deviant cases (i.e. cases that do not fit with his formulation). If her formulation is lacking, she returns to step four, creating a new intuitive formulation and validating it against the data.

7. **Comparison** – To understand the significance of her findings, the researcher compares the action sequences she has uncovered in her research to action sequences in the literature.

CA Research begins with data collection. The data in all CA studies consists of recordings of naturally occurring conversation. These conversations may occur as part of an everyday, ordinary interaction among peers, or they may occur as part of a special, “institutionalized” interaction between a layperson and a professional (Drew & Heritage, 1993). The number of recordings that make up the data and the amount of each recording that ends up being transcribed can vary considerably (Liddicoat, 2007). Small, case study designs will involve between one and ten recordings (Yin, 2013), whereas larger studies may rely on hundreds of recordings. Regardless of the data set’s size, CA researchers tend to focus on specific portions of the recordings for their analysis. The sections that are used in the final write-up of the research are referred to as *extracts* (Wooffitt, 2005; Liddicoat, 2007). The number and duration of recordings obtained is less important than the number of extracts that can be obtained from those recordings.

Recordings are the primary data in CA, but researchers do not analyze the recordings themselves. Instead, the recordings are transcribed, and the transcripts become the objects of analysis. This approach to data handling is justified more for practical than theoretical reasons (Liddicoat, 2007). Researchers tend to share their studies through published manuscripts, and it is easier to include the transcripts within these publications than it is to include, for example,
stills from a video recording. More importantly, within any recording one will be able to find thousands of pieces of information. To name just a few: clothing, gestures, facial expressions, blinking patterns, tics, breathing, changes in intonation and volume, slips of the tongue, mispronunciations, laughs, and coughs. It is not possible to work with this much information, and, in any case, one probably would not want to, as not every aspect of the recording is going to be relevant to the research. In a transcript, the researcher highlights those features of the conversational interaction that appear most relevant. Decisions about what to transcribe are influenced by the analyst’s biases, working hypotheses, and theoretical commitments. Indeed, one segment of a recording could be transcribed in a number of different ways. A researcher may re-transcribe a segment of the recording as her insights into the nature of the conversational interaction deepen (Gumperz & Berenz, 1993), and different researchers may re-transcribe that segment using different transcription protocols in order to address different questions. All of this goes to show a transcript is an analytic artifact and not a neutral, objective representation of talk.

CA researchers attempt to be impartial and inclusive by transcribing as much relevant detail as possible within the confines of their research projects. Transcripts often begin with contextual information, including when and where the conversation was recorded, who is speaking, the occasion of the interaction, and the social position/role of the speakers (mother, boss, physician, etc.) (Liddicoat, 2007). To protect participant confidentiality, identifying information is often altered.

After providing contextual information, the next step is to write down what the speakers say to one another. This may seem to be a straightforward process, but even at this point, the researcher must make a series of complex decisions about how to proceed. In most qualitative research, transcripts are made using the standard orthography of the languages being spoken (i.e.
the standard spelling of words) (Jefferson, 1983). However, standard orthography carries problematic assumptions about how words ought to be pronounced and where the boundaries between words should be placed. These assumptions may run contrary to the way the conversational participants actually speak. For example, if we were using standard orthography, we would write, “What do you think?” when, in reality, the speaker said, “Waddaya think?” For that reason, conversation analysts often ignore standard orthography and transcribe utterances in ways that approximate actual pronunciation as opposed to the idealized pronunciation embedded in standard orthography. Similarly, conversation analysts usually ignore standard punctuation, as this may not reflect the way speaker’s partition utterances into units.

After the content of the conversation has been transcribed, CA researchers insert notation into the transcript that describes the paralinguistic features of the utterances (e.g. intonation, volume, timing, etc.). Standardized transcription conventions in CA are derived primarily Jefferson’s work (1985), though other authors have made significant contributions. I have summarized all of the major transcription conventions in Table 1.

### Table 1 – Transcription Notation

<table>
<thead>
<tr>
<th>Notation Convention</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intonation</strong></td>
<td></td>
</tr>
<tr>
<td>.</td>
<td>Falling intonation</td>
</tr>
<tr>
<td>?</td>
<td>Rising intonation</td>
</tr>
<tr>
<td>,</td>
<td>Audible, yet incomplete intonation</td>
</tr>
<tr>
<td>;</td>
<td>Rising intonation, though less than that indicated by a question mark.</td>
</tr>
<tr>
<td>↑</td>
<td>Sudden rise in intonation.</td>
</tr>
<tr>
<td>↓</td>
<td>Sudden fall in intonation</td>
</tr>
<tr>
<td><strong>Volume</strong></td>
<td></td>
</tr>
<tr>
<td>Capital Letters</td>
<td>Louder than surrounding speech</td>
</tr>
<tr>
<td>◦</td>
<td>Quieter than surrounding speech</td>
</tr>
<tr>
<td>◦◦</td>
<td>Significantly quieter than surrounding speech</td>
</tr>
<tr>
<td>Underlining</td>
<td>emphasis</td>
</tr>
<tr>
<td><strong>Timing and Pauses</strong></td>
<td></td>
</tr>
<tr>
<td>:</td>
<td>Prolongation of a sound (more colons indicates longer prolongation)</td>
</tr>
<tr>
<td>(.)</td>
<td>An audible pause lasting less than 0.1 seconds</td>
</tr>
<tr>
<td>(x.x)</td>
<td>Any audible pause lasting longer than 0.1 seconds (the x’s in the example would be replaced with numbers)</td>
</tr>
</tbody>
</table>
Table 1 (continued) – Transcription Notation

<table>
<thead>
<tr>
<th>Notation Convention</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turn-taking</strong></td>
<td></td>
</tr>
<tr>
<td>=</td>
<td>No audible break between speaking turns</td>
</tr>
<tr>
<td>[ ]</td>
<td>Overlapping speech (the speech is also aligned to make the overlap clear).</td>
</tr>
<tr>
<td><strong>Voice Quality</strong></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Breathy speech</td>
</tr>
<tr>
<td>*</td>
<td>Creaky speech</td>
</tr>
<tr>
<td><strong>Other Speech Sounds</strong></td>
<td></td>
</tr>
<tr>
<td>t!</td>
<td>Dental click</td>
</tr>
<tr>
<td>h</td>
<td>Exhalation (more h’s indicates a longer exhalation)</td>
</tr>
<tr>
<td>.h</td>
<td>Inhalation (again, more h’s indicates a longer inhalation)</td>
</tr>
<tr>
<td>-</td>
<td>An abruptly cut off sound</td>
</tr>
<tr>
<td>Huh</td>
<td>A pulse of laughter</td>
</tr>
<tr>
<td>(h)</td>
<td>A pulse of laughter in the middle of a word</td>
</tr>
<tr>
<td>£</td>
<td>An audible smile (speech produced while smiling).</td>
</tr>
<tr>
<td>((  ))</td>
<td>Words contained in double brackets describe sounds that have no notation convention.</td>
</tr>
<tr>
<td><strong>Other Notation Conventions</strong></td>
<td></td>
</tr>
<tr>
<td>()</td>
<td>Best guess at unclear speech</td>
</tr>
<tr>
<td>→</td>
<td>Emphasizes a line in the transcript that is considered to be of analytic importance.</td>
</tr>
<tr>
<td>...</td>
<td>Material has been omitted to ease the presentation</td>
</tr>
<tr>
<td><strong>Notation Introduced for my Research</strong></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Clinician gazed at and manipulated the test materials.</td>
</tr>
<tr>
<td>%</td>
<td>Clinician recorded something the client said</td>
</tr>
<tr>
<td>Δ</td>
<td>Clinician shows the client a visual stimulus</td>
</tr>
<tr>
<td>^</td>
<td>Clinician points to the visual stimulus</td>
</tr>
</tbody>
</table>

I had to introduce two notation conventions for my data. When the clinician was gazing at or manipulating the test materials, I noted this with the symbol #. When the clinician was recording something the client said, I noted this with the symbol %. For example, if there was a pause and the clinician was consulting the test materials, I wrote (3.0#) – indicating there was a three-second pause, during which the clinician was engaged in such consultation. Similarly, I would write (3.0%) to indicate the clinician was writing during the pause. If the clinician was both writing and consulting the test materials, I wrote (3.0#%). Sometimes clinicians recorded while the client was speaking. For example, suppose the client said, “The capital of the USA is Washington DC.” To indicate the clinician was recording while the client said, “USA is Washington DC,” I would write, “The capital of the USA% is% Washington% DC%.” I used the
symbol Δ to indicate that the clinician showed the client a visual stimulus. When the clinician pointed to the visual stimulus, that action is indicated by the symbol ^. For example, if the transcript read, “Please mark your answer here^” that would indicate that the clinician pointed to the visual stimulus while saying the word “here.”

There are disadvantages to the CA transcription method. First, it is time consuming. Because the transcripts capture so many details, researchers must often listen to the recordings multiple times, capturing more details with each pass. According to one estimate, it takes an experienced transcriptionist approximately twenty hours to transcribe one hour of audio recording (Potter & Wetherell, 1987, p. 166). If information about gestures and other non-verbal behavior were included in the transcript as well, the process would take much longer. Second, CA transcripts can be difficult to read. The CA transcripts include so much information about what took place in the conversation that those with little experience reading and conducting CA can be overwhelmed. One recommendation, which I have found helpful, is to read the transcripts aloud (Wood & Kroger, 2000, p. 84), including pauses, breathing, etc. This is quite easy, and it makes it much simpler to understand how the interaction unfolded.

After data collection and transcription, analysis begins. In most qualitative research methods, transcription and analysis are distinct processes: first, the researcher transcribes recorded data, and then the researcher reviews the transcripts, looks for patterns, develops a coding system, codes the data, and aggregates the codes into themes. In CA, transcription and analysis are parallel processes, (Potter, 2003). The close attention paid to the interaction during the transcription process helps the researcher to orient toward subtle aspects of the conversational work and develop intuitive formulations of the action taking place (ten Have, 2004; Liddicoat, 2007).
After creation of the transcripts and the beginning of the analysis, the researcher develops an intuitive formulation of what is happening in the interaction. The goal of a formulation is to explain the orderly social action that has occurred during the conversation. The researcher is not examining the statements made by the speakers, but rather the actions accomplished through these statements. For example, when a person criticizes himself, he may be trying to influence the other speaker to disagree and point out his positive qualities.

The goal of formulation is to develop generalizable statements about the character and structure of the conversation. Of course, researchers often develop several intuitive formulations of the conversation, and it is unlikely that all formulations are equally true. For that reason, it is important that the researcher demonstrate that her formulations are consistent with the empirical data. This involves more than locating data extracts that illustrate the researcher’s formulation. For one, the researcher must show that her formulation of the work that is taking place in the conversation is consistent with the participants’ understanding of the work. In CA, it is assumed that participants will display their understanding of a previous utterance in their responses to that utterance. These responses should be consistent with the formulation given by the conversation analyst. This method of validation is referred to as next turn analysis (Wooffitt, 2005).

Conversation analysts can strengthen the case for their formulation by showing that sequences of action that appear to violate that formulation are instances of action that are consistent with the formulation’s expectations. This method of validation is referred to as deviant case analysis (ten Have, 2007). When researchers uncover a sequence of action that does not conform to their intuitive formulation, this is referred to as a “deviant case.” The more the formulation can account for these deviant cases, the more generalizable the formulation (Liddicoat, 2007).
Summary of the Major Concepts in Conversation Analysis

To illustrate the CA method, I am going to introduce several major areas of research, including turn taking, accountability, sequence organization, adjacency pairs, interactional problems, and repairs. I will discuss how these phenomena are manifested in both ordinary, everyday interaction, and institutional interaction. These topics will help the reader to understand how the CA method can be applied to a corpus of recorded data, and it will introduce concepts that are central to all CA research, including the research that I conducted for my dissertation.

There are two roles within conversational interaction: speaker and listener. Typically, a person alternates between these roles. Conversation analysts have pointed out the alternation of roles is not a pre-determined, mechanical process, but rather a social process guided by the norms that regulate behavior within specific linguistic communities and personal relationships (Liddicoat, 2007). It is important to recognize speakers do not know in advance how many turns there will be in the conversation, how long those turns will last (Wooffitt, 2005, p. 26). The quality of turn taking behavior not only changes between conversations, but also within conversations. In the course of a single interaction, turn taking can change significantly. Based on these observations, we can conclude speakers are active in creating and calibrating their turn-taking behavior on a moment-by-moment basis (ten Have, 2007).

When asked how they know it is their turn to speak, most people say there is a silence at the end of another speaker’s turn. This silence signals the other speaker is done and someone else can begin speaking (Liddicoat, 2007, p. 52). CA researchers have found that turn-taking behavior is much more complex. Sometimes a speaking turn ends with a lengthy silence, rather than a brief silence. Silences of any type, however, are rather uncommon. More commonly, speakers latch their utterances on to one another (Liddicoat, 2007, p. 82). In latching, there is no
discernable silence between the turns. At other times, speakers overlap with one another.

Intuitively, latching and overlapping speech appear to be signs of rudeness, as they suggest the speakers are not taking time to understand what the other is saying and trying to obtain extra time to speak. In fact, latching and overlapping speech are quite common, and they only become problematic under specific circumstances, as when the duration of the overlap is lengthy (i.e. longer than a few syllables) or when a person tries to speak over another as a way of signaling vigorous disagreement.

It is helpful to think of the timing and coordination of turn taking behavior as a spectrum, with lengthy overlapping speech at one extreme, lengthy silence on the other extreme and latching utterances in the middle:

![Figure 1: Default Setting](image)

Typically, transitions are accomplished fluidly, with only brief periods of overlap or silence. This is, so to speak, the “default setting” (Liddicoat, 2007, p. 51). Departures from the default setting have significance for the ongoing interaction, though they are not necessarily problematic. A lengthy pause could be taken as a sign the other person is considering what the other speaker has put forward, in which case it probably would not be regarded as problematic. This lengthy pause could also be seen as a stony silence, in which case, it would be problematic. What this shows is none of these transitions can be considered inherently unproblematic or problematic. Instead, their character is determined by the context of the conversation.
Conversation analysts argue speaking turns can be broken down into turn constructional units (TCUs) (Liddicoat, 2007; ten Have, 2007). TCUs vary in terms of their structure, content, and length. Although a TCU may consist of a grammatically complete sentence with a subject and predicate, it need not do so. In some contexts, a TCU may be brief, consisting of only a single word. In fact, a TCU may contain no words at all, as when a speaker uses a non-lexical utterance such as *oh* or *uh-huh*. At other points, however, a TCU may last several minutes, and consist of many words. The participants in a conversation determine what constitutes a TCU, and it is apparent from their behavior that they are doing so in a methodical way. The methodical nature of turn taking is evident from the fact that speakers can *project* TCUs, knowing, with a fair degree of assurance, when another speaker will finish (Liddicoat, 2004).

Conversation analysts refer to the end of a TCU as a transition relevant place (TRP). A TRP is a place where a transition between speakers is possible, though transitions do not always occur at a TRP, since the current speaker may choose to continue speaking. There is compelling research to show speakers identify TRPs using a convergence of *syntactic cues* (grammar), *pragmatic cues* (identifying utterances that make a collaborative contribution to the interaction) *prosody* (intonation), and *non-verbal behaviors* (gaze and gesture) (Liddicoat, 2004; ten Have, 2007, pp. 52-3).

Sometimes a speaker will transition precisely at the TRP, in which case their utterances will latch onto one another. Other times, we can discern a transition space (Liddicoat, 2007, p. 79). This space begins before the TRP and ends shortly thereafter. When another speaker begins his utterance in the transition space, there will be either a short overlap or a short silence. These overlaps and silences are not considered problematic. When, however, another speaker begins speaking outside of the transition space, there will be a lengthy overlap or lengthy silence.
Generally speaking, these will be regarded as problematic (ten Have, 2007, p. 128). To elucidate these concepts further, I represented them visually in the following diagram:

![Diagram](image)

**Figure 2**

At the end of a TCU, the next speaking turn can be allocated in one of two ways: either (A) the current speaker can nominate the next speaker, or (B) the next speaker can self-nominate (Liddicoat, 2007, pp. 63-7). There are several devices that one speaker can use to nominate the next speaker. For example, looking at another person is one way of indicating you would like them to respond (Goodwin, 1980). The speaker can also use an address term such as you, or the other speaker’s name. Self-nomination is more likely to occur when no specific person has been nominated to speak next.

In ordinary, everyday conversation, the distribution of speaking turns is determined informally. There are no rules that dictate when and for how long an individual is to speak, and there is no method for speakers to sanction or punish one another for adopting an inappropriate approach to turn taking. In institutional conversation, by contrast, turn-taking behavior is often more formal (Drew & Heritage, 1993). In courtrooms, for instance, there are precise rules that regulate speaking turns, and when speakers violate these rules, they can be punished. In other institutional settings, the rules are not laid out so precisely, but the formal character of the interaction is still maintained. To take one example, in medical interviews, there is no explicit
rule that dictates doctors are to initiate conversational interactions, but there is compelling research to show that patients in medical interviews initiate interactions less than one percent of the time (Frankel, 1990).

Through the exchange of speaking turns, the participants in a conversation accomplish an action (Maynard, 2012). Most actions that we undertake in the course of everyday life can be broken down into a sequence of steps, each of which involve smaller actions. In conversation, a similar situation prevails. Any given conversational action can be broken down into a smaller sequence of steps that unfold in a predictable order (Liddicoat, 2007, p. 105). For instance, if the action involves gathering information, we could break that down into a two-step sequence: asking a question and giving an answer. Certain types of action make other actions appropriate as the next step in the sequence. If one violates the sequence, then one will be held accountable. For instance, if a person asked me a question, and I refused to answer, I could be asked to explain myself.

In conversation, most actions appear in pairs. CA researchers refer to these as “adjacency pairs,” and they are considered to be the basic unit out of which all conversations are constructed (ten Have, 2004, pp. 20-1; Liddicoat, 2007, pp. 106-9). The first component of an adjacency pair is known as the first pair parts (FPP), and it is understood as initiating a coordinated action. The second component is known as the second pair parts (SPP), and it is understood as completing the action. Different people usually execute the FPP and SPP, with the FPP appearing on one person’s speaking turn and the SPP appearing on the other speaker’s turn. One of the most obvious examples of an adjacency pair is question-answer: the question is the FPP and the answer is the SPP. This example makes it clear the FPP constrains the SPP. After all, one cannot respond to a question with any statement. This example also shows that, despite being called an
“adjacency pair,” the FPP and SPP need not actually be adjacent to one another. There may be several utterances between the FPP and the SPP. To return to the example, in the question-answer adjacency pair, the speaker who is tasked with giving an answer may ask for clarification before giving the answer itself. While these other utterances are being made, the SPP is still on the record, so to speak (Liddicoat, 2007, p. 151). All utterances between the FPP and SPP must be oriented toward the eventual delivery of the SPP, and the SPP must appear at some point, otherwise the adjacency pair will appear incomplete. If someone were asked a question, and that person continually asked for clarification, we might understand that as her trying to avoid answering.

With most adjacency pairs, speakers can respond in more than one way to the FPP action taken by the first speaker. With an invitation, there are two possible SPPs – accept or decline. Conversation analysts have pointed out that among the various SPPs available to a speaker, some are delivered without hesitation whereas others are not. When a person offers an invitation, we can accept it immediately (ten Have, 2007, pp. 136-40). If we decline that invitation, we often hesitate, delay giving a response with various non-lexical utterances (e.g. uh, uhm, well, etc.), and then explain why we cannot accept it.

The utterances that can be given immediately are known as preferred responses. The utterances that cannot are known as dispreferred responses (Liddicoat, 2007, pp. 110-7). In this context, the term “preference” does not refer to the speakers’ personal inclinations or desires, but rather to the social conventions regarding which responses are the easiest and simplest to deliver (Liddicoat, 2007, p. 111).

Here too, CA researchers have located systematic differences between ordinary conversation and institutional conversation (Drew & Heritage, 1993, pp. 22-5). In most instances
of ordinary conversation, speakers can pursue a number of different tasks through their interaction – asking for directions, offering an invitation, eliciting advice, sharing information, commiserating, etc. Often speakers pursue multiple tasks within a single conversation. Moreover, there are relatively few constraints on speakers, meaning that they can contribute to the conversation in many different ways. In most instances of institutional conversation, by contrast, speakers are pursuing a restricted set of tasks. For instance, in a medical interview, the physician wants to acquire information about the patient’s current symptoms and her medical history. Almost all of the contributions to the conversation made by the physician and the patient will be oriented to this task, and it is unlikely that another task – for example, asking for restaurant recommendations – will be pursued. Moreover, in institutional conversation, there are often constraints on the speakers. During a courtroom deposition, for instance, lawyers are only permitted to ask certain types of questions, and individuals on the stand are only allowed to offer certain types of answers.

Occasionally, problems arise in conversation and these problems can take many different forms. When a speaker begins their speaking turn either too early or too late (i.e. outside of the transition space surrounding the end of a TCU), that creates problematic overlaps and silences in speech. Putting forward a dispreferred utterance – such as declining an invitation – is also an area of conversational difficulty. Almost all types of conversational problems are co-constituted by both speakers, but one of the speakers is held accountable for the difficulty and asked to repair it (ten Have, 2007, p. 217). Conversational repair refers to “a set of practices designed for dealing with the sorts of difficulties which emerge in talk” (Liddicoat, 2007, pp. 171-2). Repair devices are topic- and time-neutral, meaning they can be used to resolve any type of problem within the conversation and they can appear at almost any point in the conversation. The same
repair devices are used in both ordinary and institutional conversation, but in institutional conversation, repair strategies are often focused on maintaining the roles of the conversation participants and moving the conversation toward the completion of a specific, institutionally bound task (Drew & Heritage, 1993, p. 38).

**Introduction to Discourse Analysis**

It is much more difficult to give an overview of DA than of CA, as DA has a complex history. Whereas CA emerged from Sacks’ engagement with ethnomethodology, DA emerged slowly, as social scientists struggled to amalgamate ethnomethodology with sociology, anthropology, speech-act theory, sociolinguistics, structuralism and post-structuralism, semiotics, and literary criticism (van Dijk, 1985). Over the past few decades, several versions of DA have been put forward, some of which differ so dramatically they share little more than a name (Wood & Kroger, 2000, pp. 19-33; Wooffitt, 2005, pp. 39-40). To simplify matters, I am going only going to discuss one version of DA – that found in the work of Edwards and Potter.

Earlier in this chapter, we saw the historical roots of CA can be traced back to the ethnomethodology and the observational research paradigm put forward by Erving Goffman. In the case of DA, its history can be traced to the sociology of scientific knowledge (Wooffitt, 2005, pp. 13-15). The term “sociology of scientific knowledge” is used to refer to the study of social processes involved in the scientific enterprise. Early research on the sociology of scientific knowledge focused on failed scientific theories. The idea animating this line of research was that social processes – such as grant funding, the organizational culture of laboratories, and the personalities of individual scientists – could account for inaccuracies in scientific research. It was thought that by studying these processes, the scientific method could be refined (Shapin, 1995, p. 291). This approach to the study of scientific knowledge assumed social processes only interfere...
with scientific progress, yielding false starts and failed theories. By contrast, successful theories gained the approval of the scientific community because they are objectively true, not because of the social substrate that undergirded their dissemination and eventual acceptance (Wooffitt, 2005, pp. 13-5). In the 1980s, sociologists began to question this assumption, arguing social and political factors shape successful scientific theories, not just failed theories (Shapin, 1995, pp. 295-6).

One of the first – and most significant – studies that emerged from this new approach to the sociology of scientific knowledge was conducted by Nigel Gilbert and Michael Mulkay (1984). Gilbert and Mulkay chose to study the dissemination and acceptance of successful scientific theories by examining a contemporary dispute in biochemistry. The dispute concerned the significance of adenosine triphosphate (ATP), a molecule living organisms use to store energy. Gilbert and Mulkay interviewed leading scientists who were involved in this dispute and gathered a large sample of written materials, such as research articles and letters exchanged among researchers. They found scientists used different interpretative repertoires to discuss the dispute. The term “interpretative repertoire” refers to the concepts, metaphors, and rhetorical devices used to account for events in the world (Wooffitt, 2005, pp. 35-6). Two interpretative repertoires were evident in the spoken and written material gathered from biochemists: (1) the empiricist repertoire, and (2) the contingent repertoire. When relying on “the empiricist repertoire,” “Speakers depict their actions and beliefs as a neutral medium through which empirical phenomena make themselves evident” (Gilbert & Mulkay, 1984, p. 56). When relying on “the contingent repertoire,” “scientists’ actions are no longer depicted as generic responses to the realities of the natural world, but as the activities and judgments of specific
individuals acting on the basis of their personal inclinations and particular social positions” (Gilbert & Mulkay, 1984, p. 57).

Gilbert and Mulkay’s scholarship represented the beginning of a new research program in the sociology of scientific knowledge. They called their research program “discourse analysis” because it analyzed the “discourse” (i.e. speech, writings, conversations, etc.) produced by people as an object of intrinsic theoretical interest, rather than a transparent window into “the way things are” (Gilbert & Mulkay, 1984, pp. 13-14). Much of DA’s success can be attributed to its relationship to the larger zeitgeist. Published after Berger and Luckman’s famous book, The Social Construction of Reality (1967), Gilbert and Mulkay’s study gave a concrete method to social scientists who believed facts are a product of a complex, socially- and historically-mediated process of inquiry rather than a direct representation of nature (Shapin, 1995, pp. 295-6).

Insofar as DA is concerned with the way in which social practices serve to make the world intelligible, it bears a direct relationship to ethnomethodology. Interestingly, early DA research made little reference to ethnomethodology or to specific methods that emerged from the ethnomethodological tradition, such as CA (Wooffitt, 2005, pp. 65-66). Later DA research, however, drew heavily from the CA literature. This is evident in the work of Derek Edwards and Jonathan Potter – theorists who combined CA, Wittgensteinian philosophy, and the theoretical framework pioneered by Gilbert and Mulkay into a comprehensive critique of experimental psychology (Potter & Wiggins, 2007).

Experimental approaches to psychology tend to view language a medium through which private mental states, such as belief, desire, and perception, are made available for public observation (Edwards & Potter, 2005, pp. 242-3). The problem with this approach, according to
DA, is that it treats discourse as a representation of “the way things are” in the mind – a neutral medium through which psychological facts are represented. This overlooks the extent to which individuals design talk about mental states to fit with the conversational and interactional environment in which that talk is taking place. For example, consider this extract from a study about teasing:

From Drew, 1987, p. 228

Mary:  Well I know him from sight I u-he doesn’t know me.
Al:  Oh.

→ Al:  He’ll get to know you (won’t[he). ihh
→ Mary:   [He seems like he’s rilly a nice
             person.=
Al:  =Yeh he’s okay.

Mary and Al were discussing a party they planned to attend. One of the guests at the party was a member of a band. Mary had previously dated some of the band members. On the line where Al said, “He’ll get to know you won’t he,” he implied Mary might begin dating him (or possibly start a sexual relationship with him). Mary recognizes the upshot of this, and cuts him off. Rather than laughing, she redirects the conversation to a different topic, saying, “He seems like he’s rilly a nice person.” If we read this statement as the external manifestation of a belief Mary has about the rock band member, we would miss the significance of what she is saying. She is not sharing her private thoughts. She is encouraging Al to talk about something else (Wood & Kroger, 2000, pp. 35-6).

Edwards and Potter (1992; 2005) argue we should view discourse not as a transparent medium through which mental states are manifested, but rather as a form of orderly social action. Even talk about mental states, such as “I believe…” or “I want…” should be understood as social action, and these statements are only comprehensible if we examine the context in which they were spoken (Wooffitt, 2005, pp. 113-25).
The Research Methods of Discourse Analysis

As was the case with CA, there is not a formal procedure discourse analysts follow when conducting research. We can, as a heuristic, break down the research process into a sequence of distinct stages (Potter & Wetherell, 1987; Wood & Kroger, 2000). It should be remembered that, “in practice… these stages are not clear sequential steps but phases which merge together in an order which may vary considerably” (Potter & Wetherell, 1987, p. 160):

1. Specify the Research Question(s) – DA can be applied to any question that has been studied in experimental approaches to psychology. It is important, however, the research question acknowledge one of the central points of DA: discourse must be approached as a phenomenon in its own right, not as an indirect manifestation of some deeper psychological or sociological process.

2. Sample Selection – Almost any form of speaking or writing can be used in DA research. Because analysis is so detailed and intensive, smaller samples are preferred to larger samples. As a rule, a sample of ten is about the maximum that can be analyzed by one person.

3. Collect Records and Documents – DA utilizes two types of data: recordings of talk and written documents. Recordings are obtained in much the same way they are in CA research, so there is no need to review that topic again. Written documents can be obtained from almost anywhere: public records, newspapers, blog posts, and so on.

4. Interviews – Unlike CA, some DA research relies on interviews conducted by the researcher. Interviews, however, have a different significance in DA than they do in other types of qualitative research. In most qualitative research, the researchers search for consistent themes in the interview responses, the assumption being these themes reflect
some extra-discursive reality (Wertz, et al., 2011). In DA, consistency in response is examined, but it is assumed this consistency represents the appearance of an interpretative repertoire. Diversity is also valued, as this shows the possibilities that are available within the participant’s discourse.

5. **Transcription** – Transcription is much more flexible in DA than it is in CA. In DA, one can choose a simple transcription system, in which the standard orthography is used, or one can use the CA transcription system, in which words are spelled phonetically and paralinguistic and non-verbal aspects of communication are documented.

6. **Coding** – In most approaches to qualitative research, coding involves creating a list of categories that can be used to parse the data into manageable chunks and then counting the frequency with which those categories appear. In these approaches, this is equivalent to the *analysis* of the data. In DA, coding is a pre-cursor to analysis.

7. **Analysis** – Analysis begins with the researcher looking for patterns. These patterns may reflect the *consistent* appearance of a discursive event or they may reflect *orderly variation* in discursive events. After noticing these patterns, the researcher investigates their *function* and *consequence*. The orienting question at this point is, “What action is accomplished by speaking/writing in this way?”

8. **Validation** – Four criteria can be used to evaluate the validity of analytic claims: (1) Coherence – Do these claims help make sense of the patterns that emerge in the data and can it account for apparent deviations from those patterns? (2) Orientation – Are the analytic claims consistent with the way participants understand their own actions? (3) New Problems – Do the analytic claims open up new areas of investigation? (4)
Fruitfulness – Do the analytic claims allow give researchers a framework for understanding other types of discourse?

9. The Report – Writing up the results, sharing them with the scholarly community, and publishing them in journals is part of the validation process. The goal is to write up an account of the research that gives the reader a full sense of how the research was conducted. The analysis and methods section are going to be longer than they are in experimental research articles, as discourse analysts include extracts of the discourse in the published paper.

As can be seen, the research methods of DA are very similar to those of CA. The main difference between the two methods has to do with the range of data that can be used and the techniques for validating interpretative claims. Whereas CA research relies exclusively on recordings of naturally occurring conversation, DA research can rely on almost any form of spoken or written language, including samples of language elicited from participants via interviews. As we saw earlier, the main validation techniques used in CA are next turn analysis and deviant case analysis. Using these techniques, the researcher shows her understanding of the conversation is consistent with the participants’ understanding by examining the participants’ utterances and the way they are sequenced with one another. Next turn analysis is also used in DA research that relies on conversational data, but it cannot be used in research that relies on non-conversational data, as there are no “next turns” for the participants. This illustrates one of the trade-offs made in DA research: a greater range of data can be used in research, but the techniques for validating interpretative claims using non-conversational data are less well-developed.
Summary of the Major Concepts in Discourse Analysis

To illustrate the way in which DA research works in practice, it is helpful to examine applications of the method. In this section, I will discuss how speakers manage the perception that their comments are biased and how speakers manage questions about their responsibility for their utterances.

I will first turn to the management of perceived bias. One pervasive feature of everyday talk is people treat each other as motivated entities, and as such, any statement they make can be understood in terms of their underlying motivations. This means when a person makes a statement about the world, there is a risk others will believe statement is biased because that person has a personal stake in the version of the truth she has endorsed (Edwards & Potter, 1992, pp. 154-6). Consider, for example, the Profumo affair – a controversy in which John Profumo, a high-ranking member of the British Government, was accused of having an inappropriate sexual relationship with a young model. Scandal (Boyd J., et al., 1989), a movie that recounts the controversy, included this interaction during a courtroom cross-examination:

From Edwards and Potter, 1988, p. 117
Counsel: Are you aware that Lord Astor denies any impropriety in his relationship with you
(0.8)
Mandy Rice-Davies: Well he would wouldn’t he
Jury, etc.: [Prolonged laughter]

The statement, “Well he would, wouldn’t he?” serves to invalidate Lord Astor’s attempts to deny any wrong doing, as it implies that his denial is a product of personal motivations, not an accurate representation of the truth. Notice how effective and powerful this short statement is: Mandy Rice-Davies disarmed the counsel with a short, memorable, and humorous statement, despite the fact that she did not discuss any specific details of the present situation. By implying
Lord Astor has a stake in his denial, she calls into question the validity of almost *everything* he says regarding their relationship (Edwards & Potter, 1992, pp. 117-8).

Edwards and Potter claim all speakers, when they are trying to put forward a description of the world, are caught in a “dilemma of stake or interest” (1992, pp. 158-63; my italics). On the one hand, speakers want to depict the facts in a way that favors their own interests; on the other hand, speakers do not want their depiction of the facts to be read as a *product* of their own interests. For that reason, Edwards and Potter argue, speakers employ a variety of techniques to make their descriptions appear more neutral, disinterested, and objective. For example, speakers will use vivid, detailed descriptions of past events – including lengthy, elaborate quotations from others – in order to make it appear as though they have excellent observational skills and memory. These descriptions are often structured in terms of a narrative, which the speaker uses to account for how events are causally connected with one another. Speakers often bolster their descriptions by claiming independent witnesses support their version of the truth.

These rhetorical devices function not only to make the speaker’s description of the world appear more factual, they also serve to reduce the speaker’s responsibility for the description. By structuring his comments in such a way that he appears to have no stake in their truth, a speaker can manage his own accountability for his actions and events in the world. In Gilbert and Mulkay’s study, for example, scientists used impersonal, detached, third-person language to describe the proceedings of their experimental research. By minimizing the extent to which individual agents played a role in directing the experiment, this language makes it appear as though the facts thrust themselves upon the scientists, regardless of their personal preferences. If the results of the experiment are disputed later, such descriptions serve to focus criticisms onto the experimental procedures rather than the scientist.
These two research areas highlight the differences between DA and CA. First, the two methods tend to differ in the topics they choose to focus upon. As we saw, in CA research the structural features of conversational interaction – such as turn taking and adjacency pairs – are the primary focus. In DA research, however, the emphasis tends to be on how the participants try to position themselves within the conversation, with attention paid to the conflicts over power and authority. CA and DA also attend to different aspects of the speaker’s orientation. CA – with its debt to ethnomethodology – focuses on how speakers develop an understanding of themselves and of the world through their social interactions. DA – with its debt to constructivist epistemologies – focuses on how speakers encourage others to view them as reliable sources of factual information (Wooffitt, 2005, pp. 18-9).

How I Synthesized CA and DA to Conduct my Research

Both CA and DA contained concepts relevant to the questions and concerns that guided my research. Because I was studying cognitive assessment as a form of conversational interaction, the recording and transcription techniques pioneered by conversation analysts provided excellent methods for gathering and processing the raw-data. Moreover, the insights into turn taking, adjacency pairs, and conversational repair provided me with the conceptual tools I used to analyze the structural features of this interaction.

It must be remembered, however, that cognitive assessments are not like ordinary, everyday conversations. In a cognitive assessment, one person (the clinician) is trying to gather objective facts about the cognitive functioning of another person (the client). Indeed, the point of the standardized test protocol is to ensure accurate measurement of the client’s cognitive abilities. The interactions between the clinician and client are structured around the effort to put forward a version of the facts – facts about the client’s cognitive abilities. DA provides insights
into how people construct factual accounts through conversational interaction, and in that sense, it is relevant to my research. Moreover, the DA literature contains well-developed techniques for describing the power imbalances that shape conversational interaction. A cognitive assessment, at its core, involves one individual commenting on another individual’s capacity to think clearly and form adaptive judgments, and this entails an important power imbalance. Moreover, the conclusions that the clinician draws based on the test results can have important implications for the client’s life. For example, the results may entitle the client to disability insurance payments and welfare benefits, or the results may be used to decide whether the client can live independently and/or make medical decisions for herself. To ignore this power imbalance – as I might have been tempted to do had I relied exclusively on CA – would have caused me to overlook an important dimension of the interaction.

Fortunately, both CA and DA are based on similar theoretical assumptions, so there is a considerable amount of overlap in their core concepts and research methodology. Recall they both view language type of action, not an indirect, outward manifestation of the speaker’s psychological state. To study language as a form of action, both methods encourage researchers to pay attention to the utterances made by speakers and the work those utterances perform in their environment, rather than trying to connect those utterances to the speakers’ putatively private mental processes. In most previous research on cognitive assessment practices, this understanding of language was not present. The client’s comments were treated as a straightforward manifestation of her cognitive capacities. Similarly, the test administrator’s departures from standardized protocol were understood as expressions of anxiety, carelessness, or lack of attention – all psychological states. However, according to the CA and DA framework, their utterances should be understood as performing significant interactional work. When
clinicians and clients coordinate their utterances in such a way that they complete the test protocol, and when clinicians and clients refuse to adhere to the response format and deviate from the protocol, they are performing orderly social actions.

The following passage contains a step-by-step description of how I synthesized CA and DA to conduct my research:

1. **Data Collection** – To examine how cognitive assessments are conducted, I collected recordings of clinicians administering cognitive tests to a diverse sample of clients. These testing sessions were part of routine clinical practice, not artificial sessions created to fulfill the requirements of my research. This use of “naturalistic” recordings is consistent with CA data collecting procedures. I asked the clinicians participating in the research to complete a brief questionnaire, which contained questions about their training in and attitudes toward standardized test administration. This use of non-conversational data is consistent with DA research procedures.

