Interview 1 transcription (40 minutes)

Coding Key

CO1- Cost   
CO2- Availability   
CO3- Demographics  
CO4- Clinical judgement  
CO5- Challenges  
CO6- anxiety  
CO7- Positives  
CO8- improvement  
CO9-COVID

Introductory conversation held to establish rapport and get acquainted with each other. Discussed participant’s completion of their Master’s degree and what their research was about. Gained consent to start recording other identifying information was given in further conversation after recording was started and has been removed from transcription as it held no information relevant to study.

Interviewer: I  
Participant : P

**I**: I understand, they’re busy. I don’t know if you had Dr Sameera as well when you were still studying.

**P**: oh okay

**I**: she pointed out to use that, right now, you know, educational psychologists are not dealing with what we were previously trained in we are now dealing with the aftermath of COVID

**P**: Ja, that’s true.

**I**: which is so different to, you know, academic assessment and the emotional image is very different now.

**P**: yes, yes, yes. That’s basically what I do five days. Assessments, mostly, I do weekends in my private practice. But my full-time job is therapy and the aftermath of COVID.

**I**: wow

**P**: So, I’m based at a university, Tswane University of Technology, and the cases are depression, anxiety, relational problems, then academic difficulties but a lot is the aftermath of COVID. Anxiety, depression, adjustment from high school to university. Ja those are some of the cases. There’s a whole new need for educational psychologists at university level also, ja.

**I**: how long ago did you do your masters Mr M?

**P**: I think about 3 years now.

**I**: so, you’ve been a registered psychologist for the last 3 years?

**P**: no, masters I was done 3 years, I think 2019 or 2018. But I’ve been registered for a year now, approaching my second year now.

**I**: okay, so you’re in your second year now.

**P**: ja, ja.

**I**: sorry, this is just some of the demographic information I need to get

**P**: oh alright, okay, okay.

**I**: And then Mr M, what language group do you belong to?

**P**: uhm, Tsonga or TsiTsonga, it depends on which one you use.

**I**: okay. So, I obviously need a demographically diverse group.

**P**: okay

**I**: So, its easy to say, white, Indian, Black but that’s not necessarily your race. So which race group do you belong to?

**P**: African Black

**I**: because obviously with the WICS, the whole, I might be directing the research but I as a white female might feel that it is relevant, but it is because I have never worked with children, I have never seen children from disadvantaged environments, seen how they deal with it. For example, when I looked through, I think it was the SSAIS, even I thought, wow, even I don’t know this, because it hasn’t been revised in so long

**P**: yes!

**I**: so that is the direction we are trying to take with the WISC. Just trying to understand whether its relevant to our field

**P**: ja

**I**: and then Mr M. if you don’t mind, what is your age at the moment.

**P**: I’m 32 now

**I**: okay. And you said on weekends you’re also in private practice

**P**: Ja, private practice, assessment weekends but also after hours its therapy. But I mean, uh, for school kids or university students I do on weekends assessments. I don’t do assessments during the week. If its within my job, yes. But for private practice I see them on weekends.

**I**: Sjoe, that sounds so demanding I can understand why you are so busy (laughs)

**P**: it is! It is ja (laughs). I don’t want to lie, it is.

**I**: But I mean its good news as well, for me.

**P**: oh yes! It is because you can make a good salary on both. It just that with our background people don’t afford the service. That’s the tricky part, in terms of some you need to give discount, some you need to have a payment plan. Ja, so those re the challenges.

CO1.1. our service costs

**I**: yes, and some of the challenges we’re facing now is many of them, so you know for your internship there was a list that you could go to schools and stuff. Many of those schools that we have approached, that were previously HPCSA accredited are now saying that the department of education is no longer paying for interns in the schools.

**P**: yes, I’ve heard about that.

**I**: but that’s where they need us, its where we need to be!

**P**: ja! That’s true

**I**: it’s such a catch 22, but anyway. So again Mr M. I just have some, eight, semi-structures questions that kinds of just guide you in the discussion, it’s not prescriptive in any way. I don’t see this taking a full 90 minutes, I really don’t.