2. **Recording Review** – I reviewed the recordings once, observing the material, noting my reactions to the clinician-client interactions and writing down sections of the recording that seemed to contain interesting conversation samples. This served as an initial form of coding – consistent with the procedures described in the DA literature – though these “codes” were further elaborated during the transcription and transcript revision processes.

3. **Transcription** – The recordings were transcribed in full, using the standard CA transcription notation. During transcription, my intuitions about the data were further developed.

4. **Transcript Revision** – I compared the completed transcripts to the original recordings, correcting any inaccuracies and/or distortions. I then reviewed the transcripts again for
spelling and formatting errors. Information in the transcripts that compromised client confidentiality or test security was amended.

5. **Intuitive Formulation** – I reviewed my written notes on the transcripts and elaborated on my intuitive formulations. I gathered extracts from the transcripts that seemed to illustrate these formulations. Whenever possible, I gathered extracts from several transcripts, to show the formulation described a general interaction structure, rather than an idiosyncratic feature of one transcript. I also closely examined several extracts that seemed to be unique, seeing if they revealed further nuances in the data set.

6. **Formal Analysis and Write Up** – The write up of my intuitive formulations served as a rough draft of the final analysis. I edited this draft, gathering additional extracts from the data that seemed to support some of my formulations and casting aside any formulations that seemed to be unsupported.

7. **Validation and Final Report** – I reviewed the semi-final draft, examining each of my intuitive formulations to see if they were valid. Because I worked with conversational data, I used the standard CA validation techniques: next-turn analysis and deviant-case analysis. I also evaluated the semi-final draft according to the three criteria proposed in the DA literature: coherence, new problems and fruitfulness.

The first step of my research involved gathering data. To study how assessments are conducted in everyday clinical practice, I had to analyze recordings of real clinicians administering cognitive tests to real clients. Naturally, this meant I had to recruit participants in pairs: a clinician and a client. I considered any adult (age 18+) taking part in a cognitive
assessment to be eligible to participate in the research. Any clinician who received formal academic coursework in assessment was eligible to participate, including practicum students. I asked all the clinicians who participated to complete a brief questionnaire including questions about their training in, experience with, and attitudes toward psychological assessment. I have reproduced this questionnaire in appendix A. Appendix B contains the transcripts of three separate assessment sessions. Before each transcript, there is a brief statement describing the assessment’s context and the recording quality. A brief, narrative summary of the clinicians’ responses to the questionnaire is also contained in this statement. The responses contained some information about the clinician’s training, but this information was sufficiently vague that it is unlikely they could be identified based on their responses.

Because I did not conduct the assessments, I had no say in the cognitive tests that were used. In most of the recordings I examined, though, conventional cognitive tests were used, such as the Wechsler Intelligence Scale and the Hopkins Verbal Learning Test. These tests involve tasks such as answering general knowledge questions, drawing a figure, and remembering a list of words.

During the data gathering process, I attempted to recruit participants from a variety of clinical settings. In an effort to recruit from private practices and small clinics, I distributed a recruitment letter through a listserv dedicated to clinical psychology, though I did not receive any responses. I also called several training clinics and hospitals, though many turned me away.

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2 Most clients who require a cognitive assessment have a developmental disorder, such as an intellectual disability, or an injury to the central nervous system, such as a stroke or a concussion. I planned to exclude any client diagnosed with a severe neuropsychiatric disorder (late stage Alzheimer’s, schizophrenia, etc.), as they would have had trouble comprehending the informed consent forms. However, no such clients were recruited, so this exclusion was not necessary to enforce.
immediately, citing policies against recording clients. Some clinics and hospitals told me I could recruit at their site, but it would involve a lengthy (8-9 month) process in which I would have to submit a proposal through their Institutional Review Board, and even then, they explained, it would be difficult to obtain recordings. I searched for other data archives, but I could not locate any that included recordings relevant to my dissertation.

At the end of my data collection, all the recordings used in my research came from a training clinic in Pennsylvania, as I encountered too many difficulties when I looked elsewhere. I believe there are two reasons why I encountered such difficulties. First, it is uncommon to record assessments. Most psychologists seem to assume the only issue to examine when it comes to assessment is the client’s resulting scores. Test administration is uninteresting, unless there is some concern about the test administrator’s ability to adhere to protocol, so in most instances, they see no reason to make these recordings. Second, many cognitive assessments take place in a forensic context, in which decisions are being made about an individual’s eligibility for social security, insurance benefits, competency to stand trial, right to a driver’s license, and so on. Perhaps clinicians were concerned that if they did anything non-standard during the assessment, such as recording the test administration, the results’ validity will be challenged.

At the conclusion of the data gathering process, I had three recordings, which – taken as a whole – contained six hours, thirteen minutes, and ten seconds of footage. Before transcribing and analyzing the recordings, I began the second step of my procedure – recording review. During this step of the research, I reviewed the recordings and took notes, observing the overall structure of the interactions and writing down times when a significant interaction seemed to be taking place. These observations and notes served as a kind of coding of the data, which allowed me to develop my intuitions about the work the participants were performing through their
utterances. Using my codes, I highlighted the significant sections of the recordings and gathered several instances of the same conversational phenomenon.

Following this initial review, I then proceeded to the third step – transcript creation. I transcribed the assessments in their entirety, using standard CA notation methods (Jefferson, 1985), which were reviewed earlier in this chapter. When both audio and visual data were available, I included notes on non-verbal behavior. This was, by far, the most time-consuming portion of the research. In accordance with past estimates, it took me approximately 130 hours to make the initial transcription (Potter & Wetherell, 1987, p. 166).

After the initial transcription – I proceeded to the fourth step – transcript review. During this step, I reviewed the recording again, following along with the transcript to ensure it was accurate. I then reviewed the transcripts one final time to check for spelling issues and formatting errors. Throughout the third and fourth steps, I took notes and further refined the codes I created during the initial recording review.

To ensure the transcripts did not contain information that revealed who participated in my research, I de-identified the text using the “safe harbor” method, which is used to redact medical files so they are compliant with the privacy rule of HIPPA (Department of Health and Human Services, 2012). The Safe Harbor method specifies 18 types of information that must be altered or omitted, including dates, personal names, names of geographical areas smaller than a state, telephone numbers, addresses and so on. To ensure the transcripts were readable, I altered information rather than replacing it. I also altered any passages containing personal information that revealed the participant’s identity, including details about their developmental history, family life, employment, etc. I also altered the test stimuli and responses, to ensure test-security
was preserved. The final transcripts were reviewed by Dr. Alex Kranjec – the chair of my dissertation – to ensure these safeguard were sufficient.

After completing the transcripts, I began my procedure’s fifth step – elaboration of my intuitive formulations. At this point in the research process, I had already parsed the data using a loose coding scheme and writing down my reflections on the data’s possible significance. Using these codes, I developed intuitive formulations, which served as a preliminary explication of the assessment’s general structure. These intuitive formulations also helped me to examine when and how departures from standardized protocol occurred. During this step of the research, I began to develop hypotheses about the function of these departures.

Developing the codes into intuitive formulations, and then elaborating on those intuitive formulations allowed me to create a rough draft of my final analysis. In my procedure’s sixth step, I revised my findings, completing a more formal analysis of the data. This process involved gathering additional extracts from the transcripts to support my intuitive formulations, and deleting intuitive formulations that seemed to be unsupported.

In the seventh and final step of my research procedure, I validated my formal analysis and created a final write-up for the results. As noted earlier, I relied on techniques from both the CA and DA literature. From CA, I borrowed the techniques of next turn analysis and deviant case analysis. Both techniques involved demonstrating my intuitive formulation of the action performed in the data was consistent with the participant’s actions at subsequent points in their conversation. Any formulations that failed to be validated through next turn analysis and deviant case analysis were cast aside. From the DA literature, I borrowed three validity criteria: coherence, new problems and fruitfulness. These criteria required me to ensure my final write up described the general patterns evident in the data and accounted for data extracts that seemed to
violate those patterns. They also required me to show my analysis opened up new fields of inquiry and provide a direction for further research.
Section III – Results, Analysis, and Discussion

In this – the third and final section of my dissertation – I am going to present the results of my data analysis and discuss the significance of those results for the research literature and the practice of clinical cognitive assessment. Overall, my analysis shows that deviations from standardized protocol are common and relatively minor, meaning that they do not pose a major threat to test validity. Throughout the testing, clinicians are oriented to standardized test administration, and when they make deviations from protocol, they are often doing so as a way of trying to repair areas of interactional difficulty and to keep the client on task.

The analysis has been divided into several parts. In the first part, I will discuss the deviations from standardized protocol that occurred during the interactions leading up to the test administration. In previous research, these interactions were referred to as “co-orientation” and “rehearsal” (Marlaire & Maynard, 1990). For the sake of consistency, I will use these terms as well. Following that, I will discuss deviations that occurred during test administration. In this part, I will examine how clinicians deviated from protocol when presenting clients with the test prompts. I refer to the interactions that take place during the test administration as the “core sequence,” as they represent the core of assessment. I will then examine the interactions between clinician and client that did not involve either preparing for or completing a cognitive test. I have called these interactions “peripheral sequences.” I argue that these peripheral sequences – though not directly related to the testing – have relevance to the unfolding of the assessment (Muskett, Body, & Perkins, 2012, p. 97). I divided the discussion of peripheral sequences into three sets: (1) those that were reliably initiated by the clinician (encouragement), (2) those that were reliably initiated by the client (revisions, self-criticism, and strategizing), and (3) sequences that could be initiated by either clinician or client (joking, test-commentary, and self-disclosure).
Deviations During Co-Orientation and Rehearsal

In this section, I am going to focus on the initial phase of cognitive assessment, which involves two tasks: (1) Co-orientation – ensuring that both the clinician and the client are oriented to the test materials and test format, and (2) rehearsal - teaching the client the test format and asking her to display her comprehension of that format (Marlaire & Maynard, 1990). I will demonstrate that during both co-orientation and rehearsal, departures from the standardized protocol were made.

To begin with, I will discuss co-orientation. The concept of co-orientation was first introduced by Marlaire and Maynard in, *Standardized Testing as an Interactional Phenomenon* (1990). They argued both the clinician and the client must be simultaneously oriented to the testing situation before the test can begin. The clinician and the client accomplish this co-orientation in different ways. The clinician must demonstrate “administrativeness” by sitting down, adopting an upright posture, arranging the testing materials on the table (including the test instructions, stimuli materials, record sheets, and writing utensils), and moving her gaze between the client and the test materials in a systematic way. The client establishes co-orientation through demonstration of “recipiency,” which includes sitting down, adopting an upright posture, and gazing at the clinician. When it appears as though a client is no longer oriented to the test, the clinician can put forward a co-orientational summons, which involves saying, “listen,” “pay attention,” or some similar comment intended to get the client’s attention.

In my data, I found evidence of co-orientation, though the demonstrations of administrativeness differed slightly from the description of administrativeness given by Marlaire and Maynard (1990). The clinicians in my data set did use some of the non-verbal behaviors described by Marlaire and Maynard: sitting upright, arranging test materials, and alternating gaze
between the client and the test instructions. In addition to these non-verbal behaviors, however, each of the clinicians made a statement at the start of the testing session that explicitly oriented the client to the structure of the test as a whole. In some instances, these orienting statements were read directly from the test protocol, as in Transcript A (lines 38-42). In other instances, the clinician improvised, deviating from the protocol and making their own orienting remarks. For example, Mel – the clinician in transcript C – did a great deal of work during the assessment to orient Tom – his client – to the proceedings of the test as a whole. :

(1) Transcript C

26  Mel  So: (0.5) see ((clears throat)) a::nd (1.2) you’re here (0.4)
27 for: just a basic (0.4) cognitive (0.5) intelligence (0.7) test
28 (0.9) hhh this test (. ) u:m (. ) I’ll do- >just ask a couple
29 more questions and stuff< ahead of time (. ) it’s just kind of
30 like a general (0.8) um: (0.4) test of uh- kinda general
31 academic or intellectual ability (0.9) actually not so much
32 academic (0.6) um (0.9) it’s called the WAIS (0.7) the
33 Wechsler Adult Intelligence Scale (0.6) um (0.4) Its sort of
34 the standard just fer (0.8) when you hear people sayin’ IQ
35 (0.5) um: this is something we can go over when an’ I have
36 scored it an’ written things up (0.8) but it’s usually- it’s
37 actually not a very go:od measure (0.5) and isn’t usually
38 treated among most (0.4) um t! (. ) school and
39 neuropsychologists as like (. ) an IQ test (0.6) um (0.8) it
40 more gives you a sense of just sort of basic cognitive
41 strengths and weaknesses (1.2) um: (0.8) t! they can- (0.4)
42 >parts of it< can be pretty tiring
43  Tom  mh
44  Mel  And uh:m (0.4) and just (0.8) tedious (0.4) most people
45 don’t do: (1.0) that well (0.6) on most of it (0.4) it’s just
46 sort of seeing where you fit within the bell curve (0.7)
47  Tom  y’know (0.5) given your age and years of education
48  Tom  Mh[m

This orienting statement has a number of functions, some more obvious than others. On the surface level, this statement functions as an explanation of the tests that will be administered (Wechsler Adult Intelligence Scale) and the psychometric properties of those tests (IQ). On a deeper level, this statement functions as a way of anticipating areas of conversational difficulty
and a way of allowing Mel to manage his accountability for those difficulties. For example, on lines 41 through 44, Mel says “>parts of it< can be pretty tiring… And uh:m (0.4) and just (0.8) tedious.” Notice how Mel’s lexical choice of the word “it” offloads responsibility for the “tiring” and “tedious” aspects of their interaction on to the test protocol. He could have said, “Parts of what I will ask you to do can be pretty tiring and tedious,” but he did not. In normal conversation, tedious and tiring interactions can result in interactional difficulties for which one of the speakers is held accountable. However, Mel’s use of the word “it” constructs the “tedious” and “tiring” aspects of their interaction as being a result of the protocol, and therefore something for which he cannot be held accountable.

In a similar vein, extract (1) shows that Mel made several statements in which he downplayed the importance of the test. For instance, he said on lines 36-8, “it’s actually not a very go:od measure (0.5) and isn’t usually treated among most (0.4) um t! (. ) school and neuropsychologists as like (. ) an IQ test.” Later, on lines 44-5, he says, “most people don’t do: (1.0) that well (0.6) on most of it.” These statements only make sense what one understands the institutional character of interaction. One of the most significant findings in CA research on institutional interaction is that these interactions often involve special forms of inference and reasoning (Drew & Heritage, 1993, pp. 24-5). In the context of a medical interview, for instance, a doctor expressing surprise with the word Oh! carries a very different significance that expressions of surprise in ordinary conversation. In the context of a cognitive assessment, both the clinician and the client are oriented to the connection between the quality of the client’s responses and client’s intellectual abilities. If the client answers a question or puzzle incorrectly – or perceives that she has done so – that incorrect answer is going to result in the clinician (and anyone else privy to the test results) making inferences about the client’s ability to think clearly.
and accurately about events in her life. This implication is not present in everyday conversation. I can answer questions incorrectly or admit to not knowing the answer without others drawing strong inferences about my intellect.

When Mel downplays the importance of the test and informs his client that most people do not do well on the test, these comments are oriented to the special connection between the client’s responses and her abilities that is created in this institutional context. It seems that Mel is trying to help his client save face when he gets an answer incorrect. After all, both Mel and the client can say that incorrect answers are normal (since, “most people don’t do: (1.0) that well (0.6) on most of it”) and insignificant (as the test is “actually not a very good measure”).

Later in the assessment, when Mel begins administering the WAIS, he reiterates some of these points and orients to his responsibility to administer the test in a standardized fashion:

(2) Transcript C
308 Mel So (.) again (0.5) um (.) with all of the:se (0.8) problems
309 (0.6) tasks (0.7) um (2.9) just do your best (0.9) most
310 people don’t do perfectly on’em (0.4) uh: (0.3) all of us
311 here had to take these at different points (0.5) I’ve had to
312 give (1.0) uh- (0.3) >some of these tests< overlap some
313 (0.4) so I’m- I’ll probably get stuck (. ) er (0.4) confused at
314 some point or other on what’s next (0.4) um (1.0) cause
315 there- there’s a couple different versions (0.5) and I had to
316 give a different one today (0.6) um (0.5) hhh bu:t (0.4) just
317 do your best (0.7) a:nd um (1.0) we actually don’t really
318 even know (0.8) where you sc- (0.4) like how you
319 performed until (0.9) y’know (. ) I look it up in the manual
320 Tom mhm
321 Mel And see where the norms are for your age and your years
322 of education and stuff (. ) so (0.6) hhh okay
323 (6.6 - Test administrator mumbles to himself inaudibly)
324 Mel S:o
325 (2.7)
326 Tom That describes the (inaudible) but is that something you
327 say automatically?
328 Mel Uh: (0.4) I typically do (0.7) um: (0.9) it um:
329 Tom Like is it designed to (. ) like (. ) ric- reduce nervousness
330 (0.3) or
Through these comments, Mel not only orients Tom to the proceedings of the test, but also orients to and manages the asymmetrical power relation that characterizes the interaction. As an experienced test administrator, he is more familiar with the test protocol, the prompts that will be given, and the scoring procedures. He is also more familiar with the way people typically react to the testing, as indicated by his comments on lines 331-337. Interestingly, Mel speaks of his experience as though it divests him of authority, pointing out that he is likely to become confused because he has administered “a couple different versions” of the test. Of course, if Mel were orchestrating the interaction, confusion would be unlikely to arise, for he could change the procedure whenever he deemed appropriate. By pointing out his confusion, Mel emphasizes that their interactions are driven by the protocol, and he has no authority to change that protocol. Mel goes on to say, “we actually don’t really even know (0.8) where you sc- (0.4) like how you performed until (0.9) y’know (. I look it up in the manual” – a statement that divests him of knowledge concerning Tom’s performance. This statement also allows Mel to manage his accountability for the results. Whatever Tom’s resulting scores, Mel can say that the scores were yielded from a relatively mechanical process of “look[ing] it up in the manual.”

Overall, Mel’s comments in extracts (1) and (2) seem to be focused on positioning himself as a neutral agent, with no particular agenda to push and no immediate knowledge of or opinion on Tom’s test performance. Mel indicates that his actions are animated primarily by the
test protocol, and as such, he bears little to no responsibility for them. Previous CA research on institutional interaction has shown that positioning oneself as a neutral agent serves an important role in formal interactions (Clayman, 1992). Such positioning allows speakers to avoid entering into conflict with one another, and it is particularly common when speakers are discussing a controversial topic. By adopting this neutral stance during the co-orientation phase of the assessment, Mel is able to promote agreement with Tom and to head off areas of conversation difficulty before they appear.

Though extracts (1) and (2) offer the clearest illustration of how clinician and client use co-orientation to preempt potential areas of interactional difficulty in the assessment itself, similar phenomena were present in the other transcripts. In Transcript A (lines 38–42), the clinician explains to the client that the testing is going to entail being asked to answer difficult questions, which she may find frustrating, and he normalizes that frustration. Such statements could help prevent the client from refusing to answer or self-sabotaging when she is presented with questions or puzzles that she cannot respond to correctly. In transcript C (lines 39–45) the clinician orients the client to the fact that he will be reading from a test protocol, so some aspects of the interaction will be scripted. This statement, much like Mel’s statement, is made to prevent those scripted aspects of the interaction from occasioning excessive interactional difficulty. The statement also allows the clinician to manage his accountability for the potential awkwardness occasioned by standardization, for he communicates to the client that the standardization is required by the test. It is not necessarily something that he is insisting upon of his own volition³.

³ A qualitative research study utilizing a phenomenological method found that clinicians often experience a sense of responsibility for controlling the assessment process and they fear that they may not be able to control it properly. These experiences are often more prevalent and intense among early-career clinicians, during the time when they are first learning how to conduct an assessment (Danna, 2011, pp. 97-102). Interestingly, this result seems to contract my findings,
In all three transcripts, the co-orientational statements made by the clinicians function as a way of solidifying their speaking positions of the participants, clarifying their task and roles. The clinician lets the client know that he will be asking questions and that the client is expected to answer, even if he feels distressed or upset by the difficulty of those questions. Through this interaction, the participants create and align themselves with discursive identities that are uniquely relevant to the practice of cognitive assessment.

After the establishment of co-orientation, the testing begins. Each test has its own format. Some tests involve straightforward question-answer sequences, whereas others require the client to complete a non-verbal puzzle, create a drawing, fill out response sheet, or manipulate a set of physical objects such as blocks or cards. Most cognitive assessments tools are made up of multiple sub-tests, and some of these sub-tests are, in turn, made up of multiple components (for example, the standard administration of the WAIS contains several subtests; one of these sub-tests is called digit span, and it is made up of three tasks: digits forward, digits backward, and digit sequencing). Each sub-test has its own unique format, though some sub-tests are more similar than others. The client must be taught the sub-test’s format before she can begin the sub-test itself, and the teaching of this format occurs during the rehearsal phase of the assessment.

which include several instances of clinicians carefully constructing their utterances to offload responsibility for the assessment process onto the protocol. Unfortunately, with the data currently available, this contradiction cannot be resolved. My intuition is that clinicians privately experienced a sense of responsibility, but discursively offloaded responsibility onto the protocol in order to avoid interactional difficulties. However, I admit that this may not be the case. The only way to know would be to conduct a study with two data sets: one set consisting of transcripts of the assessment, much as I have done in my study; a second set consisting of interviews with clinicians and clients, analyzed according to a phenomenological method, much like Danna’s study. The results could be compared to show how the discursive behavior of clinician and client maps onto their reported experiences.
In their research, Marlaire and Maynard (1990) found that rehearsals usually begin with the clinician making a statement that includes three elements: (1) a general set of instructions, (2) a co-orientational summons, (3) a hypothetical test prompt. After the hypothetical test prompt, the clinician usually provides feedback, either affirming the correctness of her response or correcting her errors. The order of the elements can be varied, and it is not necessarily the case that all three will be present for each test rehearsal. The same three elements described by Marlaire and Maynard were present in my data set. See, for example, transcript A (lines 390-420), transcript B (lines 289-292), transcript C (lines 575-582).

The theoretical importance of the rehearsal phase cannot be overstated, for it demonstrates that the client can only respond to the test appropriately if she has been properly socialized into the test format. This socialization is accomplished through collaboration and coordination between the clinician and the client. Both must be sensitive to the multiple ways in which communication can go awry and draw on social resources to repair communication when problems arise. This contradicts the assumptions of the stimulus-response model, which is based on the notion that the client is simply fed a set of instructions and then passively processes the test stimuli.

During the rehearsal phase, the clinicians in my data set were oriented to presenting the test instructions as precisely and accurately as possible. When they made errors in their explanation of the test, these errors are quickly corrected. These errors and their corrections represent deviations from the standardized protocol. For a representative example, examine the following passage:
In this extract, Ian is presenting his client with the coding subtest of the WAIS-IV. As he is explaining the instructions, he realizes that he has pointed to the wrong part of the stimulus sheet. He marks the error by quickly saying “oops sorry.” The speed with which this comment is delivered causes it to stick out from the surrounding speech, emphasizing both the error and the necessity of repair. Ian then goes on to repair the error by pointing to a different part of the sheet and saying “look at these boxes.” The word “these” is said with a “smiley voice” (the change in tone that occurs when one is smiling) and extra emphasis is added to the first syllable “th”. Again, this emphasizes the word “these” and sets it apart from the surrounding words, thereby marking its importance.

Extract (3) shows that Ian is oriented to his responsibility to present the test instructions accurately. He has an obligation to do so, and treats himself as being accountable for slip-ups and errors in relaying those instructions. Importantly, he not only repairs the errors, but also emphasizes that the repair is taking place by speeding up his speech and changing his intonation⁴. In ordinary conversation, repairs are not often so clearly emphasized. In emphasizing the repair, Ian not only fixes the inaccuracies in his presentation of the test’s instructions, but also positions himself as a professional committed to carefully following the protocol. He also

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⁴ As noted in section one, qualitative research on client experiences in assessment shows that they appreciate when clinicians acknowledge slip-ups and errors (Danna, 2011, pp. 65-7). Clients reported that such acknowledgement helps them see the “humanness” of the clinician and allows them to feel a sense of comfort and rapport.
orients to his relationship to the client, and the obligation that he has to present her with an accurate overview of the instructions.

A similar instance of clinician accountability for standardized administration can be found in transcript C:

(4) Transcript C

1573  Mel  t! (0.8) okay (3.7) Look at these shapes (1.2) one of these
1574  shapes here^ (0.6) is the same as the two shapes here^ (5.4)
1575  this shape^ (0.7) is the same as this shape (0.3) here^ (3.1)
1576  t! (0.6) so I draw a line through it (2.3 - draws a line on the sheet) just like that
1577
1578
1579  Tom  Will there be one match (0.5) in each (.) in each row
1580  Mel  Mhm (1.1) uh (0.5) I think (0.3) um (0.9) >wait< (1.6) yeah
1581  (0.2) I think so (0.6) u:m (1.5) look at the:se^ shapes (1.1)
→  1582  t!(1.3) this shape (2.5) Sorry (.) this is throwin’ me off
→  1583  (11.2 – Mel consults instructions)
1584  Tom  Okay (1.6) So this shape here^ (0.9) is the same as this one
1585  there^ (1.3) so I draw a line through it…

In this extract, the problem in the test administration occurs on lines 1580-1582. Mel is attempting to complete a rehearsal item with Tom, but after Tom asks him a question, Mel abruptly stops the rehearsal and says “Sorry (.) this is throwin’ me off.” Mel then consults the instructions, returns to the interaction, and proceeds with the rehearsal. Notice that in both extract (3) and extract (4), the clinician’s apologize for their errors. These apologies are significant, for they are directed to the client. Strictly speaking, an apology is unnecessary. The clinicians in both extracts could have said, “hold on a second,” “just a moment,” or “let’s start over” – all of which would have allowed the clinician to consult the instructions and then begin the rehearsal again. Therefore, the function of the word “sorry” is not simply to allow the clinician to read the instructions. Instead, it displays to the client the clinician’s orientation to her responsibility for administering the test properly. The clinicians adherence to the standardized administration is not driven simply by an abstract mandate to “stick to the protocol” handed
down in the research literature and test manuals. Instead, it is driven by a set of ethical and professional obligations to the client with whom the clinician is interacting. Interestingly, it seems as though the clinicians are more oriented to their accountability for standardized administration than the clients are, as the clients in extracts (3) and (4) did not respond to the apologies. Indeed, both remained silent and allowed the clinician to proceed.

**Deviations During Test Administration**

Now that we have discussed the deviations from protocol that occur during co-orientation and rehearsal, we are going to discuss deviations that occur during the process of test administration. The interactions that take place during test administration can be divided into two sequences: (1) the core testing sequence and (2) the peripheral sequences. The term “core testing sequence” refers to the pattern of coordinated action through which the clinician and the client work through the test items included in the assessment instrument. The term “peripheral sequences” refers to all other patterns of coordinated action that occur during the administration of assessment – in other words, any exchanges that do not involve completing test items. It is important to understand that the peripheral sequences have an impact on the way that the core testing sequence unfolds, so the distinction between the two is less rigid than it may initially appear. In this portion of section three, I am going to discuss both sequences and their relationship with one another. I will begin by discussing the core testing sequence, and then I will proceed to discuss the peripheral testing sequences evident in my data.

**The Core Testing Sequence**

In their seminal article on the interactional structure of cognitive assessment, Marlaire and Maynard (1990) found that the core testing sequence consists of a three-part pattern of turn
taking. The same three-part pattern was found in subsequent research on assessment practices (Muskett, Body, & Perkins, 2012). The pattern has the following structure:

1. Prompt – the clinician presents the client with a question, verbal problem, puzzle or other task.
2. Response – the client presents the clinician with an answer or solution to the prompt.
3. Acknowledgement – The clinician responds by saying “okay” or “good.”

Importantly, in my data set this three-part turn-taking cycle was only present during the rehearsal phase of the test administration, when the clinician presented the client with a hypothetical test prompt. During the administration of actual test items, the turn-taking pattern consisted of only two parts: (1) the test prompt, and (2) the response. The acknowledgement turn was absent in almost all assessments, except the Wisconsin Card Sort in Transcript B (lines 743-990) – a test that explicitly instructs the clinician to acknowledge whether the client’s responses are correct or incorrect. This difference in my findings is likely due to the context in which these assessments took place. CA researchers have argued that the structure of a conversation is both context shaped and context renewing (Drew & Heritage, 1993, p. 18). This means that conversations are both influenced by and influences upon activities taking place in the larger environment.

Cognitive assessments of children – which formed the data for Marlaire and Maynard’s research – often take place in an educational environment. Most of these assessments are dedicated to identifying learning disabilities and intellectual problems in students and creating education plans to accommodate the student’s difficulties. In educational environments, interactions between teachers and students have a three part turn-taking structure (Sinclaire & Coulthard, 1975; McHoul, 1978) similar to the prompt-reply-acknowledgement structure found in Marlaire and Maynard (1990). In that sense, the turn-taking structure Marlaire and Maynard uncovered
was influenced by and a continuation of the teacher-student interaction. By contrast, the assessments I examined did not take place in an educational environment, and as such, the three-part turn-taking structure characteristic of such environments was absent.

My analysis is going to focus on the first turn in the core testing sequence: the test prompt. Because my research is focused on identifying when clinicians depart from standardized protocol, this turn is most relevant to the project. In the prompting turn, the clinician presents a client with one of the items from the test. Prompts can be delivered in a variety of ways, and departures from standardized protocol were common. These variations and departures are of particular importance, for they show that the clinician and client approach each test item in an individualized and unique fashion. This runs contrary to the assumption embedded within the stimulus-response model that the test items represent stimuli, presented in a mechanical and uniform fashion by the clinician and responded to the same way by the client.

Previous research on testing practices has shown that clinicians depart from protocol and actively alter test prompts in view of the on-going interaction that takes place in the assessment (Marlaire & Maynard, 1990; Antaki, 2001; Muskett, Body, & Perkins, 2012). The prompts often become shorter when the client is responding correctly to prompts and longer when the client is responding incorrectly. The prompts may also be simplified, if the clinician deems that the client is incapable of comprehending the prompt as it is written in the test protocol.

Consistent with previous research, the clinicians in my data set also shortened the prompt on tests after the client answered a series of prompts correctly. This was most evident in the follow extract, taken from Transcript A:
(5) Transcript A

422 Ian .Hh ∆ which one here (0.6^) goes here?
423 Amy (0.6) number five
424 (24.5%#)
425 Ian Δ(2.0) t! .hh [Which one-
426 Amy [(Numb- [huh huh)
427 [Huh huh £Wh(h)ich one h(h)e(h)re
428 (0.6) goes here?
429 Amy *Number* (.) three
430 (15.6%)
431 Ian Δ <>Which one here (.) goes here?<o
432 Amy (1.2) *number two*
433 (6.3%#)
434 Ian Δ
435 Amy (4.1) number *five*
436 (5.2%#)
437 Ian Δ
438 Amy (15.0) number one
439 (5.5%#)
440 Ian Δ
441 Amy (7.3) number two o
.
.
.
485 Ian Δ
486 Amy (22.2) *Four* (3.4%) um%
487 (2.4%#)
488 Ian Δ
489 Amy No that’s one (0.8) ◦I messed up (0.4) I’m sorry◦
490 Ian ◦◦that’s alright ◦◦
491 Amy U:m: ((clears throat)) (38.2) *two*
492 (5.3%#)
493 Ian Δ
494 Amy (20.7) *two:* 
495 (7.1%#)
496 Ian Δ
497 Amy (36.3) *Fo:ur*
498 (47.2%#)
499 Ian t! okay (7.1)

This extract is taken from the matrix reasoning subtest of the WAIS-IV. On line 422, Ian clearly articulates the full test prompt, even pointing to the visual stimulus during the brief pause in the middle of his TCU. On line 425, he begins the prompt again, but Amy interrupts him, ready to
respond. Earlier in the assessment (lines 47-128), Ian and Amy completed a similar test, and Ian shortened the prompts during this test. It is possible that Amy was oriented to the possibility that Ian would shorten the test, she just oriented to it at an earlier point in the administration than Ian did. The overlap is resolved when both speakers stopped and laughed. Ian then recycles the test prompt on line 427-8. Notice that during this second prompt, Ian does not point to the stimulus, thus the prompt actually has become shorter. On line 431, Ian speaks much more quietly and quickly. On 434, the verbal prompt has been eliminated. From that point forward, Ian simply presents Amy with the stimulus, and Amy responds.

By line 431 of extract (5), the presentation of the visual stimulus suffices as a prompt. Through the pairing of the verbal prompt and the visual stimulus, the visual stimulus has come to take on the interactional properties of the prompt; as such, when Ian presents the stimulus without any verbal prompt, he is in effect prompting her without speaking. It should be noted that shortening the prompt in this way is not a violation of standardized protocol, as the WAIS manual allows for such actions. Nevertheless, this shortening accomplishes important interactional work. The clear, careful articulations of the test instructions made in the early part of extract (5) show that Ian is oriented to the protocol, but his shortening of the prompt shows that he is also oriented to his relationship with Amy. By decreasing the amount of time that he spends speaking, Ian allows Amy to complete the test more efficiently and quickly. At the start of the assessment (lines 7-21), Ian and Amy talked about scheduling and the amount of time that Amy has available. In trying to complete the test quickly, Ian aligns himself with this earlier discussion and structures his utterances in view of Amy’s time constraints. Ian’s departure represents a compromise between his orientation to the protocol and his orientation to Amy.
Shortening the prompt on non-verbal tests was the most obvious way in which clinicians altered the prompt for the client, though clinicians made other alterations as well. For example, on tests that involved verbal prompting, clinicians would often slow down, elongate syllables, and insert pauses. None of these actions is dictated by the test protocol, but they serve an important purpose – namely, to emphasize selectively some aspects of the test prompt. For example:

(6) Transcript A

683 Ian .Hh Dr. Ying sees <twenty-eight> patients each day (.) on
684 Monday through Friday (0.8) she sees thirty patients (.) on
685 Saturday (0.8) How many patients does she see altogether?
686 +
687 Amy (7.7) (two hundred sixty○○)
688 + (8.9%) +

Ian presents the verbal prompt on lines 663-5. He slows down the word “twenty-eight” and “thirty,” thereby emphasizing the numbers relevant to the problem. He also inserts a lengthy pause before the two TCUs containing these numbers, imparting additional emphasis. Similarly, in transcript C:

(7) Transcript C

744 Mel  In what ways are control (0.3) and freedom (0.6) alike
745 Tom (2.3) t! Th- they speak to (0.3) they both speak to:
746 permission (0.7) and whether or not (0.7) um (1.6)
747 something is being (0.5) um (2.2) um (0.7) enabled (0.6) or
748 (0.8) disabled (1.6) a (1.3) um (6.2) restrict (0.5) they’re not
749 exactly opposites in that (0.7) um control (1.1) can be (.)
750 can be con- (.) can be used to mean constr:ain (1.5) um (1.6)
751 whereas freedom is somewhat (1.0) um (1.3) more
752 expansive
753 (5.4)

Mel prompts Tom on lines 699. Notice that Mel elongates syllables in the words “control” and “freedom” and he pauses after saying these words, emphasizing their importance and signalizing to Tom that they are the key components of the prompt.
These changes in emphasis do not take place with all verbal test prompts. Based on the data that I gathered, they occur most often in verbal prompts that involve numbers and mathematical operations. This makes sense given the fact that these tend to be the longest and most complex verbal prompts presented to the client. It is important to understand that these emphases represent a decision by the clinician, and they could have a significant effect on the test results. A client with cognitive issues may have a basic difficult picking out which elements of the prompt are the most significant. The emphasis on certain syllables and words accomplishes some of this cognitive work for the client.

Broadly speaking, the departures from protocol I have uncovered show that the clinician’s orientation to the client is often evident in the paralinguistic properties of their utterances. Clinicians shortened their speaking turns, or changed the intonation, prosody, and enunciation with which the prompt was delivered. In doing so, they modified the prompt in ways that account for the client’s situation and the status of the interaction while also maintaining their professional obligation to present the test prompts in the manner dictated by the protocol. Most test protocols do not specify precisely how one is to read the test instructions and prompts, and therefore, even if the protocol adherence of these clinicians were challenged, they could claim that they had no guidance and therefore did nothing wrong\(^5\). In that sense, their utterances represent are carefully structured effort to accommodate the client while maintaining their professionalism.

Not all the variations in the prompts represented departures from the standardized protocol. Some, in fact, represent attempts to return to the protocol after a period of interactional

\(^5\) Because these departures have the potential to influence the test results, and the purpose of the test protocol is to minimize the clinician’s influence on the results, I think their utterances can be considered departures.
difficulty. There are several examples in the transcripts in which there is a problem with the test prompt, and the clinician has to go back and address the problem. For example:

(8) Transcript B

<table>
<thead>
<tr>
<th>Line</th>
<th>Name</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>311</td>
<td>Rich</td>
<td>Five (1.4) ‘scuse me (2.7) starting again (1.0) Three (0.9)</td>
</tr>
<tr>
<td>312</td>
<td></td>
<td>eight (1.1) five (1.1) eight (0.9) three (1.2) five</td>
</tr>
<tr>
<td>313</td>
<td>Ben</td>
<td>(4.0) Three% eight% (1.7) Three% five% eight% (3.5)</td>
</tr>
<tr>
<td>314</td>
<td></td>
<td>three% five%</td>
</tr>
<tr>
<td>315</td>
<td></td>
<td>(4.7%)</td>
</tr>
</tbody>
</table>

(9) Transcript C

<table>
<thead>
<tr>
<th>Line</th>
<th>Name</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>1008</td>
<td></td>
<td>(4.4)</td>
</tr>
<tr>
<td>1009</td>
<td>Mel</td>
<td>Δ</td>
</tr>
<tr>
<td>1010</td>
<td>Tom</td>
<td>(8.7) So (0.4) I’m sorry (0.3) (what does (0.4) that end up</td>
</tr>
<tr>
<td>1011</td>
<td></td>
<td>being?)</td>
</tr>
<tr>
<td>1012</td>
<td>Mel</td>
<td>=Oh sorry um (1.4) so (0.4) yeah which o:ne (0.6) he:re^</td>
</tr>
<tr>
<td>1013</td>
<td></td>
<td>goes there^</td>
</tr>
<tr>
<td>1014</td>
<td>Tom</td>
<td>(1.4) Mkay (0.6) um (6.5) t! five</td>
</tr>
<tr>
<td>1015</td>
<td></td>
<td>(3.1)</td>
</tr>
</tbody>
</table>

In extract (8), Rich I administering the digit-span subtest of the WAIS to Ben. On line 302, he reads the first number incorrectly. To repair the prompt, he excuses himself and then says, “starting again,” indicating that he will be reading the prompt afresh from the beginning. In extract (9), Mel is administering the matrix reasoning subtest of the WAIS. This sub-test has two types of matrices. Up to line 957, Mel administered one type of matrix, but on that line, he switched to the other type. Tom does not know how to respond to this new type of matrix, so he asks on lines 1010-1011, “What does (0.4) that end up being?” Mel responds on the following line by apologizing, and then delivering the verbal prompt, pointing to the parts of the matrix that he has to complete. Notice that the conversation resources deployed by the clinicians in extracts (8) and (9) are similar to those deployed to repair problems in the rehearsal phase of the test administration, which I discussed earlier in this section. However, in the rehearsal phase, the clinician initiated a self-repair and quickly moved forward with the rehearsal. The client played
less of a role. In these passages, the client collaborates with the clinician’s repair, displaying her understanding of that repair in her response to the test prompt.

Together the examples of repair listed above show that the clinician and the client draw upon the core social knowledge and experience that they use in everyday conversation to repair interactional problems that arise during the testing. For the clinician to make the repair, she must mark the error, pause, return to the test protocol, and re-initiate the testing. The client must recognize that an error has been made and that it can only be repaired by returning to the protocol. Moreover, the client must allow the test administrator to return to the protocol, rather than interrupting her or insisting that they move on. In other words, both the clinician and the client have to coordinate their activity in order to return the testing to the protocol. Clearly, both the clinician and the client are oriented to proper administration of the test according to protocol and actively work toward allowing the protocol to be administered – at least in some instances.

**Peripheral Sequences**

Strictly speaking, co-orientation, rehearsal, and the core-testing sequence are the only interactional structures required to complete an assessment. Though it is conceivable that an assessment only involving these structures could take place, in most assessments that I have conducted, and in all of the assessments that made up my data set, there is a great deal of “off task” talk. This “off task” talk includes anything that does not involve preparing for or completing items contained in the test protocol – in other words, any talk that does not directly advance the assessment toward its conclusion. I use the term “peripheral sequences” to refer to these varieties of “off task” talk, as they are peripheral to the main tasks specified by the test protocol.
Traditionally, the assessment literature has paid little attention to these peripheral sequences, dismissing them because they do not make an obvious contribution to the assessment. However, the research on assessment practices contains some evidence that these peripheral sequences can influence the other portions of the assessment interaction (Muskett, Body, & Perkins, 2012, pp. 96-7). For example, sometimes clients will discuss personal associations with a stimulus material. The way that the clinician responds to these personal associations can affect the client’s response to the test prompt associated with that stimulus. Furthermore, the literature on collaborative/therapeutic assessment has discussed how clinicians can utilize what I have referred to as “peripheral sequences” to help interpret assessment results (Fischer, 2008; Finn, Fischer, & Handler, 2012; Gorske & Smith, 2008). That being said, little research has been conducted which directly examines the different varieties of peripheral sequences and their interactional significance.

In this part of section three, I intend to remedy this gap in the research. I will begin by discussing when and how peripheral sequences appear. I will then discuss the varieties of peripheral sequences that were evident in my data set. These varieties were divided into three broad categories: (1) clinician-initiated sequences (encouragement), (2) client-initiated sequences (revisions, self-criticism, and strategizing), and (3) other sequences (joking, test-commentary, and self-disclosure). I do not claim that this taxonomy of peripheral sequences is complete. My intention was only to highlight what I saw as the most interesting and significant peripheral sequences in my data set.

To begin with, let us examine when peripheral sequences appear. In my data set, peripheral sequences tended to be absent during the co-orientation and rehearsal phases of a subtest, as well as during the initial portion of a subtest’s administration. Toward the end of the
subtest and between subtests, peripheral sequences appeared quite often. Of course, this is just a general characterization of peripheral sequences. The different varieties of peripheral sequences, which I will discuss in more depth later, tended to appear in slightly different positions.

Though both the clinician and the client could initiate peripheral sequences, they seemed to be initiated more often by the client. Regardless of who initiates the peripheral sequence, the clinician tends to close down the sequences quickly and re-orient to the testing. The following extract offers an excellent illustration of the points that I made above. This exchange occurred after the completion of the mental arithmetic subtest of the WAIS-IV:

(10) Transcript A

779 Ian How ya’ feel so far
780 Amy °Gre:::at°
781 (3.2#)
782 Amy It’s just frustrating (.) cause I know I can do it on paper (.)
783 but I can’t do it in my head I never have been able to
784 Ian M:hm:
785 (3.6#)
786 Ian Well just try your best as you go through
787 Amy Do you know what time it is?
788 Ian ((looks at watch)) one thirty
789 (5.0#)
790 Ian .okay
791 (4.3#)
792 Ian We’re probl- we’re more than half-way done.
793 Amy Okay (.) just because I can’t be late for class (.) cause my
794 professor is crazy (.) and they told me to remind you of that
795 (14.6%#)
796 Ian t! .h °hkay° ((hands response form to Amy))

In response to Ian’s question “How ya’ feel so far,” Amy says, “It’s just frustrating (.) cause I know I can do it on paper (.) but I can’t do it in my head I never have been able to.” In doing so, she not only shares her feelings, but also explains her perceived poor performance and attempts to save face by claiming that she could have done better if she had paper with which to write out the math problems. Ian gives a minimal response, saying, “M:hm,” and then returns to
manipulating the test materials. He adds, “Well, just do your best as you go through” – a minimal encourager that the WAIS-IV manual permits test administrators to give. Notice that Ian could have asked Amy a number of questions about her frustration – “Has this come up in other areas of your life?” “When did you first notice this difficulty?” and so on. All of these would have opened up the interaction by encouraging Amy to elaborate. Instead, he praises the effort that Amy is putting forward and returns to the test, quickly shutting down the peripheral sequence. This kind of response – praising effort rather than reassuring the client about the quality of her responses was relatively common in my data set. Such praise has a number of functions, which I will discuss in more depth on the section on clinician-initiated peripheral sequences. For now, I think it is important for readers to note that by praising Amy for her effort rather than giving her feedback on the quality of her performance, Ian is attempting to manage the asymmetry of power and authority that characterizes their interaction. He does not outright deny Amy access to the answers, but instead changes the topic of conversation, moving it from the potentially controversial topic of Amy’s answers to the relatively neutral topic of Amy’s effort.

Interestingly, Amy seems to orient to this power differential as well. On line 787 of extract (10), she asks, “Do you know what time it is?” Ian answers directly on the following line, telling her that the time is “one thirty.” Ian orient to Amy’s question not simply as a request for the time, but also a request to know when the testing will be done. In doing so, she is attempting to regulate the pacing of the tests – a process over which she has little control. Ian orient to her statement in this fashion, as indicated by his utterance on line 792, where he says, “We’re probl-we’re more than half-way done.” On line 793-4, Amy explains that she “can’t be late for class cause [her] professor is crazy.” Again, Ian could have opened up this statement further by making a statement like, “Ouch – a crazy professor – sorry to hear about that” or asking, “How is
your professor crazy?” Instead, he says nothing and returns to manipulating the test materials. On 796, Ian initiates rehearsal for the following subtest. Though Ian does not directly respond to Amy’s talk about being late, his actions indicate that he received her request to finish the testing.

It seems that clinicians tend to prioritize the “formal” aspects of the interaction over the “informal,” as indicated by the fact that clinicians quickly re-orient the testing back to the “formal” after a peripheral sequence. This finding is consistent with the CA research literature on institutional interaction, where it has been shown that professionals are more oriented to the formal aspects of an interaction (Drew & Heritage, 1993, pp. 23-4). The clients in my data set usually collaborated with the clinician’s attempts to re-orient back to the testing, though in my clinical experience this has not always been the case. This shows that clients and clinicians tend to prioritize different aspects of the interaction during the assessment. The clinician’s priority is to elicit from the client statements that are neutral displays of his or her ability to accurately and objectively process events in the world, not statements that are designed as responses to the idiosyncratic features of the clinician-client interaction taking place during the assessment. The client also holds this as a priority, though they have other priorities as well, such as getting immediate feedback, forming a personal connection with the clinician, and so on. There are no explicit sanctions when the client engages in peripheral sequences. However, there are implicit sanctions against excessive engagement in peripheral talk, as evidenced by the clinician’s frequent efforts to restrict peripheral sequences and steer the interaction toward the core sequence, which is necessary to complete the assessment instrument.

**Clinician-Initiated Peripheral Sequences**

In this section, I am going to discuss the major peripheral sequence initiated by clinicians: encouragement. When the client displays frustration, fatigue, or discouragement, the
clinician often puts forward a statement aimed at maintaining the client’s motivation. Previous research on the assessment of children has shown that test administrators encourage clients by praising them for correct answers (Marlaire & Maynard, 1990; Maynard & Marlaire, 1992; Muskett, Body, & Perkins, 2012). In my data, I found no examples of such praise. Instead, clinicians tried to encourage clients by praising their effort. We have already seen an example of this in extract (10). A more complex and interesting example can be found in the following extract:

(11) Transcript C
1844 Mel Δ
1845 Tom (12.5) one four an’ three
1846 (5.3)
1847 Mel Okay ((closes test stimulus book))
1848 Tom Oh (.) uh I- (. ) nevermind (0.3) nevermind
1849 Mel Do ya wanna change your answer?
1850 Tom I- I- did (. ) if I have time
1851 Mel Δ
1852 Tom Um (0.7) so d- (0.4) three: f:our an’ two
1853 Mel mm
1854 (5.7)
1855 Tom .hhhh (inaudible) that I’m out of time (. ) right?
1856 Mel ((shakes head up and down))
1857 Tom Yeah
1858 (2.9)
1859 Mel Don’t fret
1860 Tom ◦Mhm (0.7) sure◦ ((puts head down))
1861 (8.2)
1862 Mel Is it really frustrating for you?
1863 Tom Yeah (0.4) Y- I- I’ve struggled with this (. ) my (mumbles)
1864 Mel With what?
1865 Tom (0.6) Um (1.6) so I’ve been out of school for a very long
time (0.8) um (1.5) a:nd (1.1) spent (0.4) >the majority of
my childhood< (0.5) uh (0.7) >testing exceptionally well
1866 on standardized tests<
1867 Mel Mhm
1868 Tom So (0.6) that’s like powerfully correlated with (1.7) my
1869 sense of self-worth
1870 Mel Hhhh well the truth is you don’t really know how you’re
1871 doing right now anyway (0.4) but as long as you’re putting
1872 in some effort you’re [doing fine
This exchange happened at the conclusion of the visual puzzles subtest of the WAIS-IV, which involves selecting several shapes that can be put together in order to make a design. Mel presents Tom with a test prompt on 1844, and Tom responds on 1845. On 1847, Tom says, “okay” and closes the test stimulus book, indicating that the test is over. On the following lines, Mel changes his answer, but he is oriented to the fact that this answer will not count because he has run out of time. It is notable that Mel allows Tom to change his answer. Mel could have said, “I’m sorry, but the test is over.” Even though this answer has no function in terms of Tom’s overall test score profile, it has an important function in terms of the interaction between Tom and Mel. By giving Tom the opportunity to change his response, Mel allows him to save face, so to speak, and demonstrate to Mel that he can get the right answer, even if it does not officially count toward his score.

Notice that Mel attempts to encourage Tom. Mel begins by instructing Tom on line 1859, telling him, “Don’t fret.” Tom responds with the rather lackluster “Mhm (0.7) sure.” Importantly, Mel is trying to return to the core sequence as quickly as possible, commanding Tom not to “fret” rather than exploring Tom’s feelings. However, Mel is oriented to Mel’s minimal “Mhm (0.7) sure” and the potential trouble it could indicate for their interaction, as indicated by the fact that he follows up by asking Tom an open-ended question about how he is feeling. Tom explains that he is worried about performing poorly, and Mel responds by saying, “well the truth is you don’t really know how you’re doing right now anyway (0.4)” This comment references an utterance that Mel made earlier in the assessment, which was reproduced in extract (2) (lines 317-19). In this comment, Mel explained that Tom’s responses cannot be evaluated until they have been scored according to the manual’s procedures. After reiterating this, Mel says, “but as
long as you’re putting in some effort you’re [doing fine.” Notice that Mel reassures Tom by pointing to his effort, not his ability.

As noted earlier, praising effort rather than ability was the most common way that clinicians offered encouragement. Initially this seems odd, as this encouragement occurs after the clients expressed concerns about their ability – making the encouragement appear irrelevant and off-topic. To understand why clinician’s offer this kind encouragement, it must be understood that the clinician’s ability to speak on certain topics is constrained by his professional identity. Most of the clinical literature on assessment strongly advises clinicians not to give clients feedback on their performance, and praising their ability would constitute such feedback. By refraining from praise of the client’s ability, the clinician orients to this norm of the profession. Praising effort rather than ability also serves an important interaction function. If, during the test administration, the clinician were to praise the client’s for giving correct answers, he would commit himself to a position on the client’s abilities. If this position were not corroborated by the client’s resulting scores, this could cast doubt on the clinician’s competence. For example, if the client obtained low scores but was praised for correct answers, the client could challenge the clinician by saying, “You told me I was answering questions correctly. You don’t know what you are talking about.” By praising effort rather than ability, the clinician is able to position himself as a neutral observer of the process, thereby retaining his authority to comment on the client’s performance on the test as a whole. Finally, commenting on effort also helps the clinician to avoid coming into conflict with the client. If the clinician gave the client feedback on his answers, they could enter into a disagreement with one another. The client may believe that he is correct, regardless of what the clinician says. However, the client is more likely to agree
with praise for his effort. After all, disagreeing with such praise would entail losing face by saying something such as, “I’m not really putting forward my best effort.”

While praising effort often allows the clinician and client to avoid interactional trouble, this is not always the case. The following extract, taken from transcript B, illustrates this point well:

(12) Transcript B

Rich: Okay (1.3) The first letter is (.) P (0.9) go ahead

Ben: (1.2) um: hh (1.2) Pear% (1.5%) pe:ek% (2.7%) patent%

Rich: (1.8%) pun% (3.9%)

Rich: ((looks at Ben))

Ben: ((returns gaze)) happiness% (10.5%) ((shrugs)) (7.6) huh (.)

it’s a wall ((puts hand in front of place))

Rich: (2.8) ◦Try the best you can◦

Ben: ◦ alright (.). I’m doing it◦ (1.2) poor% (1.9) pace% (3.8)

put% (15.4)+

This extract is taken from the verbal fluency test. In this test, the client is given a letter and asked to list words beginning with that letter. Ben struggles to list several words that begin with P, and then pauses. On line 657, he says, “happiness” – a word that does not begin with P. He then shrugs and says, “It’s a wall.” This comment is a reference to a statement he made earlier in the assessment (lines 278-9), “There’s kinda (2.6) a- (0.6) a wall (.) >know what I mean?< (0.5) ju-
(.) just blank walls (0.7) (that flies up).” Through this statement, Rich compared trying to think with running into a wall. By referencing this statement, Ben marks his response as incomplete, showing Rich that he knows it is inadequate. On line 659, Rich tries to encourage Ben by saying, “Try the best you can,” and Ben responds quietly, “alright (.). I’m doing it.” Ben then lists several more words. By saying, “I’m doing it,” Ben communicated to Rich that he is already trying his best, so there is little reason to exhort him to put forward more effort. Notice the subtle disagreement here that goes unaddressed: Ben positions himself as incapable of answering the
test prompt no matter how much effort he puts forward, whereas Rich positions Ben as capable if he puts forward a sufficient effort. Though this disagreement does not occasion too much interactional difficulty, it is possible that a similar disagreement in a different context could do so.

**Client-Initiated Peripheral Sequences**

In this section, I am going to discuss three peripheral sequences that are often initiated by the client: revisions, self-criticism, and strategizing. The most common and notable peripheral sequence was response revision. A response revision occurs when the client attempts to either change or qualify an earlier response. We have already seen an example of response revision in extract (11), when Tom tried to change one his responses to a test prompt after the test concluded. However, it is necessary to explore response revision in more depth, as they can appear in a variety of ways.

One of the most analytically interesting response revisions occurred in transcript A. The first response revision occurred early in the assessment, as the clinician and client worked through the block design subtest of the WAIS:

(13) Transcript A

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>Ian</td>
<td>((scrambles blocks)) ∆ «Now make the blocks (.) look like this»</td>
</tr>
<tr>
<td>91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92</td>
<td></td>
<td>«done»</td>
</tr>
<tr>
<td>93</td>
<td>Amy</td>
<td>{9.9}</td>
</tr>
<tr>
<td>94</td>
<td></td>
<td>+</td>
</tr>
<tr>
<td>95</td>
<td>Ian</td>
<td>(2.6 – stares at the blocks)</td>
</tr>
<tr>
<td>96</td>
<td>Amy</td>
<td>Okay (.) that’s totally wrong though h.h</td>
</tr>
<tr>
<td>97</td>
<td>Ian</td>
<td>That’s% what% we% have% to% go% with%</td>
</tr>
<tr>
<td>98</td>
<td></td>
<td>(8.2%)</td>
</tr>
<tr>
<td>99</td>
<td>Amy</td>
<td>=Oh% £sorry% huh%</td>
</tr>
<tr>
<td>100</td>
<td>Ian</td>
<td>((scrambles blocks))No takebacks (0.5) [sorry huh.huh</td>
</tr>
<tr>
<td>101</td>
<td>Amy</td>
<td>[Huh(.) £okay</td>
</tr>
<tr>
<td>102</td>
<td>Ian</td>
<td>No it’s okay</td>
</tr>
</tbody>
</table>
On line 90, Ian presents Amy with the stimulus. Amy responds on line 91, organizing the blocks in a way that she believed resembled the stimulus. In all the previous stimulus-response exchanges, Ian began recording almost immediately after Amy completed putting the blocks together, but in this case, Ian paused and stared at the blocks for approximately 2.6 seconds. Amy realized this, which oriented her to the inadequacy of her response. On line 96, Amy attempted to revise the response, saying, “Okay (.) that’s totally wrong though.” Even though Amy does not request to change her earlier response, Ian orients to Amy’s statement as a request to alter her earlier response, saying to her “That’s what we have to go with.” On line 100, Ian makes a joke about this, saying, “No takebacks.” Amy does not immediately orient to this as a joke, but then Ian begins to smile and laugh and Amy joins him. Interestingly, Amy continues to try to revise her responses even after Ian told her they will not count. For example, later in the assessment the following exchange occurred:

(14) Transcript A  
485  Ian  Δ  
486  Amy  (22.2) *Four* (3.4%) um%  
487  (2.4%#)  
488  Ian  Δ  
489  Amy  No that’s one (0.8) ◦I messed up (0.4) I’m sorry◦  
490  Ian  ◦◦that’s alright ◦◦  

Here we see that Amy attempts to change the response she gave on line 486, saying, “No that’s one (0.8) ◦I messed up (0.4) I’m sorry◦” Notice that Ian did not record Amy’s new response. In Extract (13) also helps to illustrate one of the shortcomings of the stimulus-response model. If we were using this model, we might be tempted to view Amy’s attempt to correct her response as an example of meta-cognition – an awareness of her own cognitive processes and their outcomes. However, by analyzing the transcript, we can see that Amy’s attempted correction is better explained in terms of the assessment interaction. Up to this point, Ian immediately began recording after Amy completed her design. In this extract, however, he stares at Amy’s blocks before recording them. Amy seems to have noticed this staring, and then realized that he is staring because her response contained an error.
saying this, Amy was trying to show Ian that she realized she made a mistake and that she actually does know the correct answer, regardless of whether that answer counts or not. In making such a statement, she is orients to the fact that Ian knows the test answers and is in a position to evaluate not only her answers, but also her intellectual abilities. It is possible that by offering a response revision after being told that these revisions will not count, Amy is trying to elicit feedback from Ian. From the client’s perspective, it is a strategy that makes sense: Ian cannot give official feedback to her scorable responses, but perhaps he can give feedback “off the books,” so to speak, to her unscorable responses. In any case, Ian remains oriented to his professional identity and does not offer any feedback.

Sometimes clients will try to revise a response by disqualifying it entirely. This is a somewhat rare occurrence, but it occurred at least once in my data set – again, in Transcript A. The following exchange took place during the mental arithmetic subtest of the WAIS-IV:

(15) Transcript A

```
766   Ian . H a farm produces thirty thousand bushels of corn in one year (0.9) the following year (. ) their production increases five percent (0.9) The year after that (. ) production (. ) increased by another ten percent (1.0) how many bushels of corn are produced <after both increases> + + +
772   Amy (32.4) eh (. ) thirty thousand<
773   Amy + (0.8%)
774   Amy >1% really% have% no% idea% (. ) I% can’t% do% it% in% my% head% <
776   Amy (7.8%)
```

In this extract, Amy marks her incorrect response to the complex mental arithmetic problem that was posed to her. She says, “I really have no idea” on line 774. Notice that Ian does not stop recording when Amy speaks, which, once again, demonstrates that Amy’s attempt to revise her earlier response is going to fail, and it is her earlier response that will be recorded and counted for scoring. The fact that Amy continues speaking while Ian is writing shows that Amy was
attempting to accomplish something at the level of social interaction, rather than to alter her earlier response. Again, a comment like this may be an attempt to save face. Though Amy may have been incorrect, she is able to display awareness of her own limitations by making such a statement. Attempts to disqualify a response are also oriented to the formal aspects of the testing. Clients are not only unaware of the correct answers to the questions, they are also unaware of how their answers will be scored. Some clients assume that partial responses will not be scored, even though they often are. Similarly, some clients assume that incorrect responses will decrease their score, even though, again, this is often not the case. When Amy attempts to disqualify her response, she may be trying to exert some control over the scoring process – which is entirely obscure to her and outside of her power. By negating her answer, she may be attempting to show Ian that her incorrect response should not count against her overall score.

Notice that on line 774-5 of extract (15), Amy not only attempts to disqualify her earlier response, she also claims that she is *incapable* of answering such complex mental arithmetic questions, saying, “I can’t do it in my head.” This is an example of the second client-initiated peripheral sequence that I am going to discuss: self-criticism. Self-criticism occurs when the client claims that she is *incapable* of proceeding or that her performance is far below that of the average person. This can occur in a number of ways. In the example given above, Amy explicitly states that she “can’t do it.” We saw a similar statement in extract (12). The client might also label himself “stupid” or “dumb or the client might make a joke at her own expense. Consider the following example, which occurred on Transcript B after the completion of the Wisconsin Card Sorting Test:
After the test ended, Ben says, “So how do chimps do on this? (0.5) Better?” implying that his performance was worse than that of a chimp. This represents a direct question about his performance on the test. Rich responds by acknowledging that the testing required him to “do something in areas that are difficult for [him].” It appears that Ben wanted more specific feedback, as he asks on line 996 if one of the “areas that are difficult” for him is “pattern recognition.” Rich does not respond to the question. Instead, he thanks Ben for all his “hard work today,” and then quickly moves to conclude the testing. We can see that by insulting himself, Rich is trying to elicit feedback on his performance. After all, his statement on line 968 seems to contain the implicit question, “Do I have difficulty with pattern recognition?”

Self-criticism could have a number of functions within an assessment. As noted above, it could be an attempt to elicit reassurance or feedback about one’s test performance. It could also serve as a way of prematurely concluding the test. If the client says, “I can’t do it,” in effect she is telling the test administrator, “There is no point in proceeding because I will get everything wrong.” This seems to be what Amy was trying to accomplish in extract (15) when she said, “I can’t do it in my head.”

In addition to response revision and self-criticism, clients also engaged in strategizing. Strategizing occurs when the client talks about the nature of cognition as such – that is to say, when the client discusses how she can most efficiently and accurately accomplish a cognitive
task. There were several instances of strategizing in my data set. One example can be found in transcript B:

(17) Transcript B  
546 Rich I want to see how many you can remember now (2.2) I  
547 know it sounds difficult (,) but try- try to draw as many of  
548 the figures as you can in the correct location on the page  
549 (1.6 - hands Ben a blank sheet of paper) remember (1.3) try  
550 to draw them accurately (,) just like- and just do the best  
551 you can.  
552 Ben (1.9) Wasn’t it (,) uh: (1.0) somebody famous said sumthin’  
553 bout (1.4) y’know if you want to try remember something  
554 (,) just to write it down (1.0) and you don’t really have to  
555 try: to remember because the act of writing it down kinda  
556 (1.4)  
557 Rich Mm  
558 Ben Puts it in your head  
559 Rich mhm

Rich prompts Ben on lines 546-551. Instead of responding directly to the prompt, Ben talks about the nature of memory, saying, “if you want to try remember something (,) just write it down… because the act of writing it down kinda puts it in your head.” He attempts to bolster his position by saying that it was “somebody famous” who made this claim. The entire statement is framed as a question “Wasn’t it…” meaning that it encourages Rich to confirm Ben’s statement. Rich’s response is an ambiguous “Mm” presented on line 543 and “mhm” presented on line 545. Notice that Rich does not allow Ben to elaborate on this query. As with other peripheral sequences, Rich quickly guides him back to the testing. By talking about the nature of cognition, Ben have may be trying to display his own knowledge and encourage Rich to view him as competent, self-aware, and intelligent. He may also be asking Rich if this is a good strategy to use in his everyday life – in other words, he may be asking, “Will it help me remember things if I write them down?” Ben may also be trying to assure Rich that he will do better on this test because it involves writing things down, whereas previous tests did not involve any writing.
Notice how Rich’s minimal responses and praise for Ben’s effort allow him to avoid making a major departure from the protocol. Rich is oriented to his professional obligations and the restrictions that they impose on his behavior.

Most examples of strategizing can be found in transcript C. Tom, the client in transcript C, tended to strategize not by asking about the efficiency of various cognitive strategies, but rather by eliciting information about how his responses would be evaluated:

(18) Transcript C

<table>
<thead>
<tr>
<th>No</th>
<th></th>
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</thead>
</table>
| 600 | Tom | How (0.7) uh (0.6) I guess I- I can’t ask like (0.9) the level of detail that is appropriate (0.5) is precision important here or just like a common-
| 601 |  |  |
| 602 | Mel | ↑Oh just like the general sense (0.4) of what you think of as like (. ) y’know just like the most significant kind of thing they have in common (0.5) I mean (0.3) I’ll ask you if I need [you to follow up on it]
| 603 | Tom | [So th- So it’s like the:: most significant thing (0.4) not (0.7) like a (0.5) con:crete (0.3) like a
| 604 | Mel | =Just say what comes to mind (0.5) honestly (0.5) yeah (0.3) I mean um: (0.5) I’ll usually- (. ) if there-s (. ) i- if it’s-
| 605 |  | if it’s sort of like vague or (0.4) t! (0.7) um (0.8) o- or if
| 606 |  | I’m not clear if it qualifies for what the test is looking for
| 607 | Tom | (. ) I usually ask

This exchanged occurred in the middle of the similarities subtest of the WAIS-IV, in which Mel presented Tom with two terms and asked him in what way they are similar to one another. After Tom asks a series of questions about “the level of detail that is appropriate,” Mel informs him that he will ask follow-up questions if Tom’s response is not sufficiently detailed. This interaction shows how clients can attempt to manage the asymmetry and power differential characteristic of the assessment. By this point in the assessment, Mel has repeatedly told Tom that he cannot give him feedback on the quality of his answers. As noted earlier, the ability to give such feedback is constricted by Mel’s professional obligations. By asking about test-taking strategies, Tom finds a way of working around the constrictions imposed on Mel’s behavior. Test
protocols rarely provide guidance on how much clinicians can collaborate with client’s strategizing, so in this case, Mel could not appeal to the protocol as a way of avoiding feedback. Indeed, the information that Mel gave Tom was useful, and it allowed him to formulate an effective test-taking strategy that could have potentially increased his score.

Occasionally strategizing occurred after a subtest, in which case it served as a way for the client to manage her accountability for her test responses. For instance:

(19) Transcript C

1646  Tom  I’m very curious about the scoring of that (.) just because I don’t – I don’t know if (I was) (0.8)
1647  Mel  Oh (0.3) this right here^  
1649  Tom  Was appropriate or needs to (0.8) like di- di- did the test
1650  (0.7) terminate when I get one wrong (.) or does it (0.4) or
1651  is there a (0.8)
1652  Mel  Um::
1653  Tom  is there [a greater incentive for::?
1654  Mel  [Hold on (1.0) lemme look (0.5) see what it is:
1655  (0.7) so um: (1.2) you get a hundred and twenty seconds
1656  Tom  mhm
1657  Mel  A::nd um (1.0) like (0.5) I subtract the number incorrect
1658  (0.5) once I use the key (0.6) I mean (.) to find the number
1659  correct
1660  Tom  Oh .hhh
1661  Mel  and that gives you the total number correct (0.8) within
1662  that amount of time
1663  Tom  Is that something that can be told somebody in advance
1664  Mel  (1.2) um (0.4) ↑I don’t think so (0.7)
1665  Tom  Okay
1666  Mel  um (0.5) I’m just tellin’ you how we- how we score it (0.6)
1667  um (0.6) but usually the way (.) I mean hhh
1668  Tom  That would like (.) cha::nge my strategy
1669  Mel  Oh really?
1670  Tom  If I knew that because- (.) because like you said (0.3)
1671  proceed without (0.9) making any errors
1672  Mel  Uh huh
1673  Tom  To me that meant (0.6) like to no:t (1.0) maybe (. ) like
1674  making an error would be: (1.1) more detrimental (0.5)
1675  than like (0.8) tha::n (1.0) making an error and proceeding
1676  to- (0.5) like do more than that
1677  Mel  Yeah (0.4) that would have changed things I guess
1678  Tom  Yeah
This exchange happened after the coding subtest of the WAIS-IV. This subtest requires the client to memorize a set of symbols that correspond to the numbers one through nine, and then fill out a worksheet using those symbols as quickly as she can. In this extract, Tom asks how the coding subtest is scored, and after learning that what matters is the total number correct (lines 1657-62) Tom says to Mel, “That would like (. ) change my strategy.” Notice that when Tom asks on the following line, “Is that something that can be told somebody in advance,” Mel is says no, but marks his uncertainty, saying, “↑I don’t think so.” This corroborates a point I made earlier with reference to extract (18) – namely, that the protocol does not provide clear guidance on whether clinicians can collaborate with client-initiated strategizing. It is also important to notice that Tom’s question is superfluous, since he cannot retake the test and the fact that he would have used a different strategy is not going to alter his final score in any way. By telling Mel that he would have changed his strategy, however, Tom manages his accountability for his score, as he can claim that he obtained his score because he did not have adequate information about the test, not because that score is a reflection of his cognitive abilities. By discussing his strategy after the subtest has been completed, Tom attempts to cast doubt on the validity of the test.

One other point about extract (19) is worth describing. Notice that when Tom begins to question whether he can be told strategies in advance, Mel responds by saying, “um (0.5) I’m just tellin’ you how we- how we score it (0.6) um (0.6) but usually the way (. ) I mean hhh.” His use of the word “we” instead of the word “I” is significant, as privilege’s Mel’s professional identity over his personal identity (Drew & Heritage, 1993, pp. 29-31). It also absolves Mel of any personal responsibility for decisions about how to administer and score the test, as he can claim that he is only acting as a representative of an institution (professional psychologists), following the instructions that were specified by the protocol. By referencing his professional
identity, Mel also avoids creating a personal conflict between himself and Tom, which allows him to return to the test administration quickly and efficiently.

**Other Peripheral Sequences**

In this section, I am going to discuss three peripheral sequences that were not consistently initiated by either the clinician or the client: joking, test-commentary, and self-disclosure.

I use the term joking to refer to any appearance of humor and/or laughter during the assessment. Joking appeared somewhat frequently in the tests that I examined. The amount of joking seemed to depend on the level of familiarity and rapport between the test administrator and the client. When familiarity and rapport seemed somewhat low, as in Transcript A, joking was less frequent and was initiated by the clinician more often than by the client. When familiarity and rapport seemed somewhat high, as in transcripts B and C, joking was much more frequent and was initiated by both the client and the clinician. Arguably, there are multiple types of jokes, and they serve different functions. For example, in extract (5) from Transcript A – in which Ian and Amy accidentally begin speaking at the same time – they laugh with one another, thereby marking the overlap and repairing the regular turn-taking pattern that makes up the core testing sequence. Participants may also use humor as a form of self-criticism – as in extract (16) transcript B, when the client asks if his performance is worse than that of a chimp. Another example of humor used for self-criticism can also be found in transcript B:

(20) Transcript B

<table>
<thead>
<tr>
<th>Line</th>
<th>Talker</th>
<th>Talk</th>
<th>Time</th>
<th>Transcript A: Transcript B</th>
</tr>
</thead>
</table>
| 636  | Rich   | (inaudible) (11.1 – gathers test materials) O::kay (1.9) How | 637 | ya feelin”?
| 638  | Ben    | (3.6 – slowly turns head to look at Rich) stupid (.). stressed | 639 | Rich (2.6) Well (.). can see you’re workin real hard on ‘em
| 640  | Ben    | °Yeah (.). I was° ((shrugs)) (2.5) I’m not the Ra::in Man | 641 | y’know (.). good at doin’ numbers

88
In both extracts (16) and (20), Rich criticizes himself by making extreme exaggerations concerning his ability. Because these exaggerations are so extreme, they have a comical appearance. However, joking may not be the primary intention. By make such extreme criticisms of himself, he may be trying to get Ben to challenge him and offer reassurance. In both extracts, Ben does not respond to the jocular self-criticism, but rather subtly tries to change the topic and refocus the interaction on the testing.

Of course, clients did not always use humor as a way of criticizing their performance. Sometimes clients used humor simply as a way of building rapport with the clinician and poking fun at the difficulty (or lack thereof) of the test prompts:

(21) Transcript C
1371 Mel t! (0.6) Jake has one mug (0.9) he buys four more (1.2) how
1372 how many mugs does he have altogether
1373 Tom (5.4) ooI’m just resting oo
1374 Mel Wh(h)at(h)?
1375 Tom I’m just resting
1376 Mel Huh huh huh huh huh
1377 (1.1)
1378 Tom Five mugs

This passage occurred at the beginning of the mental arithmetic subtest of the WAIS. Just a few lines above, Mel informed Tom that the test was timed. The test starts off with a simple question, and instead of responding to it, Mel waits 5.4 seconds and then says, “I’m just resting” – as though he were taking the time allotted for the question to relax and recuperate. Mel laughs on 1374 and 1376, thereby joining with Tom’s joke.

Clinicians also initiated jokes, though they did so less frequently than clients. Most examples of clinician-initiated jokes come from transcript C:

(22) Transcript C
427 Mel Alright(.) you should start here (opens stimulus book to
428 page)
429 (2.6)
Have you seen the Royal Tenenbaums?

○○Yeah○○

I just- every time I do this I want to say make yours like mine

((smiles))

S(h)o huh (1.2) (inaudible) (0.7) △ So (0.5) replicate that design

{18.4}

○○↑kay○○

In this extract, Mel makes a joke about the test instructions by comparing them to a scene from the movie *The Royal Tenenbaums* (Anderson, et al., 2001) – claiming that the two are similar. Tom responds by smiling on line 434. This joke emphasizes the potential awkwardness of the test format. In the case of this joke, he emphasized aspects of the prompt. Later Mel made a similar joke about the awkwardness of the test format, though here he emphasized aspects of the response:

(23) Transcript C

<table>
<thead>
<tr>
<th>Line</th>
<th>Speaker</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>1912</td>
<td>Mel</td>
<td>Who wrote Romeo and Juliet</td>
</tr>
<tr>
<td>1913</td>
<td>Tom</td>
<td>(0.9) t! (0.9) Well that’s a complex question but the maj-</td>
</tr>
<tr>
<td>1914</td>
<td>Mel</td>
<td>[Huh huh huh huh</td>
</tr>
<tr>
<td>1915</td>
<td>Tom</td>
<td>[Consensus (0.5) consensus reality i::s (0.8) (Yes .) it was) William Shakespeare</td>
</tr>
<tr>
<td>1916</td>
<td></td>
<td>(8.1)</td>
</tr>
<tr>
<td>1917</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1918</td>
<td>Mel</td>
<td>Who may have been a woman?</td>
</tr>
<tr>
<td>1919</td>
<td>Tom</td>
<td>Huh huh</td>
</tr>
<tr>
<td>1920</td>
<td>Mel</td>
<td>£W(h)e d(h)on’t kn(h)ow!£ (. ) huh huh [alright</td>
</tr>
<tr>
<td>1921</td>
<td>Tom</td>
<td>[Yeah (. ) ○yeah○</td>
</tr>
</tbody>
</table>

Up to this point, the test has been asking relatively straightforward, factual questions with well-established answers. When Mel asks “Who wrote Romeo and Juliet,” Tom responds by pointing out that the question is more complex than the other questions that have been asked – and likely more complex than the model responses contained in the test manual. Mel laughs on the following line, and then joins in the joke later on line 1918-20, pointing out that there is some debate about Shakespeare’s gender.
The joking contained in extracts (22) and (23) have multiple functions. On the surface, these jokes serve to build rapport and understanding between clinician and client, giving them the opportunity to form a relationship on the basis of something other than the test materials. On a deeper level, though, this joking allows the clinician to manage his accountability for the test format. When the clinician submits to his obligation to administer the test according to the protocol, his interactions with the client can appear formal, rigid, and perhaps even cold. As a result, the clinician-client interactions can be awkward and, under certain circumstances, off-putting. By joking about the test format, the clinician can manage his accountability for this awkwardness, drawing attention to the fact that such awkwardness is demanded by the protocol not by himself. Indeed, such jokes can allow the clinician to join with the client, as though to say, “This is as clunky and unpleasant for me as it is for you.”