**P**: okay, no problem

**I**: your honest opinion would be very valued, and I am just taking notes, because field notes is one of my things.

**P**: it’s okay, I understand (laughs)

**I**: so just the first question. How frequently do you utilise, or have you utilised the WISC, in your practice?

**P**: the number of times?

**I**: or just how frequently. I know you said you now administer the SSAIS more frequently

**P**: I think, if I can say this year, I’ve administered it twice. Uhm, last year, I think about twice again. Because I started private practice last year, so I think I’m in it for like 7 months, so I think I’ve only administered it 4 times

**I**: okay and you use it in your private practice and not at the university?

**P**: no. Here (the university) I use the WIAS, its adults here.

**I**: oh! Yes, of course

**P**: so, WAIS is the adult version of WISC

**I**: yes, yes, okay. Uhm, do you, do you. So, you use the SSAIS and for your private practice did you purchase the WISC?

**P**: no, I rent it out because its quite expensive. I think it’s about 40 000 (rand)

CO1.2 cost of test

**I**: yes, its super expensive

CO1.3 cost to rent  
CO2.1 availability

**P**: So, to rent it out its about 540 (rand) and you wait (laughs). There’s a waiting period of about 3 weeks or 2 weeks, it depends

**I**: okay

**P**: But you wait for it. I think the longest I waited for it was a month.

**I**: that’s crazy

**P**: Ja

**I**: And then do you then have to book your clients according to that waiting list?

**P**: Ja. So now, before you confirm with your client you have to book it with ‘Mind Music” then confirm with your client that you can only reach their appointment. I think just being honest with them, I’m honest because then the people are like why are you giving me such an appointment for a month after. So just say, some assessment we rent them out and then they can only be available at a certain period and then they understand where you are from

CO1.3. renting   
CO2- availability

**I**: okay. And do you use just the WISC in private practice or do you use the SSAIS and JSAIS as well

**P**: I use all of them. So, I use the South African JSAIS and SSAIS.

**I**: okay

**P**: then I use the WISC and the WAIS

**I**: okay. The second question, just following on that. Is there a specific reason you make use of the WISC or, you know, the others? Do you have a specific preference for one of them?

**P**: Yes, yes, I do. So, for example, the IEB students or learners, it’s a requirement. They don’t want the SSAIS

CO5.1- IEB requires WISC

**I**: oh

**P**: ja, IEB schools want the WISC. But then I need to check the demographic of the student. Whether they are, in childhood, what school they went to, the type of school, is it model C, formal model c? And then also if English is their first language, at school, of second language, and just the area they are from, at home do they speak English or do they speak an African language. So, I need to take that into consideration first before I can decide whether to use the WISC or not. Uhm, in one case, even though I gathered all this information, I had to discontinue the WISC. And the child was English speaking, uhm, from a good school, but I thought the WISC was disadvantaging her, and I think after the 3rd subtest I had to discontinue, and I started using the SSAIS and she started to do well in the SSAIS

CO5.1- IEB requires WISC  
CO3.1 School  
CO3.2 Lanuage  
CO3.3 Area (SES)

**I**: oh okay. What do you think about the WISC caused, what about the WISC resulted in disadvantaging her? Was she just struggling with the language or the vocabulary? Or what about the WISC was disadvantaging her?

**P**: Just give me one sec, someone is at my door

\*1 minute interruption\*

**P**: sorry about that, that was my admin.

**I**: No problem:

**P**: I think it was in the Verbal, she was not understanding the instruction and it was clearly not a language barrier, but I think in terms of what was required of her she was not understanding the questions. So, I think when on the 3rd subtest I could see that uhm, it was probably going to say that she has Intellectual Disability and I thought no, I don’t think she qualifies for that so that is why stopped, and I started using the SSAIS.