In my data set, joking was also used by the client to criticize the test. For example, consider the following passages from transcript B, all of which come from the administration of the administration of the Wisconsin Card Sorting Test:

(24) Transcript B

<table>
<thead>
<tr>
<th>Line</th>
<th>Speaker</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>886</td>
<td>Ben</td>
<td>Correct ((hands Ben a card))</td>
</tr>
<tr>
<td>887</td>
<td>Rich</td>
<td>You’re just makin’ this up as you go along (.) just to fuck with me (.) right? {2.6}</td>
</tr>
<tr>
<td>888</td>
<td></td>
<td>(2.6%)</td>
</tr>
<tr>
<td>889</td>
<td></td>
<td>.</td>
</tr>
<tr>
<td>889</td>
<td></td>
<td>.</td>
</tr>
<tr>
<td>907</td>
<td></td>
<td>(8.2%)</td>
</tr>
<tr>
<td>908</td>
<td>Rich</td>
<td>Wrong ((hands Ben a card))</td>
</tr>
<tr>
<td>909</td>
<td>Ben</td>
<td>(2.7) This game s:ucks {1.8}</td>
</tr>
<tr>
<td>943</td>
<td></td>
<td>(2.2%)</td>
</tr>
<tr>
<td>944</td>
<td>Rich</td>
<td>Correct ((hands Ben a card))</td>
</tr>
<tr>
<td>945</td>
<td>Ben</td>
<td>{3.1} This% game% sucks%</td>
</tr>
<tr>
<td>946</td>
<td></td>
<td>(3.1%)</td>
</tr>
</tbody>
</table>
This extract begins with Rich asking Ben if the feedback that he is being given is meant seriously. Rich could have asked this directly by simply asking, “Are you serious? Is this feedback genuine?” Instead, he said, “You’re just makin’ this up as you go along (.) just to fuck with me (.) right?” Later, he demeans the test, calling it a “game” and saying that it “sucks.” This kind of irreverent minimization of the test’s importance is not only humorous, but serves as a covert way of criticizing the test and what it requires of him – and of criticizing Ben by proxy. In making these jokes, Ben is orienting to and challenging the asymmetry involved in the test administration. He is also challenging Ben to account for his behavior. By asking Ben if he is just “makin’ this up,” he is framing the feedback as Ben’s decision, not an action dictated by the protocol. Ben does not respond to these accusations by disagreeing. Instead, he pushes the test forward, showing that he is oriented to the completion of the protocol, regardless of Rich’s criticism.

This second form of joking is similar to another peripheral sequence: test-commentary. Test-commentary refers to any comment made by the participants concerning a feature of the testing. As extract (24) shows, clients often do not make test-commentary directly – usually masking this commentary using humor or some other conversational device. Clinicians, by contrast, are much freer to comment on the testing. Mel – from transcript C – was the clinician in my data set who made the most comments about the testing. For instance:

(25) Transcript C
1942 Mel Who was the president of the United States at the start of
1943 the Great Depression?
1944 Tom (1.5) U:m (0.8) Herbert Hoover
1945 (3.5)
1946 Tom FDR was alive at the start of the Great Depression and he
1947 eventually became a president
1948  Mel  You know (0.6) I gave this to a uh: Canadian once (0.5) um
1949  who was- (. ) y’know a native speaker of English (0.8) and
1950  uh: (1.2) he was just kind of like (1.6) I have no idea
1951  Tom  Right
1952  Mel  And I thought (0.4) >that’s a really stupid question< (0.4) I
1953  don’t know who the prime minister of Canada now
1954  Tom  Right
1955  Mel  I mean (1.2) >it was just< (0.4) y’know (0.5) um
1956  Tom  (ignorant)
1957  Mel  (0.7) But these are (0.3) £There ya’ go£ huh (0.7) these are
1958  administrative (0.4) people in North America are (different
1959  things) all the time

This interaction occurred in the middle of the information subtest of the WAIS. After presenting
Tom with a test prompt and recording his answer, Mel points out that certain question in this test
– including the one that he just presented – are culture-bound, and therefore limited. Tom takes
the opportunity to join in the test-commentary, even criticizing the test questions on line 1956,
calling them “ignorant.” This test commentary is both a reference to and a continuation of
comments that Mel made during the co-orientation phase of the assessment. Recall that in extract
(1), Mel said of the WAIS, “it’s actually not a very go:od measure.” As I noted in the discussion
of extract (1), this comment may have been a way of helping Tom save face when he gets
answers incorrect, as Tom can always deny that these incorrect answers are a reflection of his
intellectual abilities. However, in extract (1) Mel’s statement about the quality of the WAIS’s
measurements was made in the abstract. In his commentary in extract (25), he explicitly
discusses some of the shortcomings in the test prompt. Doing so not only reinforces his earlier
commentary, but also allows him to position himself as a credible source of commentary on the
test’s quality. By pointing to a specific flaw in the test, Mel assures Tom that the comments he
made in extract (1) were genuine, not merely a polite way of helping him to save face.

After the assessment, Mel also gives Tom the opportunity to comment on the testing:
Okay you’re done with the test um: and I wish it were over but uh we can touch base to a point but I mean do ya have any thoughts about how it went and what it was like for you what you feel like were strengths and weaknesses of the test itself or may I ask what it was like for you to take it your experience of it what you feel like ya did well on what was frustrating um

Of the test itself or may I ask what it was like for you to take it your experience of it what you feel like ya did well on what was frustrating

Well I feel confident on the vocabulary for sure um I’m not too worried about that um the general understanding and knowledge of facts section I don’t like that section um I think that’s very problematic to no rm even in a tremendously large data set for what is supposed to be a generalized intelligence test

In this part of the assessment, Mel is debriefing with Tom. On lines 2159-2162, he encourages Tom to share his thoughts about “how it went (0.6) and what it was like for you (1.0) what you feel like were strengths and weaknesses.” On the following line Tom asks if he can comment about the test itself, and Mel clarifies that he just wants to hear about his “experience of it” – giving him the go ahead to share his reflections. On lines 2171-2177, Tom criticizes the information subtest, explaining what he perceives to be its shortcomings. As was the case in extract (19), this gives Tom the chance to manage his accountability for his performance, for Tom can explain any shortcomings identified during the assessment as the result of faults in the test protocol, not his abilities. Mel’s question also gives Tom the opportunity to discuss what aspects of his experience he believes the test cannot capture. In doing so, it breaks down the formality of their interaction. Up to that point, the interaction was centered on eliciting from
Tom statements that are purportedly neutral reflections of his ability to think through problems and form accurate judgments. He was, in effect, positioned as an object to be measured. By giving Tom the opportunity to discuss aspects of himself that the test cannot capture, Mel orients and publically recognizes that there are other aspects of Tom to which the interaction did not attend.

In transcripts A and B, the clinician did not comment on the test structure and neither did the clients. This is significant, as it suggests that clients will not engage directly in test commentary unless the clinician begins the sequence. The client will, as noted above, engage in indirect test commentary. Interestingly, there were no examples in my data of the clinician expanding on the client’s indirect test commentary – that is to say, giving the client the “go ahead” to share her criticisms of the test.

The final peripheral sequence that I want to discuss is self-disclosure. Self-disclosures occurred when either the clinician or the client shared some aspect of their personal life that was not directly relevant to the testing. We have already seen several examples of self-disclosure. Mel, in extract (25), shares information about a session in which he tested a Canadian client. Ben, in extract (12) – and on lines 278-9 of transcript B – describes his experience of trying to think or remember information as being similar to running into a wall. Amy in extract (10) talks about her “crazy” professor. In each case, this self-disclosure served a different purpose. I want to focus on one type of self-disclosure – namely, the kind in which the client discloses information about how cognition operates in her everyday life. Such self-disclosures can be found at several points in my data. For example:

(27) Transcript B

215 Ben Dude (1.0) if I’m reading like a news story (1.4) and it’s

216 like more than: two sentences- three sentences

217 Rich Mm:
This interaction occurred after Ben was asked to remember two short stories that were read to him, as he would need to recall them later in the assessment. Ben responds by saying “Dude” – an informal, though attention grabbing introduction that serves to highlight what he is about to say and set it off from the preceding speech. He then explains that he has trouble remembering a story that is just one or two sentences long. The stories that were read to him during the testing were longer, so he is informing Rich that he is likely to forget the stories. Rich goes on to characterize his memory troubles as “fucked up.” It is important to recognize that Rich did not have to share his personal experience. He could have simply said, “I don’t think I can do that.” A similar exchange took place between Ian and Amy in extract (10), where Amy explains that she has trouble with mental arithmetic, but she can complete the problems if they are presented to her on paper.

Interesting, the clinicians in my data set both the spontaneous self-disclosures that occurred in extracts (10) and (27) by encouraging the client to put effort into the test. This is likely because in both extracts, the clients made these self-disclosures as a way of attempting to manage their accountability for incorrect answers. The clients are not merely sharing their experience of for the sake of forming a relationship with the clinician or as part of a process of self-exploration (as might occur during psychotherapy). Rather they are make these self-disclosures as a way of explaining their performance. These self-disclosures may also serve as
covert criticisms of the test itself. In extract (10), Amy says that she could answer the math questions correct if she had a piece of paper on which to write, though the protocol forbade as much. In extract (27), Rich positions himself as being incapable of remembering the complex stories included in the test protocol. Both Amy and Rich seem to be drawing attention to what they perceive to be unfairness in the test protocol. This finding resonates with Danna’s (2011, pp. 166-7) research on client experiences in assessment, as he found that clients often reported feeling guarded during the testing and questioned the validity of the tests.

**Summary and Conclusion**

In this portion of section three, I am going to answer the question that guided my research – when do clinicians depart from the standardized test protocol and what is the function of those departures. I will do this by reviewing my results and by discussing how these results can be used to improve practices in clinical cognitive assessment.

To begin, I will examine when clinicians departed from the standard protocol. Broadly speaking, departures occurred in four different situations. First, clinicians made statements during the co-orientation and rehearsal phase of the assessment that explicitly oriented the client to the proceedings of the test and informed them of the potential awkwardness involved in test administration. Second, clinicians made departures when interactional difficulties arose – such as misreading of the test instructions or prompts, failing to hear the test prompts or responses, or delivering an incomplete or incorrect response to a test prompt. To resolve these difficulties, the clinician and the client drew on discursive resources and competencies from everyday conversation. While these instances of repair did not constitute major violations of the protocol, they did alter the shape of the interaction such that it no longer conformed to the normative test-taking pattern specified by the protocol. Third, departures appeared when clinicians modified the
test prompts, selectively varying the intonation, enunciation and prosody with which the prompt was presented. Finally, departures appeared when clinicians and clients engaged in the sorts of “off task” talk described in the part of section three on peripheral sequences. Clients tended to initiate this talk much more often than clinicians did, and it became tricky for the clinicians to respond when the clients were, for instance, criticizing their performance or strategizing – as these peripheral sequences often attempted to elicit information from the clinician about the client’s performance. None of the clinicians in my data set gave the clients direct feedback on their performance, but they did share information about the test’s properties and also shared information about test-taking strategies. Sometimes these peripheral sequences appeared in the middle of tests and thereby risked de-railing the assessment if improperly managed. In that sense, this kind of talk came close to violating the protocol, though all the clinicians in my data set were able to guide their clients back to the testing, so no major violations were apparent.

Importantly, my results demonstrated it is not always easy to judge what constitutes a departure from the protocol. For the most part, test protocols only provide guidelines for the rehearsal and core-testing sequence. The protocols also provide some guidelines on how to deal with client errors and areas of difficulty in the administration, but test designers cannot anticipate every possible error, so the protocols are necessarily underspecified. It seems that clinicians used their discursive resources and competencies to navigate aspects of the assessment interaction which were not specified by the protocol – to “fill in the gaps,” so to speak, in the normative interactional structure specified in the manual. Major changes to the protocol were almost entirely absent. The clinicians in my data set, for instance, did not make significant alterations to the test prompts or share information about the client’s performance, even when they were pressured to do so – behavior that accords perfectly with the normative test administration
sequence specified in the protocol. However, they did make slight changes to the test administration – such as shortening the prompts on non-verbal tests. Although these changes do represent departures from the protocol, it does not seem that they violated standardization in any notable fashion or jeopardized the validity of the test results. Based on this finding, I believe that clinicians and researchers should think of adherence to the test protocol – and of standardized test administration more generally – as a spectrum, with the degree of adherence varying during different phases of the assessment.

Now let us to turn to the second part of my research question – what is the function of clinician departures from standardized test protocol? My analysis showed that departures could have a number of functions. To summarize:

1. When the clinician makes an error in presenting the test, marks the error, apologizes, and repairs it, he orients to and makes public his commitment to his institutional obligations. More specifically, he orients to his obligation to present the test accurately. This departure also allows him to return quickly to the test administration.

2. When clinicians discuss the test format and scoring procedure, joke about the awkwardness of test administration, and criticize the test, they manage their accountability for the interactions that occur during the test administration. These interactions can be stiff, unnatural, and uncomfortable, which can create problems in the conversation. By making these departures, the clinician absolves himself of responsibility for these problems and attributes them to the test format.

3. When clinicians shorten the test prompt, they allow the testing to be completed more efficiently and orient to their obligations to the client, which include an obligation to respect their time constraints. When clinicians vary the intonation, enunciation, and
prosody with which the test prompt is delivered, they are able to emphasize the most important aspects of the test prompt, and in doing so, they accomplish some of the cognitive work for the client.

4. When clinicians praise clients for the effort they are putting into the test rather than their ability to answer questions correctly, they accomplish a number of tasks. Such praise displays the clinician’s orientation to his professional identity and obligations, which include an obligation not to give the client substantive feedback on his performance. Also, by praising effort, the clinician positions himself as a neutral observer and retains the conversational footing necessary to allow him to comment “objectively” on the client’s abilities in the test report and feedback session.

5. When clinicians collaborate with the client’s efforts to strategize, they orient to and manage the power asymmetry that characterizes the cognitive assessment. The clinicians in my data set were oriented to the fact that they had access to the correct responses to the test prompts and that the protocol encouraged them not to share those responses with the client. This creates an imbalance in the interaction. The protocol did not provide precise guidance on the degree to which clinicians can help the client develop a strategy for completing the test, and by collaborating with the client in developing a strategy, the clinician manages the power asymmetry without violating the protocol.

In general, my analysis showed that the departures from standardized protocol were subtle. Clinicians often did not make departures that were in clear violation of the protocol’s instructions. However, clinicians did vary the delivery of test prompts, and they made comments about the test format and strategies that can be used to complete the test. These utterances are not strictly forbidden by the test protocol, but they are not permitted either. Indeed, the clinicians
seemed to exploit the ambiguity and under-specification of the protocol, strategically making statements that could impact the client’s performance, but doing so in ways that are not explicitly prohibited by the protocol. By making such strategic statements, the clinicians can maintain their professional identity while also adjusting the test administration in view of their interactions with the client.

Of course, any conclusions drawn on the basis of my research must be made tentatively. I was working with a restricted data set, consisting of three participant pairs. All of the clients in the data set were relatively high functioning, except for Ben on transcript B – though even he was more cognitively intact than many clients who participate in cognitive assessments. If my data set included clients with dementia diagnoses or clients who fell on the psychotic spectrum, the results would likely look different. In addition, all of the test administrators in my data set were clinical psychologists in training. It is possible that clinicians with more experience or an alternative training background (such as social work or school psychology) would have approached the test interactions differently. Additionally, my sample was relatively homogenous in demographic terms. Though the participants varied in terms of race, sexual orientation, and religious affiliation, there was only one female client (Amy – Transcript A). Finally, the clinicians in my data set administered a small selection of tests. It is likely that the clinician and client would structure their interactions differently on a different set of tests.

The primary way in which future research could improve upon my findings is to obtain a larger, more variegated sample. As I discussed in section two, however, there are two main impediments to gathering data for research on cognitive assessment practices: first, clinicians often do not record assessments, assuming that little of interest is taking place as long as the tests were administered in the standardized fashion; second, clinicians are often cautious about
recording assessments, as it could lead to legal and financial liability – especially in the case of forensic and/or disability assessments. I hope that my research – and the research I discussed in my literature review – have demonstrated that rich interactional work is taking place during a cognitive assessment even when the tests are administered to a standardized fashion, so there is much to be learned by recording them. As a start, clinics could begin recording assessments as a matter of policy, ensuring that a large corpus of data is available. As to the concern about legal and financial liability, I can only argue that these fears are misplaced. Recording equipment has become so small and unobtrusive that it is unlikely to have any impact on the assessment outcome. If clients know that all assessments are recorded as a matter of policy, they are less likely to become anxious during the assessment, as they will know that they are not being singled out. If lawyers, insurance companies, and third-party payers want to argue that recording alters the assessment outcome, the burden of proof is on them – and as of now, I see no reason to believe that they have much of a case to make.

The other impediment to research is the difficulty of transcribing assessments. CA notation is already complex and difficult, and I had to introduce new symbols – including writing (%), consulting (#), pointing (^), and stimulus presentation (Δ) – to document what is taking place during the assessment. Moreover, I believe that research could benefit from transcribing the interchange of clinician and client gaze, as was done in Marlaire and Maynard (1992), though this makes the task of transcription that much more difficult. I hope that researchers could begin to create a database of assessment transcripts, offering a rich corpus of data available to scholars and clinicians alike. I suggest that a team conduct future research. The effort needed to create a large corpus of data and to process that data is – in most cases – simply greater than what a single person can accomplish.
My research has important implications for the practice of clinical cognitive assessment. First, I believe that it is important the clinicians begin paying closer attention to the quality of test administration. Assessments are rarely recorded, examined, and closely analyzed. As long as the test administration closely approximated the standardized protocol, clinicians seem to regard the testing to be of little interest. However, my data showed that most clinicians accomplished significant interactional work by making utterances that were neither forbidden nor permitted by the protocol. In other words, they took advantage of the protocol’s ambiguity. This means that the clinician can administer the test in a way that adheres to the protocol’s dictates, while also making utterances that can potentially impact the client’s score. For that reason, examination of and reflection upon test administration should be made a standard part of clinical supervision for therapists in training and self-supervision for licensed therapists.

My data indicated that clients orient to clinicians to see what they are permitted to talk about during the assessment. If clinicians do not initiate discussions of certain topics, they are unlikely to be discussed. This result accords with other research that has been completed on institutional assessment, where it has been found that laypeople turn to professionals during institutional conversations to determine what they are permitted to discuss (Drew & Heritage, 1993). This is significant in at least two ways. First, testing can be a stressful and emotional experience for clients, but if the clinician does not ask the client how she is feeling, it is unlikely that the client will discuss this experience. Clinicians should actively initiate discussion of the client’s feelings during the assessment, as these discussions can help build rapport, decrease distress, and help the client feel understood. Second, testing is an evaluative situation, and as such, the client can feel as though her value as a person and her social standing are being called into question. In my analysis, we saw several instances in which clients attempted to save face by
managing their accountability for their test performance. Clinicians should honor these efforts, and they should actively invite the client to save face by giving her the chance to comment on the test and her experience of it. We saw an excellent example of this in extract (26), when Tom debriefed with his client after the completion of the testing, giving him the opportunity to criticize the test – to say what he thought it could not capture about his psychological life. Not only do such criticisms allow the client to mitigate feelings of shame, embarrassment and anxiety, but they also provide the opportunity to explore the client’s perceptions of herself. Such information is immensely beneficial to the clinician, as it would allow her to write a report that address the client’s lived-experience (Fischer, 2008; Finn, Fischer, & Handler, 2012). In addition, allowing the client to disagree could increase her sense of autonomy and dignity. Past qualitative research on assessment has shown that allowing the client to disagree with the test results can be a deeply meaningful experience for both the clinician and the client, as it allows them to elevate the client’s lived-experience over the mechanics of the test protocol, scoring procedures, and actuarial interpretations (Danna, 2011, pp. 123-7)

I identified several extracts in which clinicians attempted to offload responsibility (1, 2, and 18) for their conduct during the assessment onto the protocol. This conversational maneuver functioned as a way of anticipating and preventing areas of disagreement and conflict, but there are risks associated with making such utterances. Danna’s (2011, pp. 171-3) research on assessment demonstrated that clinicians and clients report a sense of empowerment and comfort when they know that they are able to exercise some control over the assessment process. It is possible that by offloading responsibility for the assessment process onto the protocol, the clinicians caused the client to feel disempowered – as though the client had little choice but to submit to a formal procedure. The extracts that made up my analysis were unclear on this matter.
Certainly, I found examples of clients trying to control the pacing of the tests (extract 10) and to elicit information about the best cognitive strategies to use (extracts 16, 17 & 18), which suggest the clients had some sense of power over the process. Nevertheless, for the vast majority of their interactions, clients remained relatively passive, waiting to be prompted by the clinicians, suggesting that they oriented to power being in the hands of the clinician. I believe that further research could clarify this matter. Based on the data currently available, I believe it would be best for clinicians to voice the dilemma between (A) following the protocol and (B) empowering the client. This could be done during the co-orientation and rehearsal phase of the assessment. For instance, the clinician could say, “It is important that I follow the protocol when administering this test. This protocol is kind of like a script, so there may be times when the test feels a bit stiff and awkward, but I want to do my best to make you feel comfortable. Also, I want to make sure you understand what is taking place and are actively involved in the process, so if you have any questions, feel free to ask and I will do my best to answer them.”
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Appendix A – Test Administrator Questionnaire

Training Background

What is your professional title?
__________________________________________________________

What is your highest degree attained?

☐ Baccalaureate ☐ Masters ☐ Doctorate

In what field is your highest degree?
☐ Clinical psychology
☐ Counseling psychology
☐ School psychology
☐ Health psychology
☐ Social work
☐ Nursing
☐ Other ________________________________

How many years of testing experience do you have?

☐ 0-1 ☐ 1-2 ☐ 2-3 ☐ 3-4 ☐ 4-5 ☐ 5+

How were you trained in psychological testing? (check all that apply)

☐ Supervised practicum experience
☐ Academic coursework
☐ Reading test manuals
☐ Reading books about assessment
☐ Continuing Education Courses
☐ Watching training videos
☐ Observing experienced clinicians administer tests
☐ Other (please specify): ________________________________

What are the patient populations with which you have worked?

☐ Infants ☐ Elderly
☐ School-aged Children ☐ Cognitively Impaired
☐ Adolescents ☐ Severe Mental Illness
☐ Young Adults ☐ Disability
☐ Adults ☐ Forensic

Attitudes about testing

How important is it to administer tests in a standardized fashion?
☐ Very Important
☐ Important
☐ Neither Important or Unimportant
☐ Unimportant
☐ Very Unimportant

How much effort do you put in to administering tests in a standardized fashion?
☐ None
☐ Little
☐ Some
☐ Substantial

How often do you believe that you depart from the standardized administration protocol?
☐ Very Frequently
☐ Frequently
☐ Occasionally
☐ Rarely
☐ Very Rarely
☐ Never

Please rate how much you agree with the following two statements:

It is permissible to depart from the standardized protocol.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

It is desirable to depart from the standardized protocol.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

Please explain your responses to the last two statements:
Appendix B – Transcripts

On the following pages, I reproduced the transcripts that I used for my dissertation. At the beginning of each transcript, you will find a brief statement that explains the context in which the assessment took place. This statement also includes a narrative summary the clinician’s responses to the test administrator questionnaire reproduced in Appendix A., which gives a rough indication of the clinician’s experience with and attitudes toward standardized test administration.

As noted in section two, where I described my methods, I have altered the transcripts in two ways. First, all of the test prompts and client responses were altered to protect test security. I tried to alter the prompts in such a way that the transcript is similar, though not identical, to the actual test. Whenever possible, I tried to preserve the phonetic features of the test prompts and responses, so that the final transcript has a similar appearance to the original recording. Second, I altered all mention of the information that could be used to identify either the clinician or the client. I defined identifying information using the standards specified by the Safe Harbor Method (Department of Health and Human Services, 2012) – which is regularly used to redact medical files so they comply with privacy laws. This includes street addresses, cities, zip codes, dates, phone numbers, emails, account numbers, and so on.
Transcript A

Ian is the assessor and Amy is the client. Amy was required to take this assessment as part of her treatment. The assessment was part of a larger session in which Ian completed a psychosocial interview. The psychosocial interview was not transcribed to protect Amy’s confidentiality. I began transcribing just as Ian started to orient Amy to the proceedings of the assessment. This recording was of high quality, though there were a few places where I could not understand the participants (particularly in the second half of the assessment, when Amy becomes noticeably quieter). In these places, I simply wrote (inaudible) in the transcript.

Ian is a master’s level clinician earning his doctoral degree in clinical psychology. At the time of this test administration, he had one to two years of testing experience, which he obtained through supervised practicum experience, academic coursework, reading test manuals, and reading books about assessment. He had experience testing adolescents, adults, and individuals with severe mental illness. He also had some experience with forensic assessment.

Ian indicated that standardized test administration is very important. He believes that he invests substantial effort in administering according to the standardized protocol and that he departs from this protocol rarely. He disagreed with the notion that departures from the protocol are permissible or desirable. On his questionnaire, he explained, “It is neither permissible or (sic) desirable because effective test scoring/validity depends on the standardized protocol – otherwise they could not be utilized in a general way.”
Ian: (0.5) and (0.5) >’w’ul probably have to have two or three of these sessions< lasting between an hour and two hours.

Amy: M:mm:

Ian: Um:: (1.5) I would say probably plan on three% of% them% (1.0) three% sessions% total% (2.8%) t! .h!h And% your::% >>availability%<< is% (.)

Amy: Yeah%

Ian: What are the% times% usually (.): generally (.): when you are available?? [(for this)

Amy: [Ten (.): between ten and twelve I% have%

class% at% twelve%.

Ian =Ten% and% twelve% okay% (1.5%) alright%okay (sniffs)

Amy: ((for this)

Ian: ↑Anything else that I need to know before we start?

Amy: *Nope*

Ian: ((clears throat)) (1.0) hkokay (21.0#)

Amy: Alright (16.0#)

Ian: Can you put your phone away (.): please;

Amy: °Kay° ((Amy puts phone in bag)) (13.0#)

Ian: And (0.2) we’re just going to simply go (0.1) from one thing to the other

Amy: ↑okay (14.0#)

Ian: .hhhh uhright (1.6) >So I’ll be asking you to do a number of things today (.): some of the things will be easy (0.8) and some will be hard (0.9) most people don’t answer every question correctly (0.9) or finish every item (0.8) so just (.): try your best (0.3) any questions?

Amy: °No° (12.3#)

Ian: hkokay (5.0#)

Ian: So (1.3) here’s these blocks ((places blocks on table)) (0.5) alright?

Amy: mhm

Ian: they’re all alike (0.8) on some sides they’re all red ((rotates block)) (1.0) on some sides they’re all:: ((rotates block))
white (1.3) on some sides they’re half red ((rotates block))
(1.2) half white
Amy mhm
(3.2#)
Ian So (.) watch me put these (. ) blocks (. ) together >to look
like this picture< (5.0) uh (.) ○it’s upside down there○
Amy Huh huh (.) ri(h)ght
Ian Uh (1.5) okay (.) see ((scrambles blocks)) now, you
make these blocks look like this picture
Amy {0.1}
+ + (6.3%)
Ian Okay (2.9) lets: go:: and >try some more< (.) alright?
(16.0#)
Ian ∆ alright (.) now make the blocks look like (.) this work as
fast as you can and tell me when you’re finished
+ +
Amy {9.6} Don’t I need (.) like more blocks?
Ian ((grabs a block from box and then replaces it)) How many
d’ya have?
Amy Four
Ian Yea (.) Its four total
Amy Oh (2.9) alright {11.2} okay done.
+ (8.7%)
Ian t! alright now make the blocks ((scrambles blocks twice))
[alright (. ) there!]
Amy [Huh huh huh huh huh huh
Ian ∆ >Look like this<
Amy {7.5}
+ (4.1%)
Ian ((scrambles blocks)) Now ∆ make the blocks look like this
Amy {9.0}
+ + +
Ian Oh (.) Uh just say% something% when% you’re% done%
Amy [so% 1% know%]
Amy [Oh% (. ) Sorry%]
Ian ((scrambles blocks)) ∆ °Now make the blocks (.) look like
Amy {9.9} °done°
Ian (2.6 – stares at the blocks)
Amy Okay (.) that’s totally wrong though h.h
Ian That’s% what% we% have% to% go% with%
Amy: Oh, sorry, huh.

Ian: (scrambles blocks) No takebacks (0.5) [sorry huh, huh, huh]

Amy: [Huh(.)] Okay.

Ian: No it's okay. 

Amy: {28.0} °done° +

Ian: ((places five additional blocks in front of Amy and scrambles all blocks)) Δ

Amy: °°Go??°°

Ian: °°Yeah??°°

Amy: +

Ian: {101.0%#} What happens if I don't figure it out?

Ian: [t! just keep going (1.0#)] I'll let you know when the time is up

Amy: {55.0%#} +

Ian: °°time??°° (5.1%)

Ian: ((scrambles blocks)) Δ

Ian: °°time??°° +

Amy: °°time??°° (5.3%)

Ian: (gathers blocks and puts them back in box)

Ian: °all done with the blocks??°

Amy: Huh huh, I'm not good at this apparently.

Ian: just try your best as we go through

Ian: (19.7%#)

Ian: T! .hhhh halright (.), now for something different (0.6) .hhh

Ian: I'm going to say two words and ask you how they are alike

Ian: (0.6) In what way are <A and Z are alike> (0.5) how are

Ian: they the same

Amy: They're both letters

Ian: (9.8%#)

Ian: Hhhh That's right (.), A and Z are both letters <let's try:

Ian: (0.6) another one> (1.1) t! In what way are a <shorts and a t-shirt alike>

Amy: They're both clothes
Ian In what way are a banana and a plum alike?
Amy They’re both different types of fruit.

Ian What (sneeze)?
Amy Bless you.
Ian Thank you. In what way are a market and a department store alike?
Amy You shop in ‘em.
Ian In what way are a heart and liver alike?
Amy They’re both in your body.
Ian Hhh In what way are a house and a hotel alike?
Amy They both like shelter.
Ian In what way are a doctor and a lawyer alike?
Amy They’re both jobs.
Ian In what way are an egg and a seed alike?
Amy They both grow.
Ian Hhh In what way are sounds and oceans alike?
Amy They both have waves.
Ian Leaves?
Amy For sounds oceans and leaves?
Ian In what way are sounds and oceans alike?
Amy Oh Well for sound and oceans I said that they both have waves.
Ian Waves. Okay I thought you said leaves.
Amy Umm huh inaudible.
Ian In what way are news and a documentary alike?
Amy They both tell a story.
Ian In what way are a paperweight and a fence alike?
Amy They both provide protection.
Ian In what way are forgetting and remembering alike?
Amy They’re both states of mind.
Amy They’re both states of mind.
Ian: In what way are all and no:thing alike?
Amy: They’re both amounts.

Ian: In what way are strange- uh (.) In what way are a stranger and an acquaintance alike?
Amy: They’re both people.

Ian: In what way are control and freedom alike?
Amy: They’re both like like commands.

Ian: Moving right along

Amy: Eight two.
Ian: One nine.
Amy: Four six four.
Ian: Nine two eight.
Amy: Two six five seven.
Ian: Nine six seven one.
Amy: Two nine three four six seven.

Ian: Now: I’m going to say some numbers .hh listen carefully I can only say them one time .hhhh when I am through I want you to say them back to me in the same order so just say what I say t! eight (0.3) two
eight (0.3) two
One nine
Four (0.3) six (0.4) four
Four six four
Nine (0.6) two (0.6) eight
Nine six seven (0.5) one
Nine six seven one
Five (0.6) four (0.6) nine (0.5) four (0.6) two
Five (.) four (.) nine (.) four (.) two
Nine (0.7) nine (0.4) one (0.5) six (0.6) three
Nine (.) nine (.) one (.) six (.) three
Hhh two (0.6) eight (0.6) eight (0.9) four (0.6) seven (0.7) one
Two (.) eight (.) eight (0.7) four (.) seven (.)
Two (0.7) nine (0.5) three (0.8) four (0.5) six (0.7) seven
Amy: Two (0.8) nine (0.8) three (0.7) four (0.8) six (0.8) seven (4.4%)

Ian: Four (0.6) seven (0.7) one (0.9) nine (0.8) eight (0.8) two (0.7) six

Amy: Four (0.8) three (0.7) one (0.7) nine (0.8) eight (0.8) two (0.7) six (4.0%)

Ian: Five (0.6) eight (0.7) one (0.7) three (0.7) seven (0.7) one (0.7) nine

Amy: Five (0.5) eight (0.8) one (0.3) three (0.7) seven (0.7) one (0.7) nine (4.8%)

Ian: Eight (0.7) eight (0.7) one (0.8) three (0.6) two (0.7) two (0.7) seven

Amy: Eight (0.8) one (0.8) three (0.7) two (0.5) two (0.5) seven (5.2%)

Ian: Six (0.4) three (0.6) four (0.8) nine (0.6) nine (0.5) seven (0.6) nine (0.7) three

Amy: Six (0.8) nine (0.7) nine (0.7) seven (0.7) nine (0.7) three (5.5%)

Ian: T! .hh Six: five (0.5) five (0.7) seven (0.5) one (0.4) seven: nine:: three:: eight

Amy: Six (0.6) seven (0.5) one (0.5) nine (0.6) seven (0.5) three (0.5) eight (4.2%)

Ian: Nine (0.5) two (0.7) six (0.7) one (0.7) five (0.7) one (0.4) one (0.6) three (0.7) five

Amy: Nine (0.6) six (0.8) one (0.8) five (0.6) one (0.6) three (0.5) five (8.0%)

Ian: T! Now I’m going to say some more numbers but this time when I stop (.) I want you to say the numbers backward (1.5) If I say: four: seven (.) what would you say?

Amy: Seven four (0.8%)

Ian: T’s right (2.9) .hh Let’s try another one (.) remember to say them backwards (.) Three:: six

Amy: Six: three (17.7%)

Ian: T! .hh: two: (.) eight

Amy: Eight (.) two (3.4%)

Ian: Five: (.) four

Amy: Four (.) five
Ian: Hh Five (0.5) eight
Amy: Eight (.) five

(3.6%)

(7.5%)

(6.4%)

(6.6%)

(7.1%)

(4.5%)

(4.5%)

(3.5%)

(5.1%)

(6.7%)

(48.0#)

(1.5)
131

Ian ((looks at Amy and smiles))
Amy £Gre::at£ huh
Ian After I say them (.) I want you to tell me (.) the numbers in order (.) starting with the lowest number (2.0) t! If I say two: (.) three: (.) four (.) what would you say?
Amy *two three four*
(4.5%#)
Ian T! .hhh (1.3) That’s right (.) let’s try another one (0.5) four uh (.) ‘scuse me (.) eight (0.5) three: (.) three
Amy *Three three eight?*
(5.3%#)
Ian T! alright (.) let’s try some more (3.4) one (0.7) seven
Amy One seven
(4.1%)
Ian T! five (0.5) three
Amy Three five
(5.2%)
Ian .Hh Five (0.7) one (0.6) nine
Amy One five nine
(5.2%)
Ian .Hh four (0.7) six (0.4) four
Amy *Four four *six*
(9.0%)
Ian T! Nine (0.6) six (0.5) zero (0.5) two
Amy (1.8) Zero two six% nine%
(4.5%)
Ian ((sniffs)) Four (0.4) nine (0.5) seven (0.5) one
Amy (1.8) One *four% (1.2) seven% nine%*
(6.0%)
Ian .Hhh zero (0.5) five (0.5) seven (0.6) one (0.4) four
Amy (2.9) Zero (.) one% (5.8) t! (6.2) >*Four five% seven%*<
(9.3%)
Ian T! One (0.6) nine (0.4) one: (.) eight (0.5) seven
Amy (7.6) *One:% one%* (1.2) >seven% eight% nine%<
(7.4%)
Ian T! Two: (.) two (0.5) eight (0.4) zero (0.4) five (0.5) six
Amy (5.5) Zero% (1.0) two% (2.3) tw:o% (6.7) uh:m (3.7)
(=I’m sorry (1.0) I can’t remember the other ones (7.2) is it um?:??) two: (.) five: (.) >six% eight%<
(18.5%#)
Ian T! ((clears throat)) three (0.4) seven: (.) three (0.5) ei:ght
Amy (7.0) Zero% (1.6) three% (6.6) *three% (0.4) four%* (0.6)
(6.3%)
Ian T! Nine (0.4) six (0.4) five (0.5) zero (0.8) nine (0.6) eight (0.4) one
Amy (3.6) Zero (4.0) *o:ne% (1.4) six% (2.3) five% eight% (.)
nine% nine%*
(4.1%)
Ian T! Three (. ) nine (0.3) nine: (. ) seven (0.3) one (0.4) zero (0.3) eight
Amy (4.6) *Thre:e%* (1.2) er (. ) jus kidding (. ) zero (0.6) so (. )
zero% (. ) one% (5.8) *th::ree eight%* (3.6) If I forget what
you say do I just guess the numbers or do I tell you I
forgot?
Ian (2.4) Try your best
Amy (2.5) seven% (0.9) nine%
(47.0%#)
Ian Want some water or sumthin?
Amy No thank you
(3.9#)
Ian Δ hhkay .hhh look at this picture (3.1) t! .hhh you will
choose which one of the:se (3.6^#) goes here (4.5^#) the
right answer (. ) will work going (. ) across (2.5^#) a:nd
going down (2.0^#) t! you should o:ly look across and
down to find to the find the- to find the answer (0.5#) do
not look di (. )agonally (2.4#) Which one here (1.0^) goes
here (0.5^)?
Amy (4.0) u:h num:ber five
(1.3%)
Ian ◦That’s right◦ (1.5#) t! so: when you go across the top row
(1.1#) the orange square (1.0^#) changes into a blue
triangle (1.4#) this means that when you go across the
bottom row (1.8^#) the orange square (. ) changes into a
blue triangle too (4.5#) t! when you go down to the first
column (1.3) the boxes have the <sa:me shape (1.5#) and
the sa:me? (1.3#) color> (2.4#) or:ange squares (0.8#) ◦here
(.) orange squares◦ (. ) This means that when we go down
the second column (. ) the boxes should have the same
shape and the shame color (0.6#) blue triangles (3.4#) You
get the same answer going across (. ) and going down
(6.7#)
Ian Δ t! So this is another kind of problem (2.3#) .hhh the
boxes are in order going across (2.0#) the right answer will
fo::llow the order you see across the other boxes (1.0#)
Which one here (1.0^) goes here (.^)
Amy (1.3) number four
(2.3%)
Ian ◦That’s right◦ (0.5#) So when you look across the boxes (. )
you see that they go in this order (1.3#) <square (0.6) circle
square circle↑square (1.4#) ↑so:: ci:rcle go:es here↓
(4.4^#) Alright (0.6) try summore?

Amy ◦okay◦
Ian .Hh ∆ which one here (0.6^) goes here↓
Amy (0.6) number five.
(24.5%#)
Ian ∆ (2.0) t! .hhh [Which one-
Amy [(Numb- [huh huh)
Ian [Huh huh £Wh(h)ich one h(h)e(h)re
(0.6) goes here?
Amy *Num::ber* (. three
(15.6%)
Ian ∆ Which one here (. goes here?<
Amy (1.2) *number two*
(6.3%#)
Ian ∆
Amy (4.1) number *five*
(5.2%#)
Ian ∆
Amy (15.0) number one
(5.5%#)
Ian ∆
Amy (7.3) number two↓
(5.6%#)
Ian ∆
Amy (5.4) number five
(4.4%)
Ian ∆
Amy (4.1) uh number (. five%
(4.7%#)
Ian ∆
Amy (14.5) num::ber four*
(5.5%#)
Ian ∆
Amy (31.0) *number three*
(8.7%#)
Ian ∆
Amy (9.7) number four
(6.1%#)
Ian ∆
Amy (14.0) *num::ber (. one*
(4.5%#)
Ian ∆
Amy (16.0) number *four*
(4.7%#)
Ian ∆
Amy (8.7) number (.) one
(6.9%#)
Ian Δ
Amy (7.0) ↑number:: (.) ↓four%
(6.1%#)
Ian Δ
Amy (18.0) uhm: .h number (.) three
(5.6%#)
Ian Δ
Amy (41.0) (inaudible) *number three*
(5.3%#)
Ian Δ
Amy (31.2) ↑three
(4.7%#)
Ian Δ
Amy (39.6) th:ree
(5.3%#)
Ian Δ
Amy (27.4) *Fi:ve*
(5.5%#)
Ian Δ
Amy (22.2) *Four* (3.4%) um%
(2.4%#)
Ian Δ
Amy No that’s one (0.8) ◦I messed up (0.4) I’m sorry◦
Ian ◦◦that’s alright ◦◦
Amy U:m: ((clears throat)) (38.2) *two*
(5.3%#)
Ian Δ
Amy (20.7) *two:*
(7.1%#)
Ian Δ
Amy (36.3) **Fo:ur**
(47.2%#)
Ian t! okay
(7.1) Δ
Ian T! .hhh (.) I’m going to say some words (0.9) listen
carefully (0.5) and tell me <what each word means> (1.8)
*banana*
Amy (1.4) Sumthin yaeat
(15.7%#)
Ian t! .h shield?
Amy (2.7) protection
(10.1%#)
Ian t! .h Sunrise
Amy m: (1.6) transition (.) night to day
Ian Inquisitive

Amy (1.7) *to wonder*

Ian (11.7%) Tuh- <wonder? (.) or wander>

Amy (2.0) *Uhm* (4.1) like (. ) wonder with an o

Ian ((shakes head up and down))

Amy (13.0%) ∆

Ian t! resemble

Amy (1.3) look alike

Ian (16.9%)

Amy .Hh digest

Ian .Hh em(.)balm

Amy (1.2) preserve

Ian (7.4%)

Amy (1.2) Ta think

Ian (14.0%#) ∆

Amy re(.)pugnant

Ian back away

Amy (14.8%)

Ian T! Divulge

Amy (1.6) ta (1.4) *trust* (1.4) *tell% someone%

something%?*

Amy (3.2%)

Ian You said to tru:st?

Amy Tatell someone something

Ian (40.4%#)

Amy (40.4%#)

Ian .H Penitence

Amy (2.3) ↑to feel guilt or sorry

Amy (12.7%#)

Ian T! bequeath

Amy (0.8) ta-% *give%*
(14.0%) Ian Methodical
(2.0) Amy exact
(28.4%) Δ
561 Ian Conceive
(2.7) Amy mm: come up with
(18.9%) Δ
564 Ian T! disregard
565 Amy (1.5) uh: *to be rude* and - (0.8) to not see
(27.7%) Δ
568 Ian t! tactile
569 Amy (1.8) °breakable°
570 Ian (1.3) Wuz that? (points to ear)
571 Amy (0.4) like breakable
572 Ian °breakable°
(12.1%) Δ
574 Ian Hh persist
575 Amy (3.4) *uh:m* (1.1) to begin
(14.1%) Δ
577 Ian Heterogenous
578 Amy (1.6) different
(10.0%) Δ
580 Ian ((coughs)) °scuse me°
581 Δ
582 Ian Forbearance
583 Amy (11.0) If I don’t know (. ) make something up?
584 Ian (1.5) Try your best
585 Amy ((shrugs)) (4.3)*I’ve no idea* (0.5) currig?
(15.7%) Δ
587 Ian T! Somnolence
588 Amy (4.7) discreet
(20.3%) Δ
590 Ian T! vexation
591 Amy (5.0) bring together
(19.1%) Δ
593 Ian Im: pudent
594 Amy (16.3) ((groans and mumbles inaudibly)) like (. ) out there
(3.5%) Δ
596 Ian Can% say% more%?
597 Amy (1.5) uch (. ) I don’t know (. ) >when I think about it (. ) I- I have no idea (. ) I% don’t% know% any% of% these%
(20.3%) Δ
599 words%< ((clears throat))
600 (0.5) Δ
601 Ian T! (sniffs))
(25.3%) Δ
Ian: Hh okay

(36.4%)

Ian: Hh now I’m going to read you some problems (0.8) listen carefully (0.8) you can only ask me to read (0.6) each problem (0.8) <one more time> (1.2) Hernando has six cupcakes (0.7) he eats one (0.8) how many cupcakes (0.5) does he have left

Amy: (0.8) five

(10.0%)

Ian: t! .hhh that’s right (. ) let’s try some more (. ) remember yo- can ask me to read yeach problem (0.6) <one more time>

(17.9#) Δ

Ian: Count these buttons (. ) with your finger (0.7) count them out loud (0.4) so that I can hear them.

+

Amy: (0.8) <*One two three four*> ((raises a finger with each word))

+ (12.2%#)

Ian: Like (. ) <one two three>◦ ((points to the buttons with his index finger as he counts))

Amy: okay

Δ+

Ian: Count these paperclips with your finger (0.4) count them out loud (. ) so that I can hear you

+

Amy: (0.5) One two three (. ) four five six (. ) seven% eight% nine% ((touches each paperclip individually, but begins waving her finger vaguely toward the end))

+ + + (11.5%#) Δ

Ian: T! How many shoes: (1.2) and so:cks (. ) are there altogether?

+

Amy: (1.5) One two three (. ) *four* ((points to stimulus vaguely, as she did earlier))

+ (24.6%#)

Ian: t! okay (. ) Jake has one mug (1.6) .h he buys four more

(1.4)

+ (0.8)

Ian: .h how many mugs does he have altogether

Amy: five

+ + (16.7%#)

Ian: .hhh Scott has ni:ne pens (0.8) he loses th:ree (0.7) how many pens does Scott have left

+

Amy: ◦◦six◦◦

+(13.1%)+

137
Ian. Hh Bill has five employees: (.) and thirty pieces of work (0.6) If each employee gets an equal amount of work (0.4) how many pieces of work should each employee get 
+ 
Amy (0.6) six (0.7) +(7.3%#)++
Ian .Hh Sue (.) has thirty five dollars (0.7) Roger has sixteen dollars (0.5) How more dollars does <Sue (0.4) have>¿
+ 
Amy (1.2) nineteen (0.6) + (7.7%#)+
Ian .H Jon has forty-eight fishing lures (0.7) he sells half of them to a friend (0.6) and buys <nine more> (0.7) how many fishing lures does he have in the end  
+ + +
Amy (0.6) thirty three (0.6) + (7.3%)+
Ian Juan has sixty-three tickets (0.8) he gives seven people (.) <eight tickets each> (0.7) how many tickets does he have left 
+ 
Amy (0.6) six (0.6) + (7.3%)+
Ian There are twenty-five matches <in each pack> (0.8) How many pieces are in ten packs? 
+ + +
Amy (2.6) two hundred and fifty (2.6) + (9.6%)+
Ian T! .Hh George gives seven people (.) <six coupons each> (0.8) He has six coupons left for tomorrow (1.2) how many coupons did he have altogether? 
+ 
Amy (0.2) forty-eight (0.2) + (8.3%)+
Ian .Hh Dr. Ying sees <twenty-eight> patients each day (.) on Monday through Friday (0.8) she sees thirty patients (.) on Saturday (0.8) How many patients does she see altogether? 
+ 
Amy (7.7) two hundred sixty (7.7) + (8.9%)+
Ian .Hh Beth needs to update the membership registry of a club (.) The club has a hundred and thirteen members (0.8) Before Beth begins twenty seven more people join the club (0.7) Beth registers five members each minute (0.7) How many minutes until Beth finishes <registering all the members>
Amy: (1.2) "Can ya read it again?"

Ian: "Sure."

Ian: Beth needs to update the membership registry of a club. The club has <a hundred and thirteen> members. Before

Beth begins, twenty-seven more people join the club. Beth registers five members each minute. How many minutes until Beth finishes registering all the members?

Amy: (7.8) "I have no idea."

Ian: T! .hhh Charles can alter two suit jackets in sixty-three minutes. How long does it take him to alter twelve suit jackets?

Amy: (30.6) ((groans and mumbles to herself))

Ian: Do'ya have an answer?

Amy: (inaudible mumbling) "No."

Amy: <three hundred and seventy-eight>? "I don't know. I can't do math in my head."

Ian: <Jamal sells four-fifths the number of magazine subscriptions that Jim sold> (0.8) Jamal sells four hundred subscriptions. How many does Jim sell?

Amy: (24.1) "Can you read it again?"

Ian: "Sure."

Ian: Jamal sells four-fifths the number of magazine subscriptions that Jim sold. Jamal sells <four hundred> subscriptions. How many does Jim sell?

Amy: (4.8) "Three hundred seventy five."

Ian: .Hh Franz spoke with <two hundred and twenty-eight> clients in four weeks if he spoke with an equal number of clients each week. How many clients did he speak with each week?

Amy: (7.3) "Fifty-seven."

+ (9.0%) +
Ian hhhh Chris has triple as many boxes .hh as Jane (0.7) Chris has one hundred boxes (0.8) How many boxes (.) does Jane have 

Amy (12.8) Thirty three 

Amy + 

Amy and a third 

(8.6%) + 

Ian Pam usually runs (.:) fifty laps (.:) around a track (0.7) she runs thirty percent fewer laps today (0.8) how many laps does she run today 

Amy (4.3) Can you read it again 

Ian >>Sure<< 

Amy + + + 

Ian Pam usually runs (.:) fifty laps (.:) around a track (0.8) She runs thirty percent (.:) fewer laps today (0.6) how many laps does she run today 

Amy (12.5) (≈fifteen≈) 

Amy + (10.6%) + 

Ian T! If eight machines (.:) can construct a complete car (.:) in four days (0.8) h:ow many machines are needed (.:) to complete a car (.:) in <half of a day> 

Amy (12.2) twenty? ((shrugs – frowns – furrows brows)) 

Amy +(7.4%)+ 

Ian .Hh a farm produces thirty thousand bushels of corn in one year (0.9) the following year (.:) their production increases five percent (0.9) The year after that (.:) production (.) increased by another ten percent (1.0) how many bushels of corn are produced <after both increases> 

Amy + + + 

Amy (32.4) eh (.:) ≈thirty thousand≈ 

Amy + (0.8%) 

Amy >I% really% have% no% idea% (.:) I% can’t% do% it% 

Amy in% my% head%< 

Amy (7.8%) 

Ian ≈hay≈ 

Amy (3.0#) 

Ian How ya’feel so far 

Amy ≈Gre:::at≈ 

Amy (3.2#) 

Amy It’s just frustrating (.:) cause I know I can do it on paper (.:)

Amy but I can’t do it in my head I never have been able to 

Ian M:hm:
Ian: Well just try your best as you go through
Amy: Do you know what time it is?
Ian: ((looks at watch)) one thirty
Amy: Okay, just because I can’t be late for class (.) cause my professor is crazy (.) and they told me to remind you of that.
Ian: t! .h ◦hkay◦ ((hands response form to Amy))
Amy: *◦Do you want me to do it or you◦*
Ian: Here (0.6 – draws line on response booklet) now you do these
Amy: {15.6}
Ian: ◦hkay◦ (1.1) so (. now you know (0.8) <how to do it>
Ian: When I say go (0.9#) Do these (1.1 – opens the response booklet) ◦sorry◦ (1.1 – Ian smooths the booklet) Do these (0.5) in the same (1.8#) way (5.2#) t! .hhhh Go in order (.) and don’t skip any (0.5#) work as fast as you can (.)
without making mistakes (.) until I tell you stop (0.8#)
when you finish the first page (0.5) go to the second page (1.0#) and the following pages (1.6#) and (. <I’ll stop you after (0.7#) the time is up> mkay?
Amy: ((nods head))
Ian: ◦go◦

141
Amy {120}

Ian ◦stop◦
(6.0%)  

Ian ◦Halloright◦
(32.0#)  

Ian t! (1.1) ↑okay  
(6.1#)  

Ian ∆ T! imagine that this picture <is a puzzle> (1.2#). h I am going to choose three: of these pieces (3.6^) that go together (. ) to make up the puzzle (0.9#) the three: (0.5#) pieces should fit- should fit next to each other (.) and not on the top of each other (1.3#) after I look at all of the pieces (. ) I choose <the:se three: pieces (0.5) ◦one^ two^ and five^○> (0.9#) .hhh If I put them together in my mind (0.4) they would make (0.7#) <the puzzle> (1.8#) .hh Even though I could put these two pieces together to look like the puzzle (1.6#) ◦three^ and four^> (1.3#) I would not choose them because I have to make the: the puzzle from three: pieces (1.5#) Even though I could put the:se three pieces t- together to look like the puzzle (1.4#) ◦one three five^○> (0.8) I <would not> choose them because I would I have to put this piece (2.3^) on top of the this piece (1.4^) and then put both of these pa- pieces on top of this piece (1.7^) I can’t stack the pieces together (0.6) to make the puzzle (1.3) so these three pieces (. ◦one^ two^ and five^○) (1.1#) are the only ones that fit next to each other (10.0#) t! a:lright (. ) now you try one Δ You may- you may have to turn a piece in your mind (. ) to make it (0.4) fit (.) which of the:se three pieces (3.0^) go together to make this puzzle  

Amy One two n’ four  

Ian Right  
(8.4%#) +  

Ian .hhh so that’s right (. ) so if you put the:se three pieces together (2.7^) they will make this puzzle  

Amy ◦*Five two and three*◦
Ian \(\Delta\)

Amy \(\circ\) four six n’ two\(\circ\) 
+ (16.3\%#) +

Ian \(\Delta\)

Amy \(\circ\) Two five n’ three\(\circ\) 
+ (11.6\%#)

Ian \(\Delta\)

Amy + + +

Amy (9.4) is it three pieces for every puzzle?

Ian mhm

Amy (11.3) one four (. ) three 
+ (14.8\%#) +

Ian \(\Delta\)

Amy +

Amy \(\circ\) two six\(\circ\)

Amy \(\circ\) n’ three\(\circ\)

(11.0\%#) + +

Ian \(\Delta\)

Amy +

Amy (3.7) three five six

+ (10.0\%#) +

Ian \(\Delta\)

Amy +

Amy (8.5) three two *fi:ve*

+ (9.6\%#) +

Ian \(\Delta\)

Amy +

Amy (10.9) five three two

+ + + (8.8\%)

Ian \(\Delta\)

Amy (3.9) two four six

+ (9.0\%#) +

Ian \(\Delta\)

Amy +

Amy (9.0) Tw- >one two three<

+ (8.4\%)

Ian \(\Delta\)

Amy + +

Amy (2.1) (inaudible) >one two three<

+ (9.3\%#)

Ian \(\circ\) kay\(\circ\)
Ian: (3.3)

((puts away stimulus book))

Ian: and another one

+ §

Ian: Δ

(31.2%)

Ian: Hh so I'll ask you so questions what is a watch used for

Amy: (1.5) ◦To tell the time◦

(16.2%#)

Ian: Hh how many hours are there in one day

Amy: ◦twenty four◦

(6.3%)

Ian: Hh who is Frederick Douglass

Amy: ◦A black guy (I dunno) he% gave% speeches%◦

(17.5%#)

Ian: Hh what is the imaginary circle that surrounds the coldest parts of the earth

Amy: (4.3) the Arctic Circle

(23.5%#)

Ian: Hh what is air made of

Amy: ◦molecules◦

(8.3%#)

Ian: Hh Who: wrote Romeo and Juliet

Amy: (5.1) ◦Shakespeare◦

(15.4%#)

Ian: On what continent is Portugal

Amy: ◦I have no idea◦

(18.5%#)

Ian: Hh who was Anne Boleyn

Amy: (3.7) ◦Princess◦

(10.7%#)

Ian: Hh who was the President of the United States at the start of the Great Depression?

Amy: ◦I have no idea (inaudible) or something◦

(14.3%#)

Ian: ◦hkay◦

(1.8%)

Ian: Hh alright la:st one hh (5.2#) (you should take this) (7.3 – hands Amy a pencil and a response booklet) t! hhh okay

(1.1#) Look at these boxes (0.9^) each num- each box has a number in the top part (1.1^#) and a special mark (0.7)

>oops sorry< (0.5) look at £these boxes£ (0.8^#) huh Each- each box has a number in the top part (0.7^) and a special
mark (0.4) in the bottom part (1.6^#) .hh each number (.)
has its own mark (1.5#) ◦corresponding mark◦ (1.6^#)
Down here (.^) the boxes have (.numbers in the top parts
(1.5#) but the empt- but are empty in the bottom parts
(0.6#) .hhhh You are to draw the marks that belo:ng in the
empty boxes (0.5#) like this (0.3) So here is a six (1.0^#)
the six has this sign in- symbol in it (1.2 – writes in
booklet) ◦like that◦ (2.2^#) here is an eight (0.7^) the eight
has this symbol in it (1.6 – writes in booklet) ◦upside down◦
((rotates response booklet)) so (4.0^#) t! so (.) now you do
these (0.5^) and stop (.when you get to here ((points to
response booklet))

Amy {15.0} ((pushes response booklet to examiner))

Ian ((examines response booklet)) kay (1.3) .hhhh alright (0.4)
so (.when I say go (. do these in the same way (. starting
here (0.7) go in order (. and don’t skip any (0.9) work as
you- as fast as you can (. <until I tell you to stop> (1.5) are
you ready?

Amy ◦◦yup◦◦

Ian Go

Amy {120}

Ian stop

(16.6%#)

Ian .Hhh uhh↑right (1.3) Lemme just look over ev- everythin
real quick and then we’ll be done fer today
(28.6#) ((clinician mumbles to himself throughout))

Ian Done

Amy ◦O:kay◦

Ian (1.1) .hhh um: so uh: (1.3) stop at the front desk (.) on the
way out (.) and schedule our next one (.) kay?

Amy Okay

Ian (2.5)

This is the la:st of thi:s particular type of test

Amy okay

((Amy leaves the room as the clinician is packing up the
test materials))
Transcript B

Rich is the assessor and Ben is the client. This assessment occurred as part of Ben’s application for disability benefits. Rich was also Ben’s therapist at the time, and they had been seeing one another for weekly therapy sessions for over a year. Ben brought a cup of coffee to the assessment, and he was sipping on it throughout. The original recording included both audio and video. The audio recording was low quality, and as a result, there are several points in the transcript at which I could not understand the speakers. At these points, I simply wrote (inaudible) rather than trying to guess at their content – as I did with Transcript A.

Rich is a master’s level clinician, currently earning a doctoral degree in clinical psychology. At the time of this assessment, he had over five years of testing experience, which he obtained through supervised practicum experiences, academic coursework, reading test materials, reading books about assessment, watching training videos, and observing experienced clinicians administer tests. He had experience testing young adults, adults, and individuals with severe forms of mental illness. He also had some experience testing in a forensic setting.

Rich indicated that it is important to administer tests in a standardized fashion. He puts some effort into administering tests according to the standardized protocol, though he admitted to occasional departures from the protocol. He agreed that it is both permissible and desirable to depart from standardization. On his questionnaire, he wrote, “In order to individualize and contextualize assessment results with regard to the patients’ lives, we need to be open to breaking with protocol.”

1 Ben S::up hhh
2 Rich (1.7) How are you?
3 Ben (4.4) Pu:rdy ≤good≥ hhh ((walks to the window and gazes outside))
4
5 (4.7)
Rich: S’wrong? (0.5) >Thinkin’ about the weather?<
Ben: (2.3) No
Rich: Just gimme a couple seconds to get organized
Ben: (1.5) No
((looks at Ben and smiles))
Rich: Let’s see ((arranges test materials on table))
Ben: (6.3)
Rich: Are you right handed or left handed by the way?
Ben: left
(4.9%#)
Rich: I’m just gonna ask you just so:me (0.5) brief questions (0.8) and (0.4) >of course you remember (. ) I’m just going to administer like a battery of assessments< and just (0.6) do the best that you can on them.
Ben: (1.5) kay
Rich: M:kay (. ) um:
Ben: I have (0.5) very little recollection of-
Rich: ((raises eyebrows and tilts head forward))
Ben: We did this before (. ) it's-
Rich: Oh: we nev- (. ) yeah we haven’t done any of these before
Ben: ◦okay◦
Rich: Yeah (. ) so will- these should all be new (stimulus) to you (0.6) .hhh unless you’ve done them before in the past that I don’t know about?
Ben: ((Shakes head side-to-side))

Psychosocial interview – not transcribed to protect participant confidentiality

Rich: And I remember you were also- previously saying qui- > we might have some of- a lot of this information< in your (0.5) just general intake packet (2.2) ↑But (. ) we can go ahead and get started (0.9) Now (1.6) (>I was going to adlib but<) there are actually some specific instructions that- I: have to read just (. ) verbatim (0.8) and to everyone (. ) so: I may refer to it once in a while
Ben: =kay
Rich: Just kind of (. ) as we go along (. ) .hhh but (1.0) um: (0.4#) I’m going to read you a story- (. ) a little story of just a few lines (0.6#) .hhh listen carefully and try to remember it (. ) just the way I say it (. ) <as close to the same words as you can remember>
Ben: Mhm: (inaudible)
Rich: when I am through I want you to tell me everything I read to you (1.0#) You should tell me all you can remember even if you are not sure
Ben: kay
Rich: Are you ready
Ben: ((motions with his hand))
Rich: Linda Patterson of Baltimore (0.8) employed by the city port authority (0.8) reported at the head office (.) that the bus she drove broke down on Liberty Avenue (.) after the engine overheated and began smoking (0.7) .hh she had twenty-four passengers on the bus (0.5) it was the middle of rush hour (1.0) and the broken-down bus was causing a traffic jam (1.0) Dispatch (0.6) feeling sorry for Ms. Patterson (0.6) sent a repair truck and told her to take the rest of the day off (2.0) Now what did I read to you (0.6)
tell me everything (.) and begin and the beginning
Ben: (1.5) Hmm: (2.3) uh: (.) Linda% Patterson% hhh (2.1)
Rich: okay= (0.9#) Now I’m going to read you another little story and see how much of it you can remember (1.6#) as with the first story (.) try to remember it just the way I say it (1.5#) you ready?
Ben: hh Y:up hh
Rich: Burt Rogers (0.5) <was revising> (.) a ten page sales report while he at his lunch (.) which consisted of a tuna sandwich (.) a boiled egg (.) and a cherry cola (0.5) when he spilled the cola all over the table (1.2) The sales report was ruined (0.6) as the ink has run (1.1) He looked around the room (1.0) and he saw no one was there (0.6) so he gathered the pages and tossed them in the trash (1.2) Just then Tina from accounting walked in (0.7) cleared her throat and said (0.5) “Oh my (.) what a mess” (2.1) Now what did I read to you (.) tell me everything (.) and begin and the beginning
Ben: (1.2) this is really fucked up
Rich: (3.3)
Ben: this is really fucked up
Rich: (2.1)
Ben: Um: (4.2) Joe% Blow% was% revising% a% sales% report% (1.4) while% eating% something% a:nd% uh:
Ben (looks at the clinician and turns his palm up))

Ben (turns his palm up again and shrugs his shoulders))

Rich (looks up and mumbles inaudibly))

Ben Did you ask me (3.6 – sips his coffee) what medications
I’m on (1.2) at any point

Rich (1.2) Yes: (1.1) didn’t we do it during the intake

Ben Oh (0.9) shoo (0.9) the intake? (0.6) that was what (. ) like
five years ago (0.9) [right?

Rich [Uh a year ago

Ben >Well anyway I have a list with me now< if you want to
check it out

Rich Okay (. ) sure

Rich (2.6 - Ben reaches into his coat pocket)

Rich >Actually< (. ) uh: (1.7) do you mind if I take it down at the
end?

Ben (1.5) Take it down (0.5) where (0.3) at the end?

Rich Where I just make a copy of it [at the end of the

Ben (1.8)

+ +

Rich Okay

Rich Okay

Rich + Ready?

Ben (1.2) .hhh Sure

Rich .hhh now: I will sh:ow you a:: sheet that has six figures on
it (0.7) um: (.) I want you to study the figures (1.5) so that
you can remember as many of them as possible (1.4) you
will have just ten seconds to study the entire display and
I’ll present the figures (0.9) just right here (1.2 - puts his
hand roughly twenty inches in front of Ben’s face) kay?

Ben (nods)

Rich .hhhh after I take the display away (2.4) try to draw each
figure exactly as it appeared (0.8) and in its correct position
+ on the page+

(1.7#)

Rich *ready*

Ben sure
Rich
Δ
(1.9)
Ben Dude
Rich (9.2 - Rich continues holding the stimulus)
(0.9#)
Rich Now draw as many of the figures as you can in all their
(0.5) correct locations on the page
Ben ((clears throat)) {8.81} ((stares at Rich and clears throat
again)) {16.5} ((loudly taps fist on table)) s’bout it
Rich ((nods))
(5.3%)
Rich ◦kay◦ (1.9#) so that was fine
Ben Psht (0.8) yeah
Rich Huh £Now we’ll like to see whether you can remember
more£ of the figures if you had another chance
Ben Ahh that’s fucked up
Rich (0.7) So I’ll present the display again for ten seconds (0.5)
try to remember as many of the figures .hh as you can this
time (. ) including the ones you remembered on the last one
Ben mhm
Rich (1.4) Try to draw each figure precisely (. ) and in its correct
location [on the page
Ben [mhm
Rich Δ
(11.2)
Ben {5.8} Wow (. ) Just like that it’s gone (0.5) is that fucked up
or what?
Rich ((hands Ben a fresh sheet of paper7))
Ben Nah ((points to the paper in front of him))
Rich Sorry (. ) I- (0.9) [(mumbles) give you another paper
Ben [ Nah Nah this- (0.6) Nah (. ) well (. ) it
dunnit matter
Rich Draw it on this paper
Ben ((stares at Rich’s face))
Rich ◦sorry◦
Ben {20.7} wo:w ((taps on table)) {7.2} ((mumbles under his
breath)) {6.4} that’s it ((throws pencil on the table))
Rich (2.4) £kay (. ) That was fine£
Ben (2.4)
Rich £Now I’d like to see whether you can remember mo:re of
the figures£ (. ) if you have another chance (1.7) I: will
present the display again (0.6 – hands Ben a blank sheet of
paper) for thirty sec- er (. ) ten seconds (0.8) Try to

7 Rich was supposed to give Ben a fresh sheet of paper before presenting the
stimuli for a second time. Rich did not do this, so at this point in the interaction,
he is trying to repair the error.
remember as many of the figures you can this time (.)
including the ones you remembered in your last attempt
(1.0) Try to draw each figure precisely (. and on its correct
location
(1.3 – Ben is staring down at the blank sheet)

Rich: Ben?
Ben: ((looks up)) Yes:
Rich: ∆
Ben: ((sighs deeply))
Rich (9.8 – continues holding stimulus)
Ben {23.7} ((sits back and stares at Rich))
Rich (4.5)
Ben: ((Mkay) (0.6) so try to fig- (. forget the display (0.5)
be:cause I may ask you to draw it again at a later time
(1.2)
Rich: Mind if I take this? ((points to sheets that Ben just drew
on))
Ben: A- Absolutely (. please
(1.0)
Ben (inaudible)
Rich: Hm?
Ben (inaudible)
Rich: Oh no (. that’s fine (. maybe [(I’ll) (inaudible)
Ben: [((loudly clears throat))]
Rich: Oh (.) and Also later on I’ll ask you to tell: me the stories
again (0.6) [so: try not to forget em
Ben: [Huh (0.6) huh huh huh huh
(1.0)
Ben: Dude (1.0) if I’m reading like a news story (1.4) and it’s
like more than: two sentences- three sentences
Rich: Mm:
Ben: °it’s: (0.6) it’s (gone)°
Rich ((smiles))
Ben: Seriously
Rich: Mm:
Ben: °it’s fucked up°
(1.5)
Rich: Try to do the best you can
(2.1)
Rich .hh Okay (0.3) s:o (. this time I’m going to read a list of
words to you
Ben: ((Throws pencil on the table))
Rich: uh: listen carefully because when I’m: through: I’d like
you: to tell me as many of the words as you can remember
(1.0) and you can tell them to me in any order (1.4) Are you ready?

Ben mhm

(2.6)

Rich Carrot (1.1) mascara (1.0) zucchini (1.1) silver (1.0)
lipstick (0.9) gold (1.2) bronze (1.2) eyeliner (1.0) potato
(1.1) blush (1.1) spinach (1.0) platinum (3.2) Okay (0.6)
Now tell me as many of those words as you can remember

Ben Uh:: (.) Carrot% potato% mascara% lipstick% (1.7%)
blush% (2.9%) silver% (. ) platinum%
(7.7%)

Ben ((shrugs))

(0.8%)

Ben ((shrugs again))

Rich Well now we’re going to try it again (1.8) I’m going to read you the same list of words (0.9) um: the same list of words to you (0.4) listen carefully and tell me as many of the words as you can remember .hh in any order including the words that you told me the first time (3.1) carrot (1.1)
mascara (0.8) zucchini (1.0) silver (1.1) lipstick (1.1) gold
(1.3) bronze (1.1) eyeliner (1.3) potato (1.2) blush (1.2)
spinach (1.3) and platinum (2.4) Okay (0.3) Now tell me as many of the words as you can remember.

Ben (1.2) carrot% hh (0.5%) mascara% (1.6%) potato%
bronze% platinum% silver% (2.3%) eyeliner% lipstick%
mascara% (6.6%) ((shrugs)) (6.5) Spinach%
(3.5%)

Ben ((shrugs))

(1.0%)

Rich Hm?

Ben ((shrugs))

Rich .hhh so I’m going to read the list one more time- (1.6) as be:fore: I’d like you to tell me as many of the words as you can remember (0.8) in any order (.) including the words you’ve already told me (2.5) carrot (1.2) mascara (1.1)
zucchini (1.2) silver (1.2) lipstick (1.1) gold (1.3) bronze
(1.3) eyeliner (1.0) potato (1.3) blush (1.3) spinach (1.4)
platinum (1.8) Okay (0.6) Now tell me as many of the words as you can remember

Ben ((clears throat)) Carrot% potato% (1.9%) platinum%
(0.7%) bronze% (. ) gold% (2.8%) mascara% lipstick%
eyeliner% (6.4) ((shrugs))

Ben ((shrugs))

Ben ((shrugs))

Ben ((shrugs))
Ben. hh There’s kinda a wall know what I mean? just blank walls (that flies up)

Rich (4.4) Well I can see you’re doing your best

Ben (1.5)

Rich [Fuck-

Ben [You worked really hard on the last one

Rich (2.7) Eight (1.0) four (0.9) nine

Ben (3.1) Eight four% nine%

Rich .hh Seven (0.9) two (1.0) four

Ben (2.2) Seven two% four%

Rich Five (0.9) two (0.7) three (0.8) eight

Ben (2.7) five two% three% eight%

Rich One hh (1.0) four (0.9) three (1.0) five

Ben (2.1) One% four% three% five%

Rich One (1.1) three (0.9) six (1.1) eight (0.9) two

Ben (2.9) One% three% six% (2.2) eight% two%?

Rich Nine (1.0) five (0.9) seven (1.0) five (0.9) one

Ben (4.3) Nine% five% seven% (. ) five% one%

Rich Five (1.4) ‘scuse me (2.7) starting again (1.0) Three (0.9)

Ben (4.0) Three% eight% (1.7) Three% five% eight% (3.5)

Rich Seven (1.1) two (1.3) Six (1.1) three (1.2) nine (1.1) one

Ben (5.1) Seven% two% six% (0.4) three% one%

Rich Nine (1.2) seven (1.1) six (1.1) seven (1.0) four (1.2) three

Ben (4.7) Ah: nine% (1.1) seven: six% (5.8) uh: (0.5) four%

(0.9) seven% nine%
Rich: Four: (1.1) six (1.1) eight (1.2) one (1.0) three (1.2) eight (1.3) seven
Ben: (3.4) Four% six% eight% three% (0.4) eight% o- one% seven%
(6.3%#)
Rich: Now I’m going to say some more numbers (2.1) but this
time when I stop (0.8) I want you to say them backwards
(1.7) so (0.6) for example (1.3) if I say three seven one (.)
what would you say?
Ben: >one seven three<
Rich: (1.4) sorry?
Ben: One seven three
Rich: That’s right
(2.3)
Rich: Okay (4.2) (*ready?*)
(4.1%)
Rich: Three (0.9) nine (1.0) four
Ben: (3.5) Four% (. ) nine% (. ) three%
(4.2%)
Ben: I feel like a retard (0.5) this is £fucked u(h)p huh£
Rich: (looks at Ben))
Ben: G’ahead
Rich: Five (1.0) one (1.2) five
Ben: (1.8) *five% one% fi:ve%*
(5.3%)
Rich: One (1.0) nine (1.1) one (1.2) six
Ben: (7.5) uh: (. ) six% one% nine% one%
(4.2%)
Rich: One (1.2) five (1.1) three (1.2) nine
Ben: (3.8) Nine% three% five% one%
(5.0%)
Rich: Five (1.0) one (1.2) four (1.3) two (1.1) eight
Ben: (2.6) um: (4.7) eight% two% five% fo:ur% (. ) eight%
(5.6%)
Rich: Three (1.0) one (1.1) nine (1.2) one (1.3) seven
Ben (6.0) uh (.>) I'm really we-< (.) w- wing'in' it here (5.7) nine% (3.9) one% seven?% (1.2) one% (1.5) nine%
three?%
(6.2%) (11.8#)
Rich Okay (.) wanna switch chats- (.) tasks now?
Ben (2.9) ((looks at Rich))
Rich Kay (.) I want to see how quickly (1.3) you can count backwards from twenty to one (1.2) like this (0.8) <twenty
(. ) nin:eteen (.) ei:ghteen> (0.9) a:ll: the way back to one (2.2) go ahead
Ben ((clears throat)) twenty (0.6) nineteen (0.6) eighteen (0.8) seventeen (1.1) sixteen (0.7) fifteen (1.4) fourteen (0.6) thirteen (1.3) twelve (1.5) eleven (1.2) ten (0.5) nine (0.7) eight (1.1) seven (0.8) six (1.5) five (0.5) four >three two one<
+ (6.4%)
Rich Kay (0.9) .hh I: want to see how quickly::
Ben +
Rich You can say the alphabet for me (0.8) like this A B C (1.4) go ahead
Ben +
Rich B C (0.6) D E F G H I J K (1.3) L M N O P (0.5) Q R- do you really need me to do the rest for you?
Ben + (1.1)
Rich It's kind of like a program
Ben (2.1) A
Rich (inaudible)
Ben Huh (1.8) I can see you tried real hard
Ben (1.2) oyeah o
Rich O:kay (0.6) Now I want to see how quickly you can count by three: (0.8) beginning with one (0.7) like this (0.7) <one (0.7) four (0.8) seven> (0.8) and so on
Rich go ahead
Ben (1.3) One hh (0.5) four (0.4) seven (2.3) uh (. ) ten (0.7) thirteen (5.5) sixteen (2.0) eight- (. ) uh: nineteen (2.3) twenty-two (1.9) twenty five (1.8) twenty eight (1.4) thirty one (1.7) thirty four (2.5) thirty seven (2.0) forty (2.1) forty-three
+
Rich: Kay - (7.1%) (3.6#)

Rich: .hh okay (0.8) hold on for jus a second here (46.0#)

Rich: Remember the list of words (1.8) that you tried to learn before?

Ben: (1.6) With the carrot?

Rich: (1.3) Yeah (1.1) so: (2.0) Tell me: (.) >as many< of those words as you can remember?

Ben: (3.0) Oh: (1.4) carrot% (0.9%) mascara% (1.2%) zucchini% (1.7%) lipstick% (0.9%) bronze% (0.6%) silver% (2.6%) gold% (1.4%) potato% (2.1%) eyeliner% (3.0%) spinach% (11.3%)

Ben: That was pretty good

Rich: ((smiles)) (1.4) hh (. ) £okay (0.3) Well now£ I'm going to read a longer list of words to you [(0.4) a:nd-

Ben: [great

Rich: Some of the words were on that original list (0.6) a::nd some are not (1.4) okay?

Ben: *kay

Rich: so after I read I'd li:ke you: to: say: yes if it was on the original list and no if it was not (3.3 – Ben sets coffee cup on the table)

Rich: Was zucchini on the original list?

Ben: Yes (4.3%)

Rich: Was eye shadow (0.6) on the [origin- original list?

Ben: [No (2.7%)

Rich: Was bronze on the original list?

Ben: [yes (3.1%)

Rich: Was balloon on the list?

Ben: No (2.8%)

Rich: Was coffee on the list?

Ben: Nuh-uh (1.9%)

Rich: Was Carrot on the list?

Ben: *yes* (1.9%)

Rich: Was palladium on the list?

Ben: (2.5) No

Rich: Was eyeliner on the list?

Ben: Yes
Rich: Was potato on the list?
Ben: Yes
(2.9%)
Rich: Was boat on the list?
Ben: No
(1.8%)
Rich: Was scarf on the list?
Ben: No
(2.4%)
Rich: Was blush on the list?
Ben: No
(1.8%)
Rich: Was platinum on the list?
Ben: Yes
(2.7%)
Rich: Was mascara on the list?
Ben: Yes
(2.6%)
Rich: Was lipstick on the list?
Ben: Yes
(1.8%)
Rich: Was cucumber on the list?
Ben: No
(2.4%)
Rich: Was gemstone on the list?
Ben: No
(2.3%)
Rich: Was penny on the list?
Ben: No
(0.9%)
Rich: Was silver on the list?
Ben: Yes
(2.6%)
Rich: Was mountain on the list?
Ben: (1.5) I don’t know what you said but no
Rich: Mountain
Ben: (1.5) No
(2.3%)
Rich: Was broccoli on the list?
Ben: No
(0.9%)
Rich: Was gold on the list?
Ben: Yes
(2.1%)
Rich Was Spinach on the list?
Ben Yes
Rich Was metal on the list?
Ben (1.6) No
Rich ökayö
Rich alright s::
Rich Alright
Rich Do you remember those little stories I told you? (2.2) read
to you just a:: few minutes ago
Ben (2.2) Yeah (. ) just like it was a few minutes ago.
Rich Huh .hhh £We::ll uh:: (0.7) now I want you to tell me those
stories again£ (0.5) tell me everything (0.8) begin at the
beginning
Ben Hm (3.7) uh: (.) Linda% (0.6%) somebody% (1.7%) bus%
broke% down% (3.5%) engine% smoking% (3.6%)
dispatch% told% her% to% take% the% day% off% (1.2%)
she% had% twenty-four% passengers%
Rich öRe:mem:berö (5.1) ökayö (0.9) now um:: (1.2) what about
the next one
Ben Hm (2.7) uh Joe% Blow% (1.2%) sales% report% (0.7%)
spilled% his% coke% (1.9%) he% was% eatin’% lunch-%
>wunnit% it% lunch?? (.) I% don’t% know%< (3.0%)
wasn’t% anybody% around%
Rich Is that all you can remember?
Ben ((shrugs))
Ben ((shrugs)) That’s it
Rich Okay (1.8) Do you re:member the:: (. ) figures I showed you
earlier?
Ben (1.6) Yeah
Rich The figures I showed you before
Rich I want to see how many you can remember now (2.2) I
know it sounds difficult (. ) but try- try to draw as many of
the figures as you can in the correct location on the page
Rich (1.6 - hands Ben a blank sheet of paper) remember (1.3) try
Ben: (1.9) Wasn’t it (.uh: 1.0) somebody famous said sumthin’
bout (1.4) y’know if you want to try remember something
(.just to write it down 1.0) and you don’t really have to
try: to remember because the act of writing it down kinda
(1.4)
Rich: Mm
Ben: Puts it in your head
Rich: mhm

Ben: {24.1} ((pushes paper toward Rich and sets pencil on
table))
Rich: Kay (6.1) And your done with it? (1.0) before (.) I (.) put it
away
Ben: Yes
(31.7#)

Rich: ◦Okay◦ (1.9) okay on this page (0.6) ar::e (0.6) some
numbers (1.3) a::nd (2.5 - hands Ben a stimulus sheet) what
I want you to do (0.5) is begin (0.5) at (0.5) number one
(1.9) and draw a line from one to two (1.3) two to three
(0.8) three to four (1.2) so on (1.1) in order (.until you
reach the end (1.0) draw the line as fast as you can (0.9)
a::nd (.uh:: (. remember (1.7) uh: >draw the line as fast
as you can< (0.8) ya’ready?
Ben: Yeah
Rich: Begin
Ben: {4.7}
Rich: ◦Kay◦
(0.9)
Rich: Good
(2.5)
Rich: Okay
+ (0.4)
Rich: Now let’s try the next one (7.8 – Hands Ben a stimulus
sheet) Begin
Ben: ((leans down and positions pencil in hand))
+ 
Ben: {30.5} ((taps hand on table))
(4.2#)
Rich: ◦kay◦
(4.3%)
Rich: That’s fine (1.1) Now we’ll try another one
Ben: ((hands Rich the completed stimulus sheet))
Rich: Okay on this pa:ge that I’m about to present are some
letters and numbers (2.2 – hands Ben a stimulus sheet)
begin at number one (1.6) and draw a line from one to A
(1.0) A to two (0.9) two to B (1.1) B to th:ree (0.8) C (0.8) and so on (0.8) in order until you’ve reached the end (1.0) remember (1.0) ↓remember (0.5) first you have a number (0.6) and then you have a letter (.) then a number (.) then a letter (.) and so on (.) >draw the lines as fast as you can< (0.8) Ready?

Rich

Begin

Ben {6.4} ((pushes completed stimulus sheet to Rich))

Rich Kay (1.3) .hhhh so on this page are both numbers and letters (0.8) a:nd do this the same way (0.6) begin at number one and draw a line from one (.) to A (.) A to two (.) two to B (.) B to three (.) three to C (.) and so on (0.5)

Ben ((flicks the stimulus sheet across the table to Rich)) in order until you’ve reached the end (.) remember (.) first you have a number (.) then a letter (.) then a number (.) then a letter (0.7) and so on (0.9) do not skip around (.) but go from one circle to the next (1.2) in the proper order (1.0) go along as fast as you can (1.2) ya’ready?

Ben ((nods))

Rich ((hands Ben a sheet of paper )) begin +

Ben {39.4}

Rich ((points to the stimulus sheet))

Ben {5.1}

Rich Ah (.) see its wrong here (0.5) shouldn’t have to go through that one

Ben {23.1}

Rich I’m sorry what did you just do there?

Ben ◦I don’t know◦ ((shrugs))

Rich ◦Let’s see◦ (3.3) try- start again from here ((points to stimulus sheet))

Ben {7.9} (inaudible) ((counts on fingers)) hm {18.5} well {11.4} Number then a letter?

Rich Mhm:

Ben (1.6) (why wouldn’t this one be at the end?) {4.5}

(13.8 - Both Ben and Rich stare at the stimulus sheet. Rich makes a mark on the sheet)

Rich ◦okay◦

(8.7%)

Rich (inaudible) (11.1 – gathers test materials) O::kay (1.9) How ya feelin’?

Ben (3.6 – slowly turns head to look at Rich) stupid (.) stressed

Rich (2.6) Well (.) can see you’re workin real hard on ‘em

Ben ◦Yeah (.) I was◦ ((shrugs)) (2.5) I’m not the Ra::in Man y’know (.) good at doin’ numbers

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Rich: (3.2) okay (5.8) On this one (0.6) I’m going to say a letter of alphabet (0.8) and I want you to think of as many words as you can th- (0.7) that begin with that letter (. ) until I say stop (1.4) for example (1.0) If I say (. ) um: (0.4) B (1.2) You can say bed (. ) or bath (0.9) but please try not to use any words that begin with capital letters (0.5) such as Barbara (0.6) or Bethlehem (1.2) Also try not to simply add endings (1.0) like I N G onto the words (1.2) [okay

Ben: [Yeah okay

Rich: Okay (1.3) The first letter is (.) P (0.9) go ahead +

Ben: (1.2) u:m: hh (1.2) Pear% (1.5%) pe:ck% (2.7%) patent% (1.8%) pun% (3.9%) Rich: (looks at Ben))

Ben: (returns gaze) happiness% (10.5%) ((shrugs)) (7.6) huh (. ) it’s a wall ((puts hand in front of place))

Rich: (2.8) *Try the best you can* 

Ben: *Alright (.) I’m doing it* (1.2) poor% (1.9) pace% (3.8) put% (15.4) +

Rich: *Stop* (4.6) The next letter (0.5) is B

Ben: B?

Rich: *Look at Ben)*

Ben: Ba:ble: (1.4) b:lasphemous% (2.4%) bat% (2.3%) bin% (5.8%) back seat% (2.6%) uh (1.5) *two words* (2.0) back (. ) *two words* (5.6) barge% (10.1) bar:bituate%

(4.0)battlement% (3.1) bumblebee% (14.8) (that’s what happens)

Rich: Stop

Ben: +

Rich: (5.9%)

Rich: O:kay (.) the next letter i:s (.) T (2.0) Begin

Ben: (2.5) Tw::at% hhhh (2.3%) uh: (1.2%) tiers% (2.3%) tuber% (1.7%) task% h (2.2%) Thim(,)ble% (2.5%) taken%

hh% (15.8) tow%

Rich: What’s that

Ben: tow% (2.9%) tantrum% (18.9) tattle-tail% (7.4%)

Rich: Stop (nods) (6.2) Okay (1.5) No::w (1.3) I want you to name as many foods as you can until I tell you to stop (1.2) please do not use different types of food (. ) such as apple pie or blueberry pie (1.7) Ready?

Ben: Yeah

Rich: Begin


Ben (0.5) Cheeseburger% (2.0%) pie% (. ) cake% (. ) bread%
(2.9%) fish% (1.7%) carbohydrates% (4.8%) rice% (7.3%)
pasta% (5.3%) (salad%) hh (1.5%) (salsa%) (1.8%) potato
chips% (3.3%) p:ea so:up% (19.9) lamb% (3.0%) pork%
(0.7%) beef% (2.2%)

Rich S:top
(11.6%)

Rich Kay hh (0.4) moving on

Ben Mhm

Rich (5.3)

Rich What would you were caught in traffic (. ) and you need to
get to an impordant job interview (. ) but you know you
won’t make it in time

Ben Hhh (5.3) uh (1.5) call% an’% (1.3) tell% ‘em% (3.4)
that% I’m% in% the% hospital% (2.7%) >I% dunno%<
(0.4) call% and% tell% ‘em% (0.8%) I’m% gonna%
come% in% late% (4.1%) (inaudible) (2.9%) (inaudible)%
wouldn’t% chya%?

Ben (17.3%)
Rich kay% (3.5) What would you do if you were walking down
the street and you saw a toddler wandering around by
himself?

Ben (6.1) uh: (3.5) >I dunno< (. ) walk% over% and% (5.1%)
look% around% (. ) see% where% (.) might% be% any%
adults% associated% with% the% child% (1.7%) keepin’%
an% eye% on% ‘em% that% time%

Ben (29.1%)
Rich What would you do if you came home and found that none
of the lights or electronics in your house turn on?

Ben (4.7) Find% the% (1.7%) circuit% (.) breaker% an’%
(0.5%) check% for% a% blown% fuse%

Ben (14.8%)
Rich What would you do if you were stranded at a gas station far
from home with only one dollar in your pocket

Ben (6.6) uh: (0.9) call% (0.7) somebody%

Ben (12.7%)
Ben Well if (1.8) if I was stranded (. ) uh (. ) I co- could go
somewhere else

Rich ((looks at Ben))

Ben Right?

Rich Well (0.5) for the purposes of the question (1.5) [if

Ben [If (. ) okay

Ben (1.2) And I don’t have a cell phone?

Rich For the purpose of the question (. ) imagine that you do not
have a cell phone

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Ben (2.3) Use a buck (.) you can do that too (.) >make a phone
call< (1.3) I dunno (1.4) I mean what’s a buck gonna do but
make a collect call? ((shrugs))
(18.7%)
Rich Could yo::u (0.9) explain (1.3) the call?
Ben (1.9) uh (0.8) call% somebody% to:% (2.9%) y’know%
(1.2%) maybe% my% wife% (.) to% (1.5%) come% get%
me% (0.8%) out% of% (3.5%) the% gas% station% (3.5%)
(inaudible)
(20.1%)
Rich °mkay° (7.2#) okay (2.2) lemme just bring my chair here
(2.5 – moves chair) no:w (1.6) this test (.) uh: (2.2) >should
be interesting< (1.1) okay (2.9) move this ((moves table))
so it sits in between us (3.7) and I’ll sit here (2.0) Okay (.)
so:: this test is going to be:: (.) a::: little diff’rent (.) °cause
I’m not allowed to tell you much about it (10.5# – sorting
cards) mkay (2.0) so what I’ll do: (.) is I will ask yo:u to:
(1.7) match: (1.6) each of the cards (0.9) in this deck (1.6)
to one of these (0.4) four cards in front of you (3.5) so::
(0.9) pl:ace the card (3.3) but place the card (.) um: (0.7)
that you think it best matches below the cards (0.8) in front
of you (0.8) that means these four (1.1 - points to cards on
table) I can’t tell you how to match them but I will tell you
each time whether you are right or you are wrong (1.0) If
you are wrong (0.6) just leave the card (.) where it is (0.4)
where you placed it (.) a:nd just try to get the next one right
(1.2) you understand?
Ben ((nods))
Rich °okay° (arranges test materials – hands Ben a card) °here°
Ben {0.9}
(9.7%)
Rich Wrong ((hands Ben another card))
Ben (1.6) It’s wrong? (1.3) ↑really?
Rich ((nods))
Ben {4.7}
(7.7%)
Rich Wrong ((hands Ben a new card))
Ben (1.2) Am I supposed to re-do these? [(or leave it where its
at?)
Rich [No (0.5)Just leave it
where you placed it
Ben {6.0} Wrong?
(6.0%)
Rich Wrong
Ben Hh (0.4) ≤it’s fuck(h)ed (h)up≥
Rich ((hands Ben another card))
Ben {0.7} (2.8%)
Rich Correct ((hands Ben another card))
Ben So if you’re color-blind (.) You’d really be fucked on this?
{0.5} (4.8%)
Rich Correct ((hands Ben a card))
Ben Dude {0.8} (3.6%)
Rich Correct ((hands Ben a card))
Ben {0.9} (4.9%)
Rich Correct ((hands Ben a card))
Ben {2.8} (5.4%)
Rich Wrong ((hands Ben a card))
Ben {1.2} (6.5%)
Rich Wrong ((hands Ben a card))
Ben T! (0.5) huh huh (0.5) F:u:ck {4.8} (3.7 - stares at the cards))
Rich ((hands Ben a card))
Ben {6.9} should be seeing some pattern by now (1.3 - looks through cards he placed previously) I should have put them in two piles (0.5) F:uck% {8.3} %
Rich Wrong?
Ben ((bangs fist on the table)) Fu:ck ((picks up card))
Rich Please replace it ((hands Ben a card))
Ben ((stacks cards on table)) well (. ) that’s not helpful {5.3} %
Rich Wrong
Ben ((hands Ben a card))
Ben {0.7} (1.8%)
Rich Correct ((hands Ben a card))
Ben {1.2} (3.2%)
Rich Correct ((hands Ben a card))
Ben {0.3} (1.5%)
Rich Correct ((hands Ben a card))
Ben {0.6} (2.9%)
Rich Correct ((hands Ben a card))
Ben \{1.5\}  
\(2.2\%\)  
Rich Correct ((hands Ben a card))  
Ben \{0.8\}  
\(3.2\%\)  
Rich Correct ((hands Ben a card))  
Ben \{1.0\}  
\(2.0\%\)  
Rich Correct ((hands Ben a card))  
Ben \{0.7\}  
\(3.0\%\)  
Rich Correct ((hands Ben a card))  
Ben \{1.0\}  
\(2.8\%\)  
Rich Correct ((hands Ben a card))  
Ben \{0.5\}  
\(2.4\%\)  
Rich Correct ((hands Ben a card))  
Ben \{0.7\}  
\(9.4\%\)  
Rich Correct ((hands Ben a card))  
Ben \{0.6\}  
\(2.2\%\)  
Rich Wrong ((hands Ben a card))  
Ben >Wait a minute< \(1.2\) where’s the last one you gave me?  
Rich ((points to previous card))  
Ben Oh \(1.3\) ↑Why’s that wrong? \(3.4\)}  
Rich Sorry (where’d you put it)?  
Ben ((points to card he just placed))  
Rich >Wrong<  
\(3.3\%\)  
Rich ((hands Ben a card))  
Ben \{1.3\}  
Rich \(3.5\%\)  
Rich Wrong ((hands Ben a card))  
Ben °That’s fucked up° \{3.4\}  
\(4.3\%\)  
Rich Wrong ((hands Ben a card))  
Ben Hh huh \{0.8\}  
Rich ((stares at cards))  
\(3.2\%\)  
Rich Wrong (( hands Ben a card))  
Ben Du::de \{8.4\}  
\(5.2\%\)  
Rich Wrong ((hands Ben a card))  
Ben \{1.7\}
Rich Correct
(4.0%)
Rich (hands Ben a card)
Ben {1.0}
(2.5%)
Ben g’head (%) Tell% me% [that’s% wrong
Rich Correct (hands Ben a card))
Ben {2.2}
(5.6%)
Rich Wrong (hands Ben a card))
Ben {1.6}
(3.2%)
Rich Correct (hands Ben a card))
Ben {2.4}
(4.2%)
Rich Correct (hands Ben a card))
Ben You’re just makin’ this up as you go along (%) just to fuck
with me (%) right? {2.6}
(2.6%)
Rich Correct (hands Ben a card))
Ben ((clears throat)) {11.6}
(4.1%)
Rich Wrong (hands Ben a card))
Ben {2.3}
(3.1%)
Rich Correct (hands Ben a card))
Ben {3.3}
(4.3%)
Rich Wrong (hands Ben a card))
Ben {6.4}
(2.3%)
Rich Correct (hands Ben a card))
Ben {18.7}
(2.8%)
Rich Wrong (hands Ben a card))
Ben {0.9}
(8.2%)
Rich Wrong (hands Ben a card))
Ben (2.7) This game suxcks {1.8}
(3.1%)
Rich Wrong (hands Ben a card))
Ben =Huh {0.6} Bet% that% one’s% right%
(2.1%)
Rich Correct (hands Ben a card))
Ben {4.9}
(2.3%)
Rich Correct ((hands Ben a card))
Ben {1.0} (2.7%)
Rich Correct ((hands Ben a card))
Ben {6.1} (3.0%)
Rich Wrong ((hands Ben a card))
Ben {5.3} (3.5%)
Rich Wrong ((hands Ben a card))
Ben Da::mn {2.2} (2.5%)
Rich Wrong ((hands Ben a card))
Ben {1.9} (3.2%)
Rich Wrong ((hands Ben a card))
Ben Fu::ck {10.9} (1.6%)
Rich Correct ((hands Ben a card))
Ben {2.3} (2.3%)
Rich Wrong ((hands Ben a card))
Ben {4.4} (1.9%)
Rich Wrong ((hands Ben a card))
Ben {1.5} No% ((moves card)) (2.2%)
Rich Correct ((hands Ben a card))
Ben {3.1} This% game% sucks% (3.1%)
Rich Correct
Ben phew
Rich ((hands Ben a card))
Ben {10.1} (2.7%)
Rich Wrong ((hands Ben a card))
Ben {1.3} (6.3)
Rich °Did you put a fresh card down?°
Ben °yes°
Rich That’s (0.8) wr:ong (0.9%)
Rich ((hands Ben a card))
Ben {5.6} (3.2%)
Rich Wrong ((hands Ben a card))

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Ben {3.2} (6.1%)
Rich Wrong ((hands Ben a card))
Ben {1.0} (3.7%)
Rich Wrong ((hands Ben a card))
Ben {6.2} (4.6%)
Rich Correct ((hands Ben a card))
Ben {7.9} (1.9%)
Rich Correct ((hands Ben a card))
Ben {3.1} (4.3%)
Rich Wrong ((hands Ben a card))
Ben Hhhh {3.7} (2.4%)
Rich Wrong ((hands Ben a card))
Ben {0.9} (2.5%)
Rich Correct ((hands Ben a card))
Ben {5.1} (3.9%)
Rich Correct ((hands Ben a card))
Ben {2.6} (6.0%)
Rich Wrong (16.8%)
Ben So how do chimps do on this? (0.5) Better?
Rich Mm (1.7) I know it can be frustrating (1.6) Especially
When you are doing something in areas that are difficult for you
Ben Like what (. ) pattern recognition
Rich I appreciate all your (0.8) hard work today (1.6) Okay (.)
well I guess (0.6) that’s actually the battery (1.0) we did (0.8) & you’re all done with the testing (0.8) >tell you what< (0.8) let’s step out for a second and we’ll uh (.) uh step away and then come back in
Ben Kay
Rich Okay
Ben hh (. ) The little boy’s room? ((points)) (1.2) [(I’ve got business)]
Rich [Yeah (0.6)]
Ben alright
1009  Ben   ((leaves room))
1010  Rich  ((packs up test materials))
Transcript C

Both Transcript A and Transcript B were taken from an archive of session footage. The clients knew that the recordings could be used in research, but they were not aware of this specific research project. However, the participants in Transcript C were aware that the recording would be used in this project, and they orient to this fact at several points in the interaction.

Mel is the assessor and Tom is the client. Unlike the participants in Transcripts A and B, Tom was not required to complete the assessment by another agent or organization. Tom explains his motivations for volunteering in the transcript.

Both participants had a unique manner of speaking. They tended to speak in a clear, though monotone voice. Their speech was somewhat rapidly, with frequent pauses and reformulations. They also both tended to trail off near the end of their speaking turns, which made it difficult to transcribe all of what they were saying. The client – Tom – tended to speak softly, and I had difficulty understanding him. As with transcripts A and B, if I could not understand what the participants were saying, I simply wrote (inaudible).

Because of the camera position, I was unable to tell when the test administrator (Mel) was writing and examining the test materials. For that reason, I have not included the # and % notation that can be found in the other transcripts. If I could see that Mel was writing or manipulating the materials, I explicitly indicated that in the transcript. However, it should not be assumed that he was not manipulating the materials or writing if I did not indicate as much. Also, the clinician used a silent stopwatch, so there were no audible beeps to indicate when timing began and stopped.

Mel is a master’s level clinician currently earning his doctoral degree in clinical psychology. He had between three and four years of testing experience at the time of this
assessment. He received his testing experience through supervised clinical practicums, academic coursework, reading test manuals, and reading books about assessment. In his past assessment experience, he tested a wide range of people, including school-aged children, adolescents, young adults, adults, the elderly, the cognitively impaired, and the disabled. He also had some forensic testing experience.

Mel indicated that he believes standardized test administration is important. He puts some effort into administering tests in a standardized fashion, though he admitted to frequent departures from the standardized test protocol. When asked if it is permissible to depart from the standardized protocol, he indicated neutrality on the subject, though he strongly disagreed to the notion that departures from protocol are desirable. On the questionnaire he completed, he wrote, “Departure seems undesirable, yet also inevitable. Standardized protocol is an ideal to be approximated, as it allows normed test data to communicate more information by comparison to other test subjects. Yet the inevitable departure from standardized administration need not thereby render resulting data unusable or meaningless, only less scientifically authoritative or reliable. It may still carry sufficiently validity, depending upon the purpose of the testing.
Tom: I came from inside the city (.) so (0.4) (there’s delays from this type of stuff)

Mel: .hh uch yeah

Mel: Where inside the city?

Tom: ↑Um (0.6) Meadowbrook (0.6) where I work

(2.2)

Mel: Not bad

(1.3)

Mel: So: (0.5) see ((clears throat)) and (1.2) you’re here (0.4) for just a basic (0.4) cognitive (0.5) intelligence (0.7) test (0.9) hhh this test (.) um (.) I’ll do- >just ask a couple more questions and stuff< ahead of time (.) it’s just kind of like a general (0.8) um: (0.4) test of uh- kinda general academic or intellectual ability (0.9) actually not so much academic (0.6) um (0.9) it’s called the WAIS (0.7) the Wechsler Adult Intelligence Scale (0.6) um (0.4) Its sort of the standard just for (0.8) when you hear people sayin’ IQ (0.5) um: this is something we can go over when an’ I have scored it an’ written things up (0.8) but it’s usually- its actually not a very good measure (0.5) and isn’t usually treated among most (0.4) um t! (.) school and neuropsychologists as like (.) an IQ test (0.6) um (0.8) it more gives you a sense of just sort of basic cognitive strengths and weaknesses (1.2) um: (0.8) t! they can- (0.4) >parts of it< can be pretty tiring

Tom: mhm

Mel: And uh:m (0.4) and just (0.8) tedious (0.4) most people don’t do: (1.0) that well (0.6) on most of it (0.4) it’s just sort of seeing where you fit within the bell curve (0.7) y’know (0.5) given your age and years of education

Tom: Mhm

Mel: [So- (1.0) um (0.4) and ↑I guess just for the ↑start: (.) uhm (1.2) >could you give me a sense of what you were hoping< to um (1.0) I guess what you were hoping to learn (0.7) from the test

Tom: Um: (2.9) t! (0.9) mostly I would- (0.6) I’m looking for I suppose (0.6) assurances that (.) my capacity to: (0.9) um: accomplish tests of (0.8) some cognitive rigor (0.9) um (.) is in line wer- with (.) where I was approximately (0.7) in the past (.) when I was attending school (0.5) I’m looking to attend (0.8) (<the college of>) (inaudible)

Mel: Okay

Tom: t! After (.) an extended (0.7) absence

(6.4 – Mel is writing)
And (0.8) being precise about that’ll be tough (0.4) just because (0.5) y’know we don’t have a baseline of where you were (0.6)

However many years ago (0.7) um: (.) but this should give you a sense of (0.5) um- if nothing else just (0.4) sort of (0.8) when it comes to different kinds of intelligence (. ) like visuospatial intelligence (. ) um: (1.0) verbal working memory (0.6) things like that (. ) just sort of (0.8) kind of where you fit within there (0.4) and what your strengths and weaknesses are

Um (1.7) Do you have a sense ahead of time of what you feel like (0.8) where your strengths are (0.6) er- (0.5) stuff you feel like is more difficult (0.5) er-

Historically I guess I’ve (0.8) um: (1.6) I’ve scored (0.8) I guess well (.) in verb- in like (. ) verbal and (1.4) uh (0.6) linguistic skills (0.8) a:nd (0.8) well but not exceptionally in (1.4) uh (1.4) abstract mathematics (2.9 – Mel is writing)

Okay (3.2 – Mel is writing)

Anything else? (8.9 – Mel examines test materials)

Hold on just a second here (15.0 – Mel continues examining test materials)

I need you to sign o:ne form that I thought we had (0.8) give me just a sec (0.3) I’ll be right back (0.4) just gonna go get it (36.2 – Mel steps out of the room)

The other thing I should let you kno:w (0.7) ahead of time (0.5) Is that um (1.8) I started a new medication a little over a week ago (0.9)

kay (96)

a:nd (0.7) It’s makin’ me feel a bit cloudy (0.5) but I got evaluated and they told me I was okay to go back to work (0.4)

mhm (99)

But if I seem like a little slower on the uptake hhh (0.9) um (0.8) that would be why (0.6) um: (.) I wou- actually I tested a couple of people over at the hospital (1.2) today (0.5) um: (.) but (0.4) if nothing else (1.4) that should make you feel £particularly fast£ huh huh huh £Ok(hay£ huh huh £Okay£ huh huh (0.4) so
Tom And I told my therapist that there was some secretly a double-blind test (0.6) and this was about (0.8) y’know some (0.9) off- (0.5) like a non-placebo (1.6) shift in the test (1.0)

Mel Yeah

Tom Like a test of the test taking

Mel ↑Yeah (0.4) test-er just like experience of the data scores (0.3) that’d be interesting too

Mel =[It could be to me too (. .) y’know

Tom ] cause then- If I could uh just just try my (0.6) my test taking ability (0.8) for like- (0.9) versus (0.5) the knowledge that someone else in the room has of the test

Mel Uh huh

Tom And anyway

Mel That would actually be a pretty solid study (0.5) y’know (0.5) w- we’ll see where it goes (1.6) but- like that (1.7) if you could (0.6) this i:s hh just a: (. .) basic hh (1.0) consent form for the assessment (1.6) wouldn’t mind fillin’ that out?

Mel .

. Psychosocial interview – not transcribed to protect participant confidentiality

. .

Mel Okay (2.8) well have a seat (clears throat) we’ll get started (. . un: (1.0) before we (0.8) start (0.9) this crazy thing (0.8) I’m just going to ask some ba:ic s:tuff

Tom Okay

Mel this is a: (1.0) mini mental status exam (0.8) ◦shouldn’t (0.4) be (0.7) too much of an issue◦ (7.7)

Mel (At least if I can work the stop watch)

Mel ◦Maybe that’s what I’m looking for isn’t it◦ (9.2)

Mel This must inspire confidence (1.6) Tell you what-

Tom Maybe if you were doing (0.9) If you were being tested

Mel Huh huh huh that would be bad news (. .) once again though (0.7) That remains a possibility hhh ((hands the stopwatch to the client)) I screwed that up (. .) I’m just going to turn my phone on and (inaudible) over here (1.4 – Tom manipulates stop watch)

Tom What are we looking for is the first thing?

Mel Uh (0.4) just the stopwatch
To count down or to count up?

Mel (0.6) count up

(4.7 – Tom manipulates stop watch)

Tom (I think this is it)

Mel ↑What’d you do?

Tom ◦It just goes through it◦

Mel Huh huh hhh (0.5) ◦What did I not do?◦ (. ) (inaudible)

Mel (1.1)

Tom You probably alternated between the buttons (0.8) mm

Mel Mm

Tom And (. ) in any case (0.7) um (1.1) start and stop on the right

Mel Okay (0.5) got [it

Tom [O:nce it stops (. ) you can reset it

Mel Excellent

Tom (inaudible)

Mel S- (0.5) S:o (0.9) t! What is the:: year

Tom Twenty thirteen

Mel =Kay (. ) What’s the season (0.7) of the year?

Tom It’s the spring

Mel A:nd uh what month [is the-

Tom [Wait long calen- like Incan long calendar?

Mel Just go with- ((Tom smiles)) £Yeah huh huh right£ (1.1) or

the Mayan one that (0.4) ended

Tom Yeah (0.4) It-

Mel Oh God

Tom It rolled over again

Mel Oh is that what happened?

Tom =Yeah

Mel It just sort of recycled?

Tom They actually have like (. ) several calendars (0.8) like

calendar within calendars (0.7) and (0.4) just one of the

larger (0.4) cycles (0.4) yeah

Mel >↑Oh I saw a diagram of this once< (0.5) It’s like (. ) uh: It

was explained in terms of gears (0.8) ◦or something like

that◦

Tom Yeah (0.2) Gear’s a way of describing it

Mel ◦◦yeah (0.4) uh◦◦

(0.7)

Tom The weeks to months would be a better (0.7) analogy

Mel Oh really? (. ) okay

Tom (Cause the one is longer)

Mel >Well the world didn’t end< (0.8) [uh

Tom [Yeah
At that point

Okay

So they must’ve ‘ad something figured out um what month is it

April C- Christ †Criminy Its May already

And what day’a the week?

Um its Friday?

What’s the date like the day’a the month?

It’s the seventeenth

A:nd uh letsee where are we now what state?

t! uh Pennsylvania

And wut county? or city or town whatever

We’re in Lancaster Lancaster County

Okay

A:nd uh letsee where are we now uh what building are we in?

We’re in the Stevens Psychology Clinic

I don’t recall the name uh the building It might be Armstead but I’ve never four hundred tile avenue

Mm

Kay listen carefully I’m gunna say three words just say them back to me after I stop Ready?

t! yeah

†O:range dollar couch and just repeat those words back to me

orange dollar couch

**Kay**

Hhhhh and keep those words in mind I’m gunna ask you to say them again in a few minutes

†! Now I’d like you to subtract seven: from a hundred then keep subtracting seven from each answer until I tell you to stop so just start at a hundred and take seven away

So I just start now

Mhm Yeah [go ahead

[S- So ninety three ninety three eighty six um seventy nine seventy two sixty five
Mel => that’s good <
(6.7)
Mel t! And spell world (0.4) forward (0.4) and then backward
(1.9) Which- (0.7) is it the globe (.) or like W I R L E D
Mel => er (.) just like the word world
Tom Oh (1.8) W O R L D (1.2) um (1.1) D L (1.9) R (0.5) O W
Mel Mkay
(2.0)
Mel Hhhh A:nd (0.4) Do you remember those three words I
asked you to remember (0.3) just a second ago
Tom (1.0) um (0.5) yeah (0.3) dollar orange couch
(5.0)
Mel t! (1.4) ka:y (0.4) what’s this ((holds up a pen))
Tom It’s a pen
Mel A:nd what’s this ((points to stopwatch))
Tom A stopwatch
(5.4)
Mel Ah’m ask ya’ to repeat (0.8) uh (0.3) what I say (0.6) t!
(0.6) No ifs and or buts (0.6) >Now you say that<
Tom t! No ifs and or buts (0.5) Now you say that
Mel Huh huh huh huh huh huh (0.7) You caught it hhh (0.5) stop
now (0.4)
Mel huh fo(h)Kay£ huh hh ((clears throat))
(12.3)
Mel t! (0.5) kay listen carefully ‘cause I’m gonna ask you to do
something (1.1) take this pa:per (0.8) in your ri:ght hand
(0.9) fold it in half (0.6) a:nd put it on the table ((hands
Tom a sheet of paper that has been folded in half))
Tom (2.8 – looks at Mel, and then performs all of the requested
actions except folding the paper in half8)
Mel oKay<< (takes the paper)
(7.6)
Mel t! (0.4) oKay< (1.2) read this aloud a:nd do what it says
(2.2) Close your eyes ((Tom closes eyes))
Mel Kay
(4.2)
Mel A:nd um: (0.8) just (0.3) write (0.3) any sentence (0.5) any
complete sentence here (0.3 – hand’s Tom a sheet of paper)
<<just write a sentence<< (1.1) If you can’t think of
anything just write about the weather
(8.4 – Tom writes a sentence)
Mel That’ll do (1.0) t! .hhh next (4.0) Ple:ase ju:st (.) co:py (1.0)
this^ design

8 Since the paper was already folded in half, the instructions may have confused
Tom. He was supposed to fold it in half again.
Tom (6.8 – client tries to trace the design)

Mel Oh you should copy it from (.) uh

Tom Oh ((moves paper))

Mel That way (0.3) yeah

Tom Okay (21.5 – copies design; Mel arranges materials)

Mel Ya got it

Tom Mm

Mel Mkay

(5.5)

Mel Okay (0.3) We are done with that (1.9) uh (1.7) it’s actually a: um (0.7) it’s just a (0.9) like a common (1.0) mental status exam (0.6) that they use in (0.3) a lot of times in hospitals and stuff (0.7) um (0.9) just (0.5) a lot of times (people don’t have a hard time doin’ ‘em) (0.4) but if you’re gonna be testing (0.4) um (0.5) you kind just need it hhh (2.6)

Mel So now we’ll get you into the WAIS

(1.5)

Mel So (.) again (0.5) um (.) with all of the:se (0.8) problems (0.6) tasks (0.7) um (2.9) just do your best (0.9) most people don’t do perfectly on’em (0.4) uh: (0.3) all of us here had to take these at different points (0.5) I’ve had to give (1.0) uh- (0.3) >some of these tests< overlap some (0.4) so I’- I’ll probably get stuck (.) er (0.4) confused at some point or other on what’s next (0.4) um (1.0) cause there- there’s a couple different versions (0.5) and I had to give a different one today (0.6) um (0.5) hhh but (0.4) just do your best (0.7) a:nd um (1.0) we actually don’t really even know (0.8) where you sc- (0.4) like how you performed until (0.9) y’know (.) I look it up in the manual

Tom mhm

Mel And see where the norms are for your age and your years of education and stuff (.) so (0.6) hhh okay

(6.6 - Test administrator mumbles to himself inaudibly)

Mel S:o

(2.7)

Tom That describes the (inaudible) but is that something you say automatically?

Mel Uh: (0.4) I typically do (0.7) um: (0.9) it um:

Tom Like is it designed to (.) like (.) ric- reduce nervousness (0.3) or

Mel (1.0) No- uh: ↑partly (0.3) ye:ah (0.5) I mean >just because it’s like< (.) most- I think most people when they go into this kind of testing (0.8) like (0.3) uh (0.5) when they do cognitive tests (0.6)
it’s easy to get frustrated (0.4) because (0.8) almost no one does (0.4) perfectly well

I mean that’s not what they’re set up for

Tom  Yeah

um (0.4) and it’s also difficult (0.4) one I can’t tell you how you’re doing as you do it (0.7) [that’s part of it]

Well you do know what’s correct and incorrect?

Tom  Uh (0.4) [yeah

mean you’d be ↑surprised though (0.3) I mean there’s ones where like (.). let’s say you’re (.). I dunno (.). say forty-five years old and had (0.3) uh: eight years of education (0.5) I mean (0.9)

Tom  mhm

You might get like four out of thirty items correct and then you’ll be: (.). in like the ninetieth percentile or something

I gotta say I’m just kinda curious because I know this is a: (0.5) analysis of your test taking (.). y’know it makes me curious about like (.). where the test begins (0.4)

and like (0.4) your personal interpretations (0.6) an-

anyway

Oh yeah sure (.). um

And I’m using that (against my) anxiety

You’re doing £great£

Yeah (smiles)

Huh huh huh

Um (1.4)

I’m sorry (0.4) (go ahead)

No no no (.). I’m thinking about that (0.3) like um

It’s- (.). I think what they’re (0.6) one of the questions here is: (0.8) so you’ll just notice when we’re doing this (.). I mean there’s places (0.4) like (1.0) I’m gonna sit here (0.4) and (0.5) have to essentially just (0.4) read (1.0)

aloud (0.9) I mean

Okay
A:nd (0.5) one of the reasons that people do that (0.5) is because (1.0) the instructions are normed

Tom mhm

Mel Um (0.9) [A:nd

Tom [Right

Mel Y’know there are different ways of thinking about (1.1) um (0.7) y’know (0.7) what qualifies a:s (0.4) y’know (0.4) I mean a- an orthodox administration (. ) that can be accurately scored and what doesn’t

Tom Right

Mel Um (0.4) a:nd (0.3) I think one of the things that this guy’s looking at in his study (0.9) is just how much people a:ctually (0.8) without meaning to (0.3) end up deviating from the instructions and how much that ends up mattering

Tom Kay

(26.2 – Mel mutters to himself while arranging test materials)

Mel So: (0.8) See these blocks (4.4 – Mel dumps a box of blocks on the table) Some of these- these blocks are all alike (0.6) some sides all white (0.6 – turns a block to it’s white side) some sides are all red (0.9 – turns a different block to its red side) and some sides are white a:nd red (1.0 – turns two other blocks to a half white and half red side) I’m gonna ask you to do some things- (0.5) >a few things< (0.4 with (0.4) these blocks (0.6) &a:nd (0.4) I’ll actually do the first hhh just to show you° (2.2) Δ Make sure you’re (1.0) looking at this correctly°

(4.1)

Mel So (0.7) um: (1.1) [I’m gonna just do

Tom [Th- They’re all identical?

Mel They are all identical (0.3) yeah (0.9)

Mel Um (0.7) So I (0.5) am going to do this first one (0.7 – Mel gathers blocks) &and it’s kinda easier i- if I just do it right here° (0.9 – Mel begins assembling the blocks) so (0.3) here I’m gonna make this ↑first one (0.6 – Mel finishes assembling the blocks) so (1.0) you can see like that (1.1 – Mel adjusts the blocks) Thi:s^ looks exactly like that^ (3.1)

Mel °Let’s see° (2.4) Now you do it

Tom °okay°

Mel °give it a shot°

Tom {5.3}

Mel °Okay°

(15.4 – Mel writes response and manipulates test materials)

Mel Looks good
(9.4 – Mel continues manipulating test materials)

Mel Alright (.) you should start here (opens stimulus book to page)

(2.6)

Mel Have you seen the Royal Tenenbaums?

Tom °°Yeah°°

Mel I just- every time I do this I want to say make yours like mine

Tom ((smiles))

Mel S(h)o huh (1.2) (inaudible) (0.7) ∆ So (0.5) replicate that design

Tom {18.4}

Mel °°↑ka:y°°

(10.9 – Mel records and manipulates test materials)

Tom °°Should I?°° (moves blocks to Mel can manipulate the stimulus book)

Mel t! Y:e:ah (0.2) go ahead (1.0) that (1.4) just to be sure (3.9) .hhh °°I’m trying to think°° (.) I’ve had to give the We:chsler Memory Scale today and I’m actually confused on which is- (.) what goes where°

(6.5 - Mel mumbles inaudibly to himself and then rotates the stimulus book)

Mel °Like this°

Tom ((Begins to move blocks))

Mel That counts

Tom Oh you mean like the orientation of the picture

Mel Yeah (.) I’m just moving that around (0.4) you did it with the right orientation

(2.0 – Mel manipulates the test materials)

Mel °°Chu chu chu chu°°

(6.9 – Mel continues to manipulate test materials)

Mel Alright

(1.5)

Mel A::nd (2.3) ∆ he:re i:s your next one (0.8) just do it right there°

Tom {2.7}

Mel Wait (0.5) °sorry°

(7.1)

Mel ∆ There ya go

Tom {8.0}

(10.9 – Mel records the response)

Mel (inaudible – mumbling to himself)

(7.0)

Mel ∆

Tom °Should I be waiting for something?°

Mel °No (.) go ahead?°
(Mel records response and manipulates materials)

(Tom begins to move the blocks)

(12.9 – Mel records response)

(3.9 – Mel records response response)

(1.6)

(2.2)

(5.0)

((begins to move blocks, breaking up the design before Mel can record the response)) oh shi(h)t (0.9) huh huh

((reaches for the blocks, but then shrugs)

(2.1) not sure

(20.8 – Mel records response and manipulates test materials)

(15.0 – Mel records response and manipulates test materials)

(16.4 – Mel records response and manipulates test materials)

(68.8)

(24.2) Am I al- lowed to ro- rotate this? ((rotates stimulus book))

((smiles)) huh

Just th- the rotation of the design once you’re done matters
Tom {70.0} (does not rotate stimulus book)

Mel (inaudible)

(20.7 – Mel records response and manipulates test materials)

Mel Δ

Tom {30.3}

(8.7)

Mel 〈Let’s see that〉 (rotates book so he can record response)

(23.5)

Tom 〈I was supposed to turn that〉

Mel What’s that?

Tom Just there

Mel Oh (2.6) yeah (0.7) I’m going to go get the next part (0.6)

There’s one book that wasn’t in there (0.7) that I should go grab (2.3)

Mel Let’s: see:: (0.6) I will be right back

(63.5 – Mel leaves the room. When he returns, Tom is holding his head in his hands)

Mel How ya’ feelin’?

Tom (1.0) Uh (0.3) frustrated

Mel How come?

Tom (0.9) Uh (0.2) because of the error on the last one

(5.5 – Mel arranges test materials)

Mel Again

Tom Mhm

(1.3 – Mel arranges test materials)

Mel Nobody (1.2) 〈er- almost no one〉 (0.9) does absolutely perfect (2.2) Some of these (0.7) work- (1.1) it could be an accident (that loses you time) (1.0) we’ve had (0.5) some of them (0.9) untimed

Tom 〈oh okay〉

Mel So: (0.5) we’re moving on (2.7) (set up this book an::d)

(6.4) okay (0.5) this is where I think it gets robotic

Tom Oh no

Mel It’s (0.7) act- (0.5) I just have to read the instructions verbatim

Tom mkay

Mel And (1.7 – Mel sets up the manual, and Tom can only see the cover) £I swear there’s nothing too interesting on the other side of this manual£

Tom Huh huh

(2.7)

Tom (inaudible) ISBN number

(1.6)

Mel Wh- wh-
Mel: Is it like all: (0.5) uh ((Mel turns book around so he can see the cover))
Tom: Oh yeah (.) there you are
(Mel turns book around so he can see the cover)
Tom: (3.8 – turns the book back around and begins reading instructions)
Mel: Okay
(1.1)
Mel: You’d be amazed what these things go for if you have (to buy one)
(6.4 – Mel reading test instructions)
Mel: Okay (0.4) Now I’m gonna say two words (0.6) and ask you how they are alike (1.0) so: (0.3) in what way are A and Z (0.3) alike (0.6) How are they the same
Tom: (0.7) They’re both letters of the English and Latin alphabets
Mel: =Yup=
(2.7)
Mel: That’s right (0.4) A and Z are both letters let’s try another one
(10.6)
Mel: In what way (0.4) are shorts (0.4) and a t-shirt (0.3) alike
Tom: (0.9) They are both clothes
(5.6)
Mel: In what way a ba:nana and a plum (0.4) alike
Tom: (0.9) They’re both (0.4) fruits
(4.9)
Mel: In what way are a market (0.3) and a department (0.6) alike
Tom: (0.8) They’re methods of commercial exchange (0.8) they’re human-made (2.3) they can be constructed (1.2) out of various materials
(6.1)
Tom: How (0.7) uh (0.6) I guess I- I can’t ask like (0.9) the level of detail that is appropriate (0.5) is precision important here or just like a common-
Mel: =Oh just like the general sense (0.4) of what you think of as like (.) y’know just like the most significant kind of thing they have in common (0.5) I mean (0.3) I’ll ask you if I need [you to follow up on it
Tom: [So th- So it’s like the:: most significant thing (0.4) not (0.7) like a (0.5) con:crete (0.3) like a
Mel =Just say what comes to mind (0.5) honestly (0.5) yeah
(0.3) I mean um: (0.5) I’ll usually- (.) if there-s (.) i- if it’s-
if it’s sort of like vague or (0.4) t! (0.7) um (0.8) o- or if
I’m not clear if it qualifies for what the test is looking for
(.) I usually ask
Tom mm
Mel to follow up (. ) so
Tom Okay
Mel Um (0.4) So (0.4) In what way are a heart and a liver (0.4)
alike (0.6) what do they have in com[mon
Tom [They’re both body
parts (0.7) they’re (0.5) um (0.4) both found in humans
(0.4) they’re (2.2) internal organs
(6.2)
Tom Regulatory systems
Mel Hhh In what way are a house (0.9) and a hotel (0.5) alike
Tom (1.1) t! (.) uh for the most part they’re both pieces of
architecture (0.4) they’re both (0.3) shelter f:or (0.7) a
people (0.8) either fixed or travelling
(9.6)
Tom Hotels could be described a house for travelers
(9.0)
Mel In what way are a do::ctor (0.3) and a lawyer (0.5) alike
Tom (1.5) They’re both (. ) they’re both (0.6) pro::fessions that
are associated with (0.6) m:erit (1.1) or accomplishment
(0.8) rank or role (0.5) and require education
(3.0)
Tom Um (0.6) t! in many instances (2.5) they’re (. ) they are
wealthy (1.0) but not necessarily
(3.6)
Tom (They’re reviewed on Yelp )
Mel Yelp?
(2.9)
Tom Supposed to be (0.4) yeah
Mel Oh ye::ah (0.3) I’m beginning to uh (0.3) what (. ) they had
doctors and lawyers?
Tom o°yeah°
(3.5)
Mel Let’s see (0.4) In what way are an egg and a seed (0.4)
alike?
Tom (2.2) They’re both (0.9) the y:oung stages of a (0.8) living
creature
(4.7)
Tom (And they both have sexual connotations)
Mel Huh huh huh
Mel In what way are sounds and oceans alike?
Tom They’re both natural phenomena? They’re both <organized> by complex systems, one by humans the other like a variety of geological and ecological effects. They both can be described in terms of waves.
Mel In what way are news and a documentary alike?
Tom Innumerable ways, but essentially they’re both narrative works about the world and constructs of people.
Mel Both authored by people, both can be described in (inaudible) terms.
Mel In what way are a paperweight and a fence alike?
Tom They’re both human-made structures, they’re both used to constrain motion, one constrains motion of paper and the other is designed to restrict motion of creatures in most cases.
Mel In what way are desire and anticipation alike?
Tom Both are prospective, they look to the future, one speaks to an object of longing and the other to anticipation independent of longing.
Mel So I know the weird thing about these is that you know I’m asking you how two words are alike as you think about them, one way to think about a way they are alike is to try to think about how they are distinct or something especially if you are coming from
Tom mhm
Mel A: uh you know literary background
Tom yeah
Mel (0.8) but um (0.8) just try to think about what they have in common (0.6) I guess too (0.3) which you’ve been doing.
Tom okay
Mel Yeah (0.4) Um: In what way are forgetting and remembering alike
Tom: They’re both concepts of memory, they’re cognitive in nature. They describe ability to recall information or whether of other people or of abstract concepts in or out of a system.

Mel: So they’re both like you said they are both refer to ability of a system to recall information how do you say more?

Tom: Sure so to be remembered by a system is to be retained over time forgotten is to be lost from that system or cognitive structure but also it speaks to like remembering and forgetting are also structured within a um <ne:tworks> like uh describing networks of any sort from humans (0.4) to computer programming (0.8) to: biological organisms.

Mel: In what ways are <all: and nothing alike>?

Tom: They both describe um <the extent to which something exists> whether it the extent to which something exists or positively or negatively

Mel: In what ways are control and freedom alike?

Tom: They’re both relations of between people They both speak of a degree of bonding either neutral or positive um neutral or positive in most cases that involve an impetus act to either assist or to ignore

Mel: In what ways are control and freedom alike?
Tom (2.3) t! Th- they speak to (0.3) they both speak to:

permission (0.7) and whether or not (0.7) um (1.6)
something is being (0.5) um (2.2) um (0.7) enabled (0.6) or
(0.8) disabled (1.6) a (1.3) um (6.2) restrict (0.5) they’re
not exactly opposites in that (0.7) um control (1.1) can be
(.) can be con- (. ) can be used to mean constra:in (1.5) um
(1.6) whereas freedom is somewhat (1.0) um (1.3) more
expansive

(5.4)

Mel t! Okay (0.5) moving on

(6.3)

Mel t! so now I’m gonna say some numbers (0.6) listen
carefully (1.0) I can only say them <o:ne time> (0.9) When
I’m through (0.4) I want you to say them back to me (0.4)
in the same order (0.7) just say what I say (1.3) so: (0.7) t!
(0.7) um: does that make sense?

Mel ( (nods slowly))

Mel >You’re just gonna repeat the numbers I say< (0.5) like just
as I say it (0.5) >after I say it<

Tom Each- after individually or after you say em’ all?

Mel =Just like a set (. ) y’know

Mel Um (1.9) <I should look that up there> (1.0) um: okay (0.5)
t! eight (0.4) two

Tom (1.1) Eight (0.4) two

(1.0)

Mel One (0.6) nine

Tom (1.3) One (0.5) nine

(2.0)

Mel Four (0.8) six (0.8) four

Tom (1.6) Four six (0.5) four

(1.2)

Mel Nine (0.8) two (0.6) eight

Tom (1.2) Nine (. ) two (. ) eight

(1.5)

Mel Hh Two (0.8) six (0.9) five (0.7) seven

Tom (1.4) t! two (. ) six (. ) five (. ) seven

(0.8)

Mel Nine (0.8) six (0.8) seven (0.8) one

Tom (0.9) Nine (. ) six (0.5) seven one

(2.6)

Mel Five (0.9) four (0.8) nine (0.9) four (0.8) two

Tom (1.2) Five four (0.7) nine (. ) four: two

(1.6)

Mel Nine (0.8) nine (1.0) one (1.0) six (1.0) three

Tom (1.7) Nine (. ) nine (0.5) one (. ) six (. ) three
Mel: Two (1.0) eight (0.9) eight (0.9) four (1.1) seven (0.8) one
Tom: (3.1) Two eight (1.5) eight seven (0.6) six one
Mel: (2.2)
Tom: Two (0.9) nine (1.0) three (0.9) four (0.8) six (0.8) seven
Mel: (1.5) Two nine (0.6) three four (0.7) six seven
Tom: (2.5)
Mel: Four (0.9) seven (0.8) one (1.1) nine (1.2) eight (0.9) two
Tom: (2.2) Four seven (1.1) eight nine (1.5) two one six
Mel: (1.3)
Tom: Five (0.9) eight (1.1) one: (0.8) three (1.0) seven (1.1) one
Tom: (0.9) nine
Mel: (1.9) Five (0.6) ei:ght (0.8) four (.) three (0.6) six one nine
Tom: (2.3)
Mel: So now ↑this time (0.7) um (0.4) I’m gonna say some more
numbers (0.5) but when I when I stop (0.5) I want you to
say the numbers backward (1.0) hhhh so if I said fo:ur (.)
seven (0.6) what would you say?
Tom: (1.1) Seven four
Mel =yup (0.7) okay (0.9) t! that’s ↑right (0.8) t! let’s: do::
<another one> (0.8) >let’s do another< (.) so (.) three (0.5)
six
Tom: (1.6) Six (.) three
Mel: =mkayoo
Tom: (5.5)
Mel: t! (2.0) Two: (0.5) eight
Tom: (1.5) Eight (.) two
Tom: (1.6)
Mel: Five (0.9) Four
Tom: (2.4) Four (0.4) five
Tom: (3.2)
Mel: Five (0.6) eight
Tom: (3.2) Eight (0.9) five
Tom: (1.6)
Mel: Seven (0.7) two
Tom: (1.4) Two (0.4) seven
Tom: (1.8)
Mel: Seven (0.8) four (0.9) eight
Tom: (3.0) um (1.0) Eight (.) four (.) seven
Tom: (2.8)
Mel: Four (0.6) eight (0.8) six
Tom: (3.2) Six (.) eight (.) four
Tom: (3.0)
Mel: Seven (0.8) nine (0.8) seven (0.9) One
Tom: (3.4) Um (1.5) one (.) nine (1.8) seven (.) f- (1.3) six
Mel: Eight (1.0) four (0.8) two (0.9) three
Tom: (3.0) Three (0.5) two (0.4) four eight
Mel: Eight (0.9) five (1.0) three (0.9) three (0.9) six
Tom: (1.6) t! Six th:ree (1.3) th:ree (1.0) fi:ve (4.4) (ahs) eight
Mel: t! hhh Seven (1.0) one (1.1) one (1.2) seven (0.9) nine
Tom: (6.5) Um (0.8) nine seven (1.7) mm (2.4) two seven
Mel: S’alright
Tom: °°That was incorrect°°
Mel: Nine (1.0) two (0.8) eight (0.9) four (1.0) nine (0.9) nine
Tom: (2.7) Nine (0.5) nine (2.4) .hhh (1.4) six (.) four (.) eight
Mel: Nine (0.8) two (1.0) eight (1.0) four (1.3) n:ine (0.7) nine
Tom: (1.5) Nine (1.9) nine (0.9) four (.) nine (1.1) nine (0.4) five
Mel: Seven (0.8) two (1.0) four (1.0) eight (1.3) f:ive (0.7) six
Tom: (1.5) six (1.9) five (0.9) eight (. ) seven (1.1) three (0.4)
Mel: okay
Tom: (1.8) one seven
Mel: Five (0.6) three
883  Tom  (1.0) Three five
884
885  Mel  Five (0.9) one (0.7) nine
886  Tom  (2.0) one five nine
887
888  Mel  Four (0.9) six (0.8) four
889  Tom  (1.4) Four (...) four (...) six
890
891  Mel  Nine (0.7) six (1.0) zero (1.0) two
892  Tom  (1.9) Zero (...) two (0.9) six (...) nine
893
894  Mel  Four (1.0) nine (0.9) seven (0.8) one
895  Tom  (3.2) one four seven nine
896
897  Mel  Zero: (1.0) five (1.0) seven (1.0) one (0.8) four
898  Tom  (2.8) um (0.7) zero four (2.4) >seven eight nine<
899
900  Mel  One (0.9) nine (0.9) one (1.0) eight (0.9) seven
901  Tom  (2.6) One one seven eight nine
902
903  Mel  Two (0.9) two (1.0) eight (0.9) zero (1.0) five (1.0) six
904  Tom  (1.8) t! (1.1) um (3.5) uh (...) zero (1.7) two (0.5) two five
905
906  (0.9) six eight
907
908  Mel  Three (0.9) seven (0.9) three (0.8) eight (1.0) four (0.9)
909
910  Tom  (1.5) zero three (1.3) three four (1.2) um (1.4) seven eight
911
912  Mel  Nine (0.9) six (0.8) five (0.9) zero (0.8) nine (0.8) eight
913
914  Tom  (1.4) Zero one (0.8) five six (2.1) um (0.8) eight nine nine
915
916  Mel  Three (1.0) nine (1.0) nine (1.1) seven (1.1) one (1.0) zero
917
918  Tom  (3.8) zero one (1.8) three seven (2.1) I don’t know
919
920  Mel  You can guess
921
922  Tom  Um (2.8) uh (0.8) >eight eight nine<
923
924  Mel  Five (0.9) six (0.9) two (0.8) four (1.0) two (0.9) two (0.9)
925
926  six (0.8) four
927
928  Tom  (3.4) Two two: (2.6) two (1.8) four four four (2.5) six
929
930  seven?
931
932  Mel  One (1.0) four (1.0) six (1.0) eight (1.0) six (1.0) seven
933
934  (1.0) one (0.9) nine
Mel

(2.3)
Mel

°Okay°

(6.9 – Mel is manipulating the record sheet)
Mel

°Alright°

(34.1)
Mel

Δ Look at this picture (1.4) t! (1.1) you will choose which one of the:se^ (1.5) goes here^
Tom

↑Okay

(1.3)
Mel

The right answer will always- (0.8) will (0.3) the right answer will work (0.4) going a:cross^ (1.1) and going down^ (0.9) You should only look across and down to find the answer (0.5) do not look diagonally (1.4) which one here^ (1.2) t! um (0.4) goes here^
Tom

Five

(3.8)
Mel

What’d I just do with my pen? ((looks around the table))
Mel

Ah! ((Finds the pen))
Mel

That’s right (2.0) When you go across the top row (1.0) the orange square changes to a blue triangle (1.2) this means that when you go across the bottom row (1.6) the orange square should change to a blue triangle too (2.7) t! (0.9) When you go down the first column (0.5) the boxes have the same shape (0.4) and the same color (0.6) orange squares (0.8) this means that when you go down the second column (0.8) the boxes should have the same shape (0.5) and the same color (1.2) blue triangles (1.1) t! (0.6) you get the same answer going across (0.4) and going down (2.5) t!
(0.7) We’ll do another
(3.6)
Tom Are they- are they trying to describe horizontal and vertical symmetry here or something (0.4) or are they (0.6) like
Mel (◦ ◦ I dunno ◦ ◦)
Tom I’m sorry?
Mel I don’t know (0.4) I mean um: (1.5)
Tom It- it’s fine
Mel Yeah (0.4) okay
Tom Yeah
Mel Um (.) >It’s a good question though< (.) um: (0.4) so: (3.5)
Δ this is another kind of problem (0.7) the boxes are in
order going across
Tom Mhm
Mel (2.0) Like as in (0.3) y’know yo- your left to right (0.9) the
right answer will always follow the order you see the other-
the other (0.4) ’scuse me the right answer will (.) follow (.)
the (.) order you see across the other boxes (0.8) which one
he:re^ goes here^?
Tom (1.0) Four
Mel ◦◦That’s correct◦◦
(1.3)
Mel t! That’s right (0.4) when you look across the boxes you see
that they go: in this order (0.9) square circle (0.8) square
circle (0.6) square (1.2) the circle (0.6) goes here^ (2.2)
because it would go next (2.6) so we’ll be starting o::n (.)
num:ber four
Mel (12.3)
Tom (1.4) Mkay (0.6) um (6.5) t! five
Mel Δ Which one here^ (0.4) goes here^
Tom ◦◦five◦◦
(10.4)
Mel Δ
Tom ◦◦three◦◦
(4.4)
Mel Δ
Tom (3.5) ◦◦two◦◦
(4.4)
Mel Δ
Tom (8.7) ◦◦So (0.4) I’m sorry (0.3) (what does (0.4) that end up
being?)◦◦
Mel =Oh sorry um (1.4) so (0.4) yeah which o:ne (0.6) he:re^
goes there^
Tom (1.4) Mkay (0.6) um (6.5) t! five
Mel (3.1)
Mel A:nd um: (1.2) u: if it- if its- if its taking like (0.5) longer
on these problems you (0.6) you just (go) ((moves clock on
the table))
Tom mhm
Does that affect the score?

No but it just means if you guess at that point

Δ So ya don’t have to worry bout that

Δ Um one

Δ two

Δ Yeah seriously you can take your time unless I say

Δ Alright

Δ Or prompt you for an answer yeah cause some of these you’re really gonna have to think through

Δ Five

(0.9)

Δ Two kay

That’s not it but I don’t [I don’t- I don’t-]

Δ guessing is okay

Δ one
Mel \(\Delta\)

1063 Tom (17.2) °four°
1064 (3.1)

1065 Mel \(\Delta\)
1066 Tom (7.3) °one°
1067 (3.6)

1068 Mel \(\Delta\)
1069 Tom (37.1) u:m (2.2) four
1070 (5.3)

1071 Mel \(\Delta\)
1072 Tom (48.9) °three°
1073 (3.8)

1074 Mel \(\Delta\)
1075 Tom (46.7) °three°
1076 (7.1)

1077 Mel \(\Delta\)
1078 Tom (17.9) °three°
1079 (4.6)

1080 Mel \(\Delta\)
1081 Tom (45.2) °three°
1082 (5.2)

1083 Mel \(\Delta\)
1084 Tom (16.6) °five°
1085 (5.4)

1086 Mel \(\Delta\)
1087 Tom (49.6) °one°
1088 (7.8)

1089 Mel \(\Delta\)
1090 Tom (51.7) t! (15.7)
1091 Mel °Take a [guess°
1092 Tom [Th- two ((holds up two fingers))
1093 Mel °two°
1094 (3.8)

1095 Mel \(\Delta\)
1096 Tom (52.1)
1097 Mel °Take a guess°
1098 Tom (1.2) t! °It would be (0.4) um (1.9) four°
1099 (4.4)

1100 Tom °Ugh°
1101 (2.0)

1102 Mel Do you wanna change your answer?
1103 Tom Hhhh uh (0.4) yeah (.) I wanna change it to one
1104 (8.8)

1105 Mel (S’all) for that
1106 (5.1 – Mel mumbles to himself)
1107 Mel How ya feelin’?
Tom (1.3) incredibly anxious
1109 Mel Really?
1110 Tom Yeah (. ) this is very stressful for me
1111 Mel It is? Do you wanna take a break?
1112 Tom Um: (0.4) yeah (0.3) like (thirty seconds or something)
1113 Mel ↑Yeah (0.3) ↑sure (0.3) I mean (. ) you wanna get some
water or somethin’ like that?
1115 Tom Yeah
1116 Mel Yeah (. ) go for it (. ) I’ll do the same
(6.1 – Mel and Tom walk out of the room)
1118 Mel I’m just gonna make sure (0.4) we could go over (0.7) uh
( . ) if you can’t stay that’s fine (inaudible – both participants
walked away from microphone)
1121 (177.7)
1122 Mel They are stressful
1123 Tom =Yeah
1124 (2.8)
1125 Mel Well (0.9) You’re almost half-way through
1126 Tom Kay
(41.5 – Mel arranges materials for next subtest)
1128 Mel “alright” (1.1) t! what (1.0) i::s?
1129 (11.0 – Mel continues arranging subtest materials)
1130 Mel (mumbles inaudibly to himself)
1131 (14.3 – Mel continues arranging materials)
1132 Mel Kay (1.0) Δ t! I am go:ing to:: (0.4) >say some words<
1133 (1.3) t! [and
1134 Tom [Haven’t you been?
1135 Mel Huh huh huh (. ) pretty much ye(h)ah huh (1.0) yeah we’re
never £outside of language£ (0.6) um: (1.1) listen carefully
and tell me what each word means (0.8) just in a- in a
general (. ) y’know (. ) sort of sense (0.4) and I- I- I’ll
prompt it’s- (need more for) the answer (1.1)hh u:m t! so:
( . ) banana
1141 Tom Banana is a (1.2) fruit
1142 Mel =great
1143 (3.2)
1144 Tom (Originally from) Southeast Asia?
1145 Mel Really?
1146 Tom Mhm (. ) It used to be more like (a seed pod (0.5) somethin’
like that) (0.7) changes over the centuries)
1148 Mel =wait in As- Southeast Asia?
1149 Tom Yeah (. ) absolutely
1150 (1.9)
1151 Mel Hhh um (0.7) shield^-
1152 Tom (2.0) It’s a piece of armor that goes over the hands (0.8) it
is solid and durable
Mel: Uh (.) Sunrise

Tom: (1.4) Start of the daytime

Mel: Kay

Mel: Inquisitive

Tom: (1.1) t! uh (0.4) to have an curious nature (0.4) to have

questions about (1.1) um (.) other matters

Tom: (8.2) ∆

Mel: Resemble

Tom: (0.8) um (0.7) the word f:or (looking quite similar) (1.7) to

appear like one another

Mel: To an extent (0.9) to (3.9) to be comparable

Tom: (2.8)

Mel: Digest

Tom: (1.1) It’s to (0.9) to e:at (0.5) to...

bring something into oneself (2.5) um (.) often for sustenance

Mel: t! (0.5) Elevate hhh

Tom: (0.9) to lift something (0.9) elevate (1.0) can mean both to

(1.0) to: (1.3) promote (.) >as well as to< promote as well

as to (1.0) um (0.6) increase amplitude (.) intensity (.) or (.)

position

Mel: True

Mel: Embalm

Tom: (1.3) preserve from decay (1.5) um (5.9) uh (.) ◦I could

keep going◦

Mel: Okay (.) no that’s good

Mel: Contemplate

Tom: (0.9) uh (.) ta think (2.0) uh (.) to think deeply

Mel: t!

Mel: Repugnant

Tom: (1.1) um (0.8) demonstrating or ha:ving (0.4) off†ensive

qualities (0.9) off-putting to: (0.7) majority of people

(2.7)
Tom Uh (2.0) I wanna say (.6) like (0.6) a combination of repulsiveness and moral failing
(1.5)
1202 Mel t! uh (.8) Divulge
1203 Tom (1.1) (1.6) entrust a:th a:nd
1204 information (.8) in someone (0.9) t- (0.4) to share (.6) to
1205 share privately (6.3) (tend to divulge information to
1206 someone you like (1.7) trust in them)
1207
1208 (4.1)
1209 Mel t! (0.3) Penitence
1210 Tom (1.1) um (2.3) action indicating (1.1) feelings of (.8) regret
1211 and sadness
1212 (12.8)
1213 Mel t! u- uh (.9) Bequeath
1214 Tom (1.2) (0.8) pass along to another (0.7) um (0.7) usually
1215 in a will (0.7) often one’s possessions (2.0) or wealth
1216 (17.5)
1217 Mel t! Methodical
1218 Tom (1.0) uh (.9) carefully or intentionally? (2.7) um (1.6) car-
1219 carrying out uh (a course of action)
1220 (11.3) Δ
1221 Mel Conceive
1222 Tom (0.7) to make (1.0) to:: (1.8) to: (3.0) to create
1223 (1.7)
1224 Tom Do I have to go on?
1225 Mel =Yeah (.8) keep goin’
1226 Tom Kay (0.5) t-(0.9) to not only m- make something (0.8) but
1227 to be its source (0.5) to (0.8) um (2.2) you can both (0.7) uh
1228 (.8) conceive ideas (0.8) and (physical goods) (1.3) root from
1229 (1.6) from uh (0.4) same as conception (1.7) um (3.0)
1230 Generally (0.4) used to discuss sexual reproduction (1.0) as
1231 well as (0.9) um (2.6)
1232 Mel That’s good
1233 Tom =>The generation< of life more broadly (.8) yeah
1234 (1.2)
1235 Mel Uh (.8) Disregard
1236 Tom (2.5) hh hh u::h (1.5) uh p- p- paying no attention to (2.7)
1237 um (0.5) often (1.3) um (0.5) a person (0.5) it’s uh (5.5) t!
1238 often inadvertent (2.3) I suppose it’s some- sometimes-
1239 something (willful) (5.6) [(inaudible)]
1240 Mel [Su]re
1241 Tom [Nevermind] (2.0)
1242 Mel How ‘bout tac:tile?
1243 Tom (0.8) uh (0.8) that which can be: (0.7) be felt (1.1) s’often s-
1244 s-something that’s (.8) um (1.2) material
1245
1246 Mel
Tom (1.1) Um (0.6) it w- comes from to: uh (0.5) to stand (0.5) but basically it’s the concept of the continued existence of different systems (1.2) endurance in the face of uh (0.9) environmental pressures (3.3)
Tom But (1.7) in its truest sense uh (1.9) given (0.6) uh (.) not only (1.1) the physical sense of (0.7) existence over time (0.4) but also (1.0) kinda (0.4) the humanistic idea of universality (0.6) (inaudible)
Tom (12.5)

Tom °°Should I go on?°°
Mel ⇒No that’s good◦
Mel t! uh (0.2) heterogenous
Tom (1.1) um (1.7) uh (0.4) having many types (0.7) have- uh (0.5) demonstrating a variety of (0.8) features or (1.3) constituent parts
Mel (1.6)
Mel Forbearance
Tom (1.3) uh (0.6) con:trl (0.6) as well as restraint (1.5) um (2.8) s- (1.0) feelings of tolerance (or patience) or (0.7) um it implies (strength)
Mel (9.1)
Mel hh t! Somnolence
Tom (2.5) In- Indicating a (1.0) sleepiness (1.0) or prolonged sleep (0.8) um (0.9) im- imply::ing (1.1) the drowsiness fatigue or weariness (2.6) or sleepiness in general (1.0) (°you have°) (0.5) somnolence as a symptom of illness or intoxication

Tom °°Should I give you more?°°
Mel (2.3) that’s good
Mel Um: Vexation
Tom (0.8) It means t- to be worried (0.8) to:: (1.0) to be concerned about something (1.3) it’s like somebody can be vexed (0.8) (inaudible)
Tom (2.1)
Mel °Turn to the next page◦
Mel (0.5)
Mel Um: impudent
Tom (0.3) uh (2.0) demonstrating (1.1) boldness (0.7) um (0.7) similar to impudence (0.8) i- it’s (1.1) um (2.0) a sense of fearsome willingness to conduct action
"You said bold and?"

C- commonly used by conservatives to talk about the President.

Hhh I hear that.

Poor guy.

Well: it’s an appropriate segue to harangue um:

Um an extended often monologue on a subject of: derision contempt or: a negative assessment.

Often one it implies not only select severity in extent of the what is being said but also implicitly ignoring or um alternative viewpoints with a certain narrowness of perspective implied there (as well)

Utilitarian exhibiting or having a: a practical approaches to matters with a focus on processes of action and the successful accomplishment of designated goals.

†Kay and uh let’s see: enculturate

Can you spell that for me <or is it> on the sheet

You’re right

Biologists enculturate bacteria and other organisms in their labs
Mel is reading test instructions

Mel (mumbles inaudibly to himself)

Mel is reading test instructions

Mel! Now I’m going to read you some problems (0.7) listen carefully (1.1) “y’know” uh: you can only ask me to read each problem <one more time>

Mel (inaudible)

Mel: Hernando has six cupcakes (0.9) he eats one (0.7) how many cupcakes does he have left?

Mel! one

Mel: That’s right (1.1) let’s try some more (0.5) remember you can ask me to re-read each problem (0.6) <one more time>

Tom (1.3) t! one

Mel: There are for some of these (0.7) um

Tom: Can I have (0.3) pen and paper to work with?

Mel (1.3) uh (0.5) that’s a good question (0.4) I don’t (0.4) think so (0.9) um “lemme look and see here”

(11.6 – Mel consults test protocol) + (2.2)

Mel: No

Tom: And there will be no visual (0.6) presentation?

Mel: There are for some of these (0.7) um

Tom: Can I have (0.3) pen and paper to work with?

Mel (1.3) uh (0.5) that’s a good question (0.4) I don’t (0.4) think so (0.9) um “lemme look and see here”

(11.6 – Mel consults test protocol) + (2.2)

Mel: No

(14.4)

Tom: Is there a time limit (on them)?

Mel: I dun- ye:ah no: (1.0) I mean (0.6) um (.) actually (0.5) lemme take that back (1.0) um (0.7) t! (1.3) after these first two: (.) let’s see (.) yeah (.) I give you thirty seconds (.) that’s right

(1.1)

Tom: okay

Mel: So (0.4) an- and you don’t do better if you say it faster (.) (so you can take the full thirty seconds)

Tom: Okay

(2.6)

Mel: So: .hhh

(5.1)

Mel: t! (0.6) Jake has one mug (0.9) he buys four more (1.2) how many mugs does he have altogether

(2.0)

Mel: Scott has nine pens (0.9) he loses three (1.1) how many pens does Scott have left?
Tom: He has six pens left

Mel: Bill has five employees and thirty pieces of work if each employee gets an equal amount of work how many pieces of work should each employee get?

Tom: What are the quality of the employees and of the work six pieces of work

Mel: Six pieces of work

Tom: I’m sorry uh

Mel: That’s alright

Tom: I’m terribly (beat)

Mel: Sue has thirty-five dollars Rob has sixteen dollars How many more dollars does Sue have?

Tom: Could you repeat the question please?

Mel: Sure

Mel: Sue has thirty-five dollars Rob has sixteen dollars How many more dollars does Sue have?

Tom: Nineteen

(I just got the-) the names ((waves finger in the air))

Mel: ah

Tom: (I thought- I thought it was makin’ something)

Mel: t! Jon has forty-eight fishing lures he sells half of them to a friend and buys nine more How many fishing lures does he have in the end

Tom: Uh: thirty three

Mel: t! (Juan has sixty-three tickets he gives seven people eight tickets each how many tickets does he have left?)

Tom: (0.9) Seven

Mel: There are twenty-five matches in each pack how many matches are in ten packs

Tom: (3.1) Two hundred and fifty

Mel: George gives seven people six coupons each he has six coupons left for tomorrow how many coupons did he have altogether
Tom: Could you repeat the question?
Mel: Mhm (1.3) hh George gives seven people (0.7) si:x coupons each (1.0) he has six coupons left for tomorrow (0.9) how many coupons did he ‘ave altogether (1.3) forty eight
Tom: (1.3) forty eight
Mel: t! (0.4) Dr. Ying sees twenty-eight patients a day (.) each day on Monday through Friday (0.8) she sees thirty patients on Saturday (1.0) how many patients does she see altogether (0.9) how many patients did she see altogether (8.3)
Tom: (6.5) a hundred an’ seventy
Mel: (5.9)
Tom: Um (0.3) is it expected that I speak- (0.6) that I not speak in the intervening time (0.5) times where I’ve been like silent (1.7)
Tom: Can I- Can I reason (0.5) [(for- (.) myself)] (0.7)
Mel: [Oh >yeah yeah< (.) go ahead (0.5) >yeah yeah< (0.4) yeah (0.4) just tell me your answer (0.6)
Tom: Okay
Mel: Beth needs to update the membership registry of a club (0.5) the club has <a hundred and thirteen members> (1.0) before Beth begins twenty seven more people join the club (1.1) Beth registers five members each minute (0.9) how many minutes until Beth finishes registering all the members (1.6) Can you repeat the question please?
Mel: Sure (0.7) Beth needs to update the membership registry of a club (0.5) The club has a hundred and thirteen members (1.1) Before Beth begins twenty seven more people join the club (1.0) Beth registers five members each minute (1.1) How many minutes until Beth finishes registering all the members (0.7) Twenty four
Mel: Charles can alter two suit jackets (0.6) in sixty-three minutes (1.1) How long does it take him to alter twelve suit jackets?
Tom: Um (0.4) ◦so sixty-three times six (0.4) three hundred and seventy eight◦ (0.8) hhh .hhhh a three hundred an’ seventy eight
(6.6)
Mel Jamal sells four-fifths the number of magazine subscriptions that Jim sold (1.1) Jamal sells four hundred subscriptions (1.0) How many does Jim sell (14.4)

Tom Can you repeat the question [please?]

Mel [Mhm (1.3) Jamal sells four-fifths the number of magazine subscriptions that Jim sold (1.0) Jamal sells four hundred subscriptions (0.9) How many does Jim sell (14.4)]

Tom (9.9) five hundred (6.5)

Mel Franz spoke with two hundred and twenty-eight clients in four weeks (0.9) if he spoke with an equal number of clients each week (0.5) how many clients did he speak with (0.6) each week

Tom (1.4) That’s two hundred and twenty-eight (.) divided by four (0.8) which means that um (0.6) he was (2.0) um (3.8) >could you repeat the question (.) I’m sorry<

Mel Mhm (1.1) hh Franz spoke with two hundred and twenty-eight clients in four weeks (0.9) if he spoke with an equal number of clients each week (0.5) how many clients did he speak with (0.6) each week

Tom (15.5) Um (1.2) I’m sorry (.) I’m (0.6) uh two hundred an’ twenty-eight (1.6) twenty-two (0.6) divided by four (1.7) is hh .hh fi:ve (0.9) to:: twenty-eight (0.6) is seven (0.3) so (.) fifty-seven (6.0)

Mel Chris has triple as many boxes as Jane (1.2) Chris has one hundred boxes (1.2) How many boxes does Jane have (2.6)

Tom Can you repeat it please?

Mel Mhm (0.5) Chris has triple as many boxes as Jane (0.9) Chris has one hundred boxes (1.0) How many boxes does Jane have?

Tom (2.1) Thirty-four (1.2)

Tom Uh (.) thirty-four and a half (.) pardon me (4.7)

Tom Wait (.) did you say a hundred? (0.9) Can I correct the answer (I just gave) or not (15.13)

Mel Uh (0.4) you can correct it if you want (15.14)

Tom Okay (0.4) so (0.6) um (1.1) a hundred divided by three is (0.7) um (1.1) t’! Thirty-two and a third (5.2)

Tom Thirty-three and a third (0.4) oh my god (0.5) thirty-three and a third is my final final final answer (15.19)
Mel: Alright, that's at ten thirty we'll give you that um

Tom: Okay

Mel: Um

(3.0)

Mel: Pam usually runs fifty laps around a track. She runs thirty percent fewer laps today. How many laps does she run today?

Tom: Can you repeat the question?

Mel: Pam usually runs fifty laps around a track. She runs thirty percent fewer laps today. How many laps does she run today?

Tom: Seven and a half

Mel: If eight machines can construct a complete car in four days, how many machines are needed to complete a car in half of a day?

Tom: Sixty-four

Mel: A farm produces thirty thousand bushels of corn in one year. The following year, their production increases five percent. The year after that production increased by another ten percent. How many bushels of corn are produced after both increases?

Tom: Can you repeat the question?

Mel: A farm produces thirty thousand bushels of corn in one year. The following year, their production increases five percent. The year after that production increased by another ten percent. How many bushels of corn are produced after both increases?

Tom: Um, thirty-thousand, eighty-thousand

Mel: Alright
(Let’s do something different) 
(12.7) 
Let’s see:: (1.4) (inaudible) 
(5.6 - Mel gets up and puts stop watch on neck) 
Feel like a track coach 
mm 
(50.3) 
Let’s see:: (1.4) (inaudible) 
(5.6 - Mel gets up and puts stop watch on neck) 
Feel like a track coach 
(0.5) okay (3.7) Look at these shapes (1.2) one of these 
shades here^ (0.6) is the same as the two shapes here^ (5.4) 
this shape^ (0.7) is the same as this shape (0.3) here^ (3.1) 
t! (0.6) so I draw a line through it (2.3 - draws a line on the 
shades sheet) just like that 
(3.0) 
Will there be one match (0.5) in each (.) in each row 
Mhm (1.1) uh (0.5) I think (0.3) um (0.9) >wait< (1.6) yeah 
(0.2) I think so (0.6) uh (1.5) look at the:se^ shapes (1.1) 
t! (1.3) this shape (2.5) Sorry (.) this is throwin’ me off’ 
(11.2 – Mel consults instructions) 
Okay (1.6) So this shape here^ (0.9) is the same as this one 
there^ (1.3) so I draw a line through it (1.6) so if you look 
at these right here^ (1.0) t! uh (0.6) none of these actually 
match what’s over here^ (0.8) so I draw a line through no 
(0.8) You just do the same old diagonal line in any 
direction you want 
Okay 
If you see a shape over here^ (0.9) t! (0.7) um that’s the 
same as one of the shapes over there^ (0.8) draw a line 
through the shape (0.4) If you do not see a shape over there 
(0.7) that’s the same as the one over there^ (0.8) draw a 
line through the no box 
Mkay 
(1.9) 
(0.7) let’s see:: (0.5) Now you go ahead and do those 
(1.8) (‘and just stop when you’re done’) 
(8.2) 
That’s right (0.5) >now ya know how to do ‘em< 
mm 
(8.9) 
Try to do ‘em in order (0.7) actually you have to do them in 
order 
Okay 
(1.7) 
So when I say go (0.5) do all these the same way (0.9) >I’ll 
just read the rest of the instructions aloud< 
Okay
Mel: um (0.4) before you go (0.9) We’ll put that up here ((moves response booklet))

Tom: So that’s where I’ll start

Mel: Yup

Tom: ah

Mel: Yup (0.4) I’ll tell you when to start

Tom: Okay

Mel: Um (1.2) when I say go (.) do these the same way (0.9) start there^ uh the top (0.4) yeah right up here (0.5) um (0.9) uh (0.4) go in order (.) and don’t skip any (0.7) work as fast as you can without making mistakes until I tell you to stop (0.7) when you finish the first page (.) go to the second page (.) and the following pages (.) are you ready?

Tom: Yes

Mel: Okay (0.4) go

Tom: ((turns to a new page in the response booklet))

Mel: mhm

Mel: stop

Tom: ((hands Mel a pencil))

Mel: Thanks

Mel: So there’s um (4.4) there’s like ten (1.0) like subtests (0.8) for this test

Tom: Okay

Mel: We’re doing the eighth one now (0.3) So (we’re nearing the end if you) (0.3) work on it

Tom: okay

Mel: Um (1.4) well over half way done (1.2) hang in there

Tom: mhm

Mel: I’m very curious about the scoring of that (.) just because I don’t – I don’t know if (I was) (0.8)

Mel: Oh (0.3) this right here^ Was appropriate or needs to (0.8) like di- di- did the test (0.7) terminate when I get one wrong (.) or does it (0.4) or is there a (0.8)

Mel: Um::

Tom: is there [a greater incentive for::?

Mel: [Hold on (1.0) lemme look (0.5) see what it is: (0.7) so um: (1.2) you get a hundred and twenty seconds

Tom: mhm
A::nd um (1.0) like (0.5) I subtract the number incorrect
(0.5) once I use the key (0.6) I mean (. ) to find the number correct

Tom Oh .hhh

Mel and that gives you the total number correct (0.8) within that
amount of time

Tom Is that something that can be told somebody in advance

Mel (1.2) um (0.4) ↑I don’t think so (0.7)

Tom Okay

Mel um (0.5) I’m just tellin’ you how we- how we score it (0.6)
um (0.6) but usually the way (. ) I mean hhh

Tom That would like (. ) cha::nge my strategy

Mel Oh really?

Tom If I knew that because- (. ) because like you said (0.3)
proceed without (0.9) making any errors

Mel Uh huh

Tom To me that meant (0.6) like to no:t (1.0) maybe (. ) like
making an error would be: (1.1) more detrimental (0.5)
than like (0.8) tha::n (1.0) making an error and proceeding
to- (0.5) like do more than that

Mel Yeah (0.4) that would have changed things I guess

Tom Yeah

Mel Um (0.7) t! (3.0) that’s interesting (0.4) I wonder why:
(0.7) they wouldn’t include that in directions (0.7) um (0.9)
so the way these manuals are set up for these Wechsler
tests (0.4) they have every:thing (0.6) that they want you to
read aloud (0.7) [(essentially it’s all)

Tom Yeah

Mel So (0.9) um

(1.6)

Tom But that >cou- th- th- I-< I- think there’s a range for like
(0.5) cultures and (different presentations) and like

Mel Sure

Tom I took a more conservative approach

Mel ↑Ye::ah (. ) that’s actually a good way to think about it (0.4)
um (1.6) t!

(1.0)

Tom Like i- if it was a um (2.4) if you were talking to someone
who was raised to like (0.9) <make fewer errors?> (. ) >as
o- opposed to< (. ) b- b- basically risk averse (0.3) as
opposed to (1.5)

Mel Do you feel that’s how you did it?

Tom >Yeah I di- I- made a- I did< like a highly risk averse (2.4)
selection (0.4) if I had (0.5) you had told me like (1.6) the
cost for: (1.6) an error (0.6) was simply equal to that of: (1.2) a correct answer

Tom i- if i- if it’s a real one for one
Mel Yeah
Tom Then I’d have a strong incentive to move like (1.7) much faster
Mel Yeah
Tom And then (0.4) um (1.8) y- y’know either skip past or just move quickly and accept errors in order to get to ones that are easier
Mel Hhhhhhh Ye::ah (0.5) no man I wonder if that’s factored into the way they designed it (0.4)
Tom (I dunno)
Mel I mean (. ) i- it does make a difference
Tom Mm
Mel Um (0.4) that’s for sure (0.7) Um (1.9) so:: (0.5) "let’s see" (7.8)
Tom alright
Mel t! I’m going to choose three of these^ pieces (1.5) um (0.5) that go together (0.5) to make (0.7) this^ puzzle (1.9) The three pieces should fit next to each other and not on top of each other
Tom kay
Mel After I look at all the pieces (0.5) I choose these three pieces (4.3 - points to the stimulus) t! If I put them together in my mind (0.6) they would make the puzzle (1.3) like that (1.1) even though I could put these two pieces together to <lo- li- (.) uh> (0.6) even though I could put these- these two pieces together [to look like the puzzle
Tom [mhm
Mel I would not choose them cause I have to make the puzzle from th:ree: pieces
Tom Yeah
Mel Even though I could put these three pieces together to make the- uh (0.9) to look like the puzzle (0.7) like say °one three five°
Tom mhm
Mel Um (1.1) t! I would not choose them because I would have to put this piece^
Tom mhm
Mel two (0.9) hh on top (0.4) o:f this piece (0.8) three (0.8) and put both- put both pieces on top of this piece (0.8) °should be f:i:ve° (1.2) um (0.8) t! I cannot stack the pieces to make them look like the puzzle (1.6) these three pieces (2.8 –
points to the stimulus) hhh are the only ones that fit next to each other to look the puzzle (4.9)

Mel No::w you try one (1.5) you may have to turn a piece in your mind to make it fit (1.0) which of these three pieces (2.8^) go together to make that puzzle

Tom (1.0) one two and four

Mel That’s right (0.6) so if you put these three pieces together (0.7) they’ll make this puzzle (1.1) you had to turn this one (1.2) t! um: (0.4) to make it fit (1.2) let’s try some more

Mel (2.7) ©moving forward ©

(16.3 – Mel manipulates the test materials)

Mel t! (0.8) A::nd (0.7) let’s see >I should let you know you have< uh (1.4) twenty seconds total (0.8) um and I- I’ll ask after about ten

Tom Kay

Mel So this one moves a little faster than the other visual one (.) did (15.2 – Mel reading manual and manipulating stimulus book)

Mel Δ Okay (0.5) go ahead

Tom (2.6) I say five two and three (1.9)

Tom Does it matter what order I say them in?

Mel Um:: (.) no

Tom Okay (9.9)

Mel Δ

Tom (5.1) it’s uh (. ) four six and two (5.6)

Mel Δ

Tom (7.5) uh (. ) two: (. ) five (0.7) and three (7.6)

Mel Δ

Tom (12.5)

Mel Do ya have an answer?

Tom Um (1.1)t! one (. ) three (. ) and four .

. Short lapse in recording .

Mel Thirty seconds (2.3)

Mel Δ

Tom (13.9) uh two (0.4) three and six (8.1)

Mel Δ
1794  Tom  (5.9) five two and three
1795  
1796  Mel  Δ
1797  Tom  (9.1) uh four two n’ six?
1798  (5.9)
1799  Mel  Δ
1800  Tom  (16.7) <one four and three>
1801  (7.3)
1802  Mel  Δ
1803  Tom  (9.7) uh five three an’ one
1804  (6.4)
1805  Mel  Δ
1806  Tom  (21.9) five (.3) three (.5) and six
1807  (5.4)
1808  Mel  Δ
1809  Tom  (32.3) uh two five an’ four
1810  (7.7)
1811  Mel  Δ
1812  Tom  (12.4) three two an’ six
1813  (8.1)
1814  Mel  Δ
1815  Tom  (23.0) two five an’ six
1816  (7.4)
1817  Mel  Δ
1818  Tom  (23.2) uh (2.8) hhh .hhhhh (3.1) um (1.2) three four and
two
1819  
1820  (7.8)
1821  Mel  Δ
1822  Tom  (32.1) uh (0.7)
1823  Mel  Take a guess
1824  Tom  Um (1.2) one: six an’ four
1825  (5.2)
1826  Mel  Δ
1827  Tom  (21.6) two five an’ six
1828  (6.4)
1829  Mel  Δ
1830  Tom  (21.0) <four (.5) f:ive (.3) an’ one>
1831  (6.9)
1832  Mel  Δ
1833  Tom  (33.8) uh (0.6) two: (0.9) f:our (0.4) an’ three
1834  (4.9)
1835  Mel  Δ
1836  Tom  (30.3) um (1.0) two (0.6) s:ix (1.1) and (0.9) (°I think one°)
1837  (4.9)
1838  Mel  Δ
1839  Tom  t! (0.9) uh (.3) one four an’ two
(11.3)
Mel Δ
(10.5) uh: five four an’ three
(6.9)
Mel Δ
(12.5) one four an’ three
(5.3)
Tom okay ((closes test stimulus book))
Tom Oh (. ) uh I- (. ) nevermind (0.3) nevermind
Mel Do ya wanna change your answer?
Tom I- I- did (. ) if I have time
Mel Δ
Tom Um (0.7) so d- (0.4) three: f:our an’ two
Mel mm
(5.7)
Tom .hhhh (inaudible) that I’m out of time (. ) right?
Mel ((shakes head up and down))
Tom Yeah
Mel mm
(2.9)
Tom Don’t fret
Mel Is it really frustrating for you?
Tom Yeah (0.4) Y- I- I’ve struggled with this (. ) my (mumbles)
Mel With what?
Tom (0.6) Um (1.6) so I’ve been out of school for a very long
time (0.8) um (1.5) a:nd (1.1) spent (0.4) >the majority of
my childhood< (0.5) uh (0.7) >testing exceptionally well
on standardized tests<
Mel Mhm
Tom So (0.6) that’s like powerfully correlated with (1.7) my
sense of self-worth
Mel Hhhh well the truth is you don’t really know how you’re
doing right now anyway (0.4) but as long as you’re putting
in some effort you’re [doing fine
Tom [But I’m- I’m recalling errors (0.4)
Mel that’s the issue
Tom A:nd um (0.9) like I’m confident that I got some of my
answers wrong
Mel This is a different kind of standardized test
Tom =I mean (. ) like (. ) I understand that
Mel Yeah
Tom It’s just (. ) it’s an emotional response to something that I
rationally know is not (0.9) equivalent (1.7- shrugs) so
Mel [ah
Tom \[ (>\text{that's really what it is right now}<) \]

(22.5)

Mel t! (0.4) So I’m just gonna ask you some questions about basic information

Tom Sure

Mel Hhhh What’s a watch used for?

Tom To measure the passage of time

Mel How many hours are there in one day?

Tom (0.8) t! twenty four

Mel t! Who was Frederick Douglass?

Tom (0.9) He was an ab- a:bolitionist (1.3) um (0.5) highly influential

Mel kay

Tom (3.2)

Mel What is air made of?

Tom (1.6) um (1.8) oxygen and nitrogen

Mel (2.1)

Tom Who wrote Romeo and Juliet

Mel Huh huh huh huh

Tom [Consensus (0.5) consensus reality i::s (0.8) (Yes .) it was] William Shakespeare

Mel (8.1)

Tom Who may have been a woman?

Mel Huh huh

Tom [Yeah (. ) °yeah°]

Mel =So (0.9) what- what con- on what continent is Portugal?

Tom (1.2) t! (0.4) Europe

Mel (4.6)

Tom For now (0.9) Pangea (0.6) (things could change)

Mel Do you ever hear of u:h (. ) Charles C Mann (0.4) The guy who wrote- (. ) >he wrote a book called< fourteen ninety one (0.7) an’ fourteen ninety three (. ) [you mentioned the

Tom [I know about them]

Mel Mayan Calendar there was some appendix in there (. ) and I remember just trying to make sense of that
Yeah (. ) I read that- [(inaudible) 1932

[great stuff (0.3) huh? 1933

Awesome stuff 1934

Yeah 1935

(1.5) 1936

Uh (0.8) t! (0.6) who was Anne Boleyn? 1937

(1.1) um (1.3) powerful (0.8) leader in (. ) English: (0.5) 1938

politics (0.5) um (0.9) for her (0.5) marriage to Henry the 1939

Eighth and (0.4) she was executed for treason 1940

(3.9) 1941

Who was the president of the United States at the start of 1942

the Great Depression? 1943

(1.5) U:m (0.8) Herbert Hoover 1944

(3.5) 1945

FDR was alive at the start of the Great Depression and he 1946

eventually became a president 1947

You know (0.6) I gave this to a uh: Canadian once (0.5) um 1948

who was- (. ) y’know a native speaker of English (0.8) and 1949

uh: (1.2) he was just kind of like (1.6) I have no idea 1950

Right 1951

And I thought (0.4) >that’s a really stupid question< (0.4) I 1952

don’t know who the prime minister of Canada now 1953

Right 1954

I mean (1.2) >it was just< (0.4) y’know (0.5) um 1955

(ignorant) 1956

But these are (0.3) £There ya’ go£ huh (0.7) these are 1957

administrative (0.4) people in North America are (different 1958

things) all the time 1959

There’s some visual issues too (. ) like (. ) they assume (0.9) 1960

uh that you (0.5) your native reading (0.9) direction is left 1961

to right 1962

(0.9) 1963

mhm 1964

And that’s also like the logical (. ) [the way logical 1965

processes< go 1966

[hhhh 1967

but there’s tons of people (0.8) whose first language is (0.7) 1968

Japanese (. ) for example (. ) and the- they would like read 1969

right to left 1970

Yeah [or like 1971

[and that- that affects- 1972

Arabic (0.6) or [whatever 1973

[Exactly (0.4) [yeah 1974

[So (0.7) (good thing to 1975

know) 1976

(1.5) 1977
Mel: On what continent are the Andes Mountains?
Tom: (1.1) It’s in South America

Mel: What is the capital of England?
Tom: (1.2) Um (1.0) t! (1.3) London

Mel: Hh In what country was Hoplite Warfare invented?
Tom: (2.0) Well (0.5) it wasn’t a country (0.5) it was a federation of- (0.5) of Nation-States (0.4) but it was Greece

Mel: Huh huh huh none(h)the(h)less (. ) okay
Tom: I mean that- that- [that’s a bullshit question
Mel: [Yeah (1.0) it’s true

Tom: (inaudible)

Mel: Who’s name is usually associated with the theory of the Oedipus Complex?
Tom: (1.3) Sigmund Freud

Mel: Who was Cesar Chavez
Tom: (0.8) t! um (0.7) the (0.5) the amount of time a su-<substance> takes to: (0.6) >decay to half of its original value< (8.9)

Mel: What does the term <half-life> mean?
Tom: (1.8) t! um (0.7) the (0.5) the amount of time a su-

Mel: What religion has the most (0.5) followers
Tom: (6.5) That’s an (. ) excellent question (0.3) I don’t (12.2) >It depends on how you define follower I guess< but (0.9)

I’m gonna say (1.0) (for the sake of this) (2.6) but I think
that (0.8) by most conventional definitions of follower (0.5)
the Abrahamic religions

Mel Which one (.) is it?
Tom (1.9) I think (0.6) . hhhh (0.8) if you (0.5) like (2.7) >It’s
tricky (.) because like if you’re just assuming like< (0.5)
What we call a follower (0.9) is a follower (0.6) but if it’s
(0.4) um (2.5) but if it’s people who w- gre:w up
wor::shiping in a tradition (2.4) even if it’s just like a local
tradition (.) a na::tive (0.6) tradition (2.2) and (0.8) what we
call a follower (0.9) can’t really be understood between
(0.7) different (0.5) regional practitioners of these
Abrahamic religions

Mel (2.5)
Tom [Like like religion is like a glob[al concept
Mel [So you’re saying
Tom Sure (shrugs)
Mel =okay
Tom £Sure£
Mel Um w(h)here are the smallest bones in the human body
Tom (2.2) Um (2.3) Do they provide any clarification like (0.5)
um by mass (0.4) or by (1.1) [um
Mel [Nope
Tom (2.1)
Mel £That’s all I got£ (0.5) huh huh (0.4) Where are the
smallest bones in the human body
Tom (1.1) Um (2.4) th- the ear
Mel (2.0)
Tom Who was Ivan the Terrible?
Mel Who created (0.3) the character (.) Mickey mouse?
Tom (1.3) t! um (0.6) Walt Disney
Mel What element makes up most of the sun?
Tom (11.2) hhh .hhh (0.6) helium?
Mel Why do I think that?
Mel: Uh, who wrote The Idiot?
Tom: (1.8) uh (0.7) Dostoyevsky

Mel: t! (0.3) what’s the land area of the United States (0.4) at the present?
Tom: (4.1) Um (5.7) t! (0.6) a million and a half square miles

Tom: Why do I think that?

Mel: Alright (.) last part (0.5) um:

Th- That was by far the weirdest section
Mel: =I agree
Tom: Yeah
Mel: Um

Th- That was by far the weirdest section
Mel: Alright (.) last part (0.5)

Tom: Yeah
Mel: I think it’s just (0.6) I mean (0.6) because it’s normed
Tom: Yeah
Mel: So (0.5) um (0.5) if you have like four thousand other people
Tom: Yeah
Mel: Of the same age a:n-
Tom: Yeah
Mel: and demographic or something (0.6) (you get the idea)
Tom: mhm

Mel: t! (1.0) okay

Mel: So .hhhhhhhh um (0.4) look at these boxes (0.6) each box has a number (0.6) in the top part (0.4) and a special mark in the bottom part (0.9) Each number has its own mark (1.6) Do- Down there (0.7) the boxes have numbers
in the top parts (.) but are empty in the bottom parts (0.9)
you are to draw the marks that belong in the empty boxes
(1.2) like this (1.0) so:: a six (1.4 – writes in box) I go: like
that (1.0) for an eight (1.4 – writes in the box) like that
(1.0) a three (1.5 – writes in box) there you are (1.4) um
(0.5) there was a six (0.5) and it has this^ mark (0.4) so I
wrote that mark in the box like that (0.7) and so on (1.2)
um (0.6) no:w: yo:u do those (0.4) just the ones in the grey
box
Tom Mm
(0.7)
Mel Stop when you get to that line
{14.4}
Tom kay
(9.5)
Mel t! (0.5) ↑kay (0.6) um (0.5) when I say go (0.6) do the rest
of ‘em the same way (1.2) uh: course (0.4) start there^ (1.2)
t! go in order (1.1) £from left to right£
Tom Huh (0.5) huh huh
Mel £Down there (0.4) Yup£ (0.7) and don’t skip any (0.5)
work as fast as you can without making mistakes (0.9) until
I tell you to stop (1.5) a::n::d um: (0.9) you’re probably
wondering (2.6) (reads instructions and mumbles to
himself) ah- uh I- n- get a hundred an’ twenty seconds (0.8)
so two minutes
(1.3)
Tom A::lright
Mel Ready?
Tom Is there a second par- part?
Mel Uh: (0.4) flip it over but I’m pretty sure no
Tom (0.5 – flips page)
Mel No
Tom Okay
(1.8)
Mel Okay (0.6) uh: I’ll just starting timing once you (0.8) go
Tom Okay
{120.0}
Mel Stop
(2.1)
Tom Mm
(0.8)
Mel Okay (0.4) you’re done with the test (0.6) um: (0.8) a::nd
(1.1) I wish it were over (0.4) but (0.3) uh (0.3) we can
touch base to a point (0.3) but I mean (1.2) do ya have any
thoughts about (0.6) how it went (0.6) and what it was like
for you what you feel like were strengths and weaknesses

Tom (0.9) Of the test itself or or- (may I ask) (inaudible)

Mel [Ah (.) >just what it was like for< you to take it (.) your experience of it

() what you feel like ya did well on (.) what was frustrating

(0.7) um

(1.6)

Tom Well I feel confident on the vocabulary for sure (0.3)

(I’m not too- very worried about that) um (2.3) ↑um

(5.2) I would say that general understanding and

(knowledge of) facts section I don’t like that se-

(0.7) um (2.3) I think th- that’s very problematic to

no:rm: (2.5) even in a like a tremendously large
data set (1.7) um (0.5) for what is supposed to be a
generalized intelligence test

Mel Sure

Tom Um (.) .hhhhhh (0.8) ↑um (3.2) I guess my other

anxieties and concerns are related to like my- my-
personal (1.6) <in:volvement> in the idea of

performing well on tests (0.9) and (1.0) um (3.6) so it’s the

idea that (3.2) um (1.7) that there is a that- I walk

away with a real sense that it would be very possible to

train for this test (0.5) not like the specific

answers but the process of taking a test in a way

that would shift the: the re- results substantially

Mel t! Are you worried that you did bad?

Tom (1.2) Yeah (0.3) like I was worried about that before

(0.4) I was worried during (0.4) and now I’m worried after

the tests (0.4) It’s a personal anxiety

(1.4)

Tom >And it-< (1.0) my definition of bad is (2.3)

extremely broad (1.3) relative to myself (0.4) not to relative
to what I think is like a global norm

Mel Yeah I just wondered (0.4) what (0.5) um (0.5) so once I

get all this scored (0.4) it’s gonna be at least two weeks

(0.5) um (0.4) but um (0.8) t! (0.9) uh (1.5) >I just

wondered (.) I mean if you have a sense of how it’s going

to affect yo- the way (.) I find myself sitting here and

thinking< hhhhh (0.5) y’know (0.5) it seems like you were

pre:ttty (0.3) you put a lot of pressure on yourself

throughout this

Tom [mhm (0.6) yeah

Mel A::nd (0.7) I mean I uh:: I can eas- easily see it happening

that (0.8) >I would look at this and think ah well hell look
at that< (0.3) you performed in this percentile [and this
percentile and so on
Tom [mhm (1.1)
yeah
Mel In these different areas (0.5) and you would still be pretty
frustrated
Tom mhm
(1.8)
Tom I think that’s very possible (1.4) um (10.0)
Mel hhh what’s [good?
Tom [I don’t think I can do this and not know.
Mel Not know?
Tom Yeah not know (0.5) like what the results are and act on
[them and then use that- use that- as a tool to go forward
and so
Mel [Oh yeah (0.4) well (1.8) yeah
Tom I think that (0.9) like I do want to know (1.4) but I think
that (4.6) this is like (0.4) like this will be a trial for me (.)
but it’s a necessary one (0.5) if I’m gonna like (0.5) return
to some sort of (1.0) um (4.0) uh a- a testing environment
in general (0.6) so
(1.2)
Mel What sort of coursework are you planning to do?
Tom (0.9) ↑Um (1.3) just pursuing my (0.6) my degree (0.5) uh
so (1.5) um (1.8) combination of (0.4) um (3.1) like mid
and high leve::l (1.0) literary (and writing coursework)
Mel Hhh it’s just I mean it’s interesting that you would be um
(2.0) t! y’know I’m thinking your::: your wanting to (.)
like
to do: fine arts kinda stuff
Tom mhm
Mel Creative writing
Tom Mhm
Mel Poetry (0.5) I- I mean um (1.1) t! you’re doing something
creative (0.7) and are being drawn to something creative
(1.0) y:et (0.4) you’re worried (0.5) about (0.7) like (0.7)
y’know academic abil:"y on these sort of basic (0.7)
Mel Yeah
Mel level of cognitive constructs (0.5) or [something
Tom [Mhm (0.3) yeah
Mel And to me it seems like (1.4) those are certainly related
(0.7) um (0.4) but it’s like (0.4) there’s a lot of just like
anxiety about your basic performance on:: (0.4) like (0.4)
[y’know
Tom [Yeah
Mel Cognitive tasks (0.8) that somehow carries over into
something even literary or creative
Tom: I think that eventually: (1.4) I’ll be able to suss out that like (0.6) wh- what you were describing as a very real and rational distinction between the two (0.6) but (0.7) um (2.6) but that’s something that I need to do: (0.5) and this is par-part of this is a confrontation with that.

Mel: Mhm

(1.0)

Mel: t! (0.4) hhhhh (0.6) yeah no i- it- it’s a daunting sort of prospect (0.4) I mean no matter (0.4) I mean (1.1) listen I- I have (0.7) my own critiques (0.4) which (0.4) I (0.4) kinda get the feeling we wouldn’t (0.5) really be disagreeing very much about (0.3) just like (0.3) construct validity.

Tom: mhm

Mel: And just (.): uh: (0.3) the way these tests work (0.3) I mean (1.0) um (0.9) t! (0.5) and how much they can actually tell us (0.3) and usually (.): >a- at least at this clinic< (.): that’s how we try to put together a report a- an’ analyze the data.

Tom: Right.

Mel: Is situate it within somebody’s (0.4) actual context (0.5) an’ what their question is.

Tom: Mhm

Mel: Um (0.9) t! (0.5) ↑um (1.1) y’know but (0.8) I can say that a uh ah a- y’know over an’ over an’ over and know that’s what I think.

Tom: Mhm

Mel: Um (0.5) an’ there’s plenty of basis for it (0.4) but at the end of the day it is- it is sort of intimidating just having to sit down and take one of these (0.4) be[cause it’s just like [yeah

Tom: You’re being (0.4) y’know (.) it’s- it’s like going back to taking standardized tests again (.) >well that’s exactly what it is<

Mel: Yeah.

Tom: Right.

Mel: It’s (0.4) you’re being- (0.4) y’know (0.8) y’know somebody is (0.3) putting you on a bell curve (0.5) y’know

Tom: Right.

(0.8)

Mel: Um (1.0) whether or not that says anything about your actual intelligence or academic ability is different question

Mel: mhm

Tom: Mhm

Mel: Were there any areas you were concerned about as far as: like (.): approachin::g coursework and stuff for the first time (.): I mean I’m just thinking at the level of like (1.1) let’s see like (0.7) what have we done (0.4) I mean um (0.9)
Tom: Well like none of this corresponds to the coursework except maybe the vocabulary and [may- maybe: the] capacity for intuitive leaps as a result of pattern recognition.

Mel: I think that (0.7) I think I struggled most (0.6) in that (0.3) as well as the um (2.6) number sequencing.

Mel: Okay (5.6) Okay

Tom: Like I think that (1.0) um (4.3) those were both (0.4) um (1.4) particularly difficult for me and (4.4) but no there’s not (. ) there’s no like (1.1) tight correlation here (0.4) so

Mel: ↑Okay (1.6) and so um: (2.0) yeah maybe pattern recognition (. ) is it particularly visual stuff (0.5) I guess

Tom: No

Mel: No?

Tom: No

Mel: Number sequencing (1.5) was more (0.5) frustrating (0.4) you would say?

Mel: Okay

Mel: hhh um (0.6) one thing that sometimes you can derive from: (0.5) I mean m:aybe not so much from this test (0.3) but (0.5) b- I- but maybe from the subtests

Mel: Mhm

Mel: And things like it (0.4) is just the way that you approach (0.4) like a cognitive task or a problem

Mel: Mhm

Mel: And that’s something I’ll try to speak to (0.5) cause I think that there is (0.4) things that carry over there (. ) cause at some point if you’re (0.3) hhhhh back in class (0.4) and especially if you’re self-conscious cause it’s been a while (0.4) I mean

Mel: Mhm

Mel: It um (1.5) y’know (1.0) it can just sorta weigh on you (. ) ca- ge- you can get very anxious and self-conscious in this sort of like feedback loop very quickly

Mel: Mhm

Mel: And I think that one thing this can sort of get to and I- I- I’ll look through it (0.7) is just maybe how you went about (0.9) y’know (0.5) approaching a task

Mel: Mhm

Mel: =Y’know (0.4) Or completing a problem or something (0.5) ↑especially with the: um (0.7) actually I was just noticing some of the um (0.5) t! (1.7) the um (1.4) uh matrix stuff (0.4) like the um (2.1) t! and the: (0.6) [mental math (you really picked up) some things
Mel: I mean it seems like you really honed in on it.
Tom: Mhm.
Mel: I mean you really honed in on it once you wanted to. (0.3)
Tom: Right.
Mel: Also, you know, even if you approached with a certain amount of trepidation, (0.6) hhh once you were trying to do it (0.3) you were kind of (0.3) a hundred percent into it (1.0). I mean.
Tom: Right.
Mel: Or invested (0.4) I guess.
Tom: Right.
Mel: That might be the operative word (0.4) I guess.
Tom: mm
Mel: I- you know it’s just like (0.5) you know (0.6) hhhhh how much you have invested, (1.3)
Tom: mm
Mel: I mean in performing on this sort of task (0.5) in academic performance (0.4) or (0.3) performing on standardized tests (0.6). I mean.
Tom: mm
Mel: But I mean er- (0.4) which is maybe why you (0.5) you know (.) you guys (.) >why you wanted to do this< (0.9) I was placed at a very far periphery of the bell curve and:
Mel: To: shift off of that (0.4) is to: (0.7) it’s like a very (0.3) like (1.0) it was (0.2) I’m describing this historically cause it’s like a (0.5) I think a (0.7) (a narrative) (0.6) like identity (0.4) like strongly associated with a sense of self (.). a:nd (1.2) um (0.5) like feeling (0.4) good about myself (0.6) um (2.3) a:nd (2.6) I: uh (0.4) I hesitate to say this (.). but basically: (0.9) I was placed at a very (.) at like (1.6) the far periphery of the bell curve and:
Tom: That’s what’s at stake.
Mel: You do understand right though that I mean (1.2) I mean
Tom: Yeah
Mel: This curve
Tom: Yeah
Mel: This is this test’s curve
Tom: Yeah
Mel: Like this is not humanity (0.5) this is not people’s intelligence (0.9) I mean (0.5) like
Tom: Yeah
Mel: You could have the same sample on the- on the WAIS
Tom: mhm
Mel: And it would look different on the: (0.4) ACT or:
Tom: Yeah
Mel: or some other Wechsler test (. I mean
Tom: Yeah
Mel: Uh
Tom: Th- I’m totally on board with that
Mel: Yeah
Tom: Like rational version of (0.4) me (0.7) is like [(0.6 – gives a thumbs up) totally get it (0.7) ↑totally get it
Mel: [Huh huh huh huh huh (. right
Tom: I’m just like being (0.3) I- I think really (1.1) bald-faced
about like (0.8) what my hang-ups are
Mel: Mhm
Tom: And th- tha- that I gotta have (no matter how it sounds)
(0.9)
Mel: Okay
Tom: Yeah
Mel: Yeah
(0.8)
Mel: Well (0.5) yeah I I-know you (0.4) you (0.6) you do have a lot at stake in this (0.7) [Um
Tom: [Yeah
Mel: So let’s plan on (5.1) ooI forget when I’m gonna be here oo
(2.0) >Gonna meet< (0.6) uh: so: <not next week (0.9) but the week after> (0.3) Is that two weeks?
Tom: (0.6) Yeah
Mel: That’s right (0.4) okay (0.6) um (0.5) we can do that by phone (. or if you wanna schedule now (0.5) I mean I dunno y- you said your schedule’s- your work schedule is a little
Tom: (0.8) Um
Mel: Or or [shifts]
Tom: [It’s- It’s pretty (0.4) my work schedule’s pretty
stable (.4) it’s the uh (0.4) appointments (1.3) a::nd the: (3.7)
Mel: I mean I guess it’d be nice if we could meet (0.7) before
you had a session with your therapist
Tom: Uh (0.5) that’s Tuesday
Mel: That’s Tuesday?
Tom: Yeah (0.3) so (1.0) I mean (0.6) >I’m available Monday<
(0.5) but
Mel: Oh >no no no< I mean uh (0.3) I mean like (0.5) like say
two we[eks or something (.4) like like an hour (.4) I mean if it
wouldn’t be for a half hour or something like before: (0.5)
prior to your session
Tom: [in two weeks (3.3) sh-
(0.6)
Tom: Sure (0.5) [um
Mel: [I mean (0.4) >I mean I’m just thinking like it
seems like there is< so much (0.7) that you have invested
(0.6) like psychologically
Tom: Right
Mel: In this (0.4) it would make sense in a way (0.4) to sort of
(0.5) to come from just talking about (0.8) the way you
went through this test (0.6) t[o: translating it into therapy
Tom: [To tra- (1.2) okay (0.5) um
(2.1) sure (0.4) so
Mel: What time do you meet on: (0.4 – packing up test supplies)
Wednesday (0.6) or on Thursday (0.3) usually
Tom: Normally on Thur:sdays (1.2) um (2.2) [at- at- at- five (0.4)
but um (.4) and I can get here earlier
Mel: [This might be
idealistic
(0.5)
Mel: Thursday at five ↑um: (2.2) man that may work out (0.3)
lemme grab my calendar
(4.9)
Mel: I mean does that- (0.5) how does that sound though (0.5)
like
Tom: Sounds good
Mel: Okay
Tom: Sounds good
Mel: I’ll be right back
(49.8)
Mel: .hhhhhh (0.5) God (.4) this almost never works (0.5) Um
(1.1) yeah (0.4) It looks- (0.4) do you wanna (.4) your-
you’ll have a session at five on the thirtieth (0.4) most likely (2.1)
Tom That is quite probable
Mel Okay (0.8) do you wanna plan for: (1.2) four thirty?
Tom ↑Sure
Mel On the thirtieth
Tom °Okay°
Mel Cause that would (0.4) °definitely work for me° (0.8) °and for you° (0.9) Um (5.4 – both are writing in their schedules)
Mel they may charge you for it (0.4) >I’m gonna ask ‘em not to< (0.4) if they do (0.4) um (0.9)
Tom °Okay°
Mel Y’know (0.3) it’s just a possibility (6.3)
Mel Hhhhh °make a note (1.1) that I’ve got to sc- (0.4) finish scoring that° (12.7 - mumbles inaudibly to himself while looking over the test materials)
Tom We- (0.4) Well thanks very much for doing this
Mel Oh yeah (.) of course (0.5) uh (2.0) Thanks for volunteering
Tom (1.0) No problem (1.0 – both begin packing up and preparing to leave the room)
Mel a:nd (3.0) agreeing to (a part of) (0.6) um (0.7) what will hopefully (1.5) will give you some kind of insight (1.1) inta (0.3) who you are
Tom Makes sense
Mel (both walk away from the room)