CO3.2 Language

**I**: okay. And was this also for an accommodation or did she just come for a general test so…

**P**: no, it was a behavioural problem but she has anxiety, I think she was nine. And there were signs of anxiety and the WISC was just creating anxiety. Especially working with so many booklets, if you think about the WISC, because there is you answer sheet, stimulus book, there’s just too many stuff that there that’s also a little bit intimidating for the child. There is a lot of sensory stimulation. There are a lot of pictures, objects so that stimulation, I think, caused anxiety for her so ja, I think that’s why we stopped.

CO6 anxiety

**I**: that’s such a valid point. I had never considered the effect all the stimulus books could have on the client. We’re just so busy concentrating on saying the right thing (laugh) at this point in time. I’d never actually considered it.

**P**: I think at school (university) especially under the supervisors you’re focusing on saying the correct instruction but in private practice it is relaxed, and you need to check your observation and how the child is performing, whether they are coping or not coping. So those are the things that will determine whether to continue with such a test or not.

CO4- clinical judgement

**I**: okay, alright. I did actually know you could discontinue and test and then administer a different one. So, its very interesting.

**P**: I think it’s a judgement you need to make as a professional because if I didn’t, as I say, I think it also comes with knowledge, because you’re discontinuing, after maybe it says 4 consecutive zeros, but you can see, oh if I continue with this its unethical, the child will be diagnosed with intellectual disability. I was right because when I did the SSAIS, she scored average.

CO4- clinical judgement

**I**: that’s really interesting. I did not know we could do that.

**P**: I don’t think they want you to know that right now (Laughs)

**I**: I don’t know if you trained under Marica Foxcroft

**P**: yes, it was under Marica and Marlize

**I**: we don’t have Marlize anymore but in the very first demonstration I said something like I am going to say two words. Tell me how they are similar or alike. Do not guess, blah blah blah, and then I just said, ‘do your best’ and before I was even finished Marica went ‘no’. (laughs)

**P**: (laughs) ja I understand.

**I**: Mr M, what is the general demographic of the clients you work with?

**P**: okay so, for me, I’m based at 2 places. I’m based in Waterkloof and also Pretoria North, Orchards but most of my clients come from the Pretoria North side so these are the townships. So, its Mabugwane, Soshanguve, Hammanskraal, Ga-Rankuwa, and from you Pretoria North side, Orchard, Teresapark but the large pool comes from the townships

CO3.3. Area (SES)

**I**: okay, so do they, I don’t know this is an assumption, do most of them come from township schools as well or…

**P**: yes, they come from townships schools. So, some are referred by the District, Tswane West District, and then some, they are referred by the social worker from the school if the school doesn’t have like a psychologist. But now, townships are changing. There are private schools within townships now. So, some of the kids are referred from these private schools at the townships. That’s also where I’m getting a large pool of students.

CO3.3. Area (SES)

**I**: just on the private school in the townships do you find them to have better resourcing than the other townships schools or do they continue to struggle

**P**: ja, they have better resources but are still not equipped enough. Because when you go for school visits, it’s just a normal school. They don’t have a library; they don’t have like playgrounds. It’s just a few learners in the class and they use English as their teaching and then may be second language will be Afrikaans but it’s still not where it’s supposed to be if you compare with one in town or other well-developed areas

CO3.3. Area (SES)  
CO3.2 Language

**I**: sjoe okay, I’m learning so much. I didn’t even know that. Like, ja, I mean in our lectures last year we keep getting drilled on we need to work in low resource settings, we need to know how to use what they have, stones, leaves, whatever.

**P**: ja.

**I**: and then the demographic at the university

**P**: okay. In terms of the clients I get from the university?

**I**: yes, the demographics there.

**P**: so, most of them will be from here TUT and also, I’ve had one who was applying to see which university he wanted to get in to. But in terms of the university, most of them get assessed at their own university. Whether it be concessions or additional support. But the ones I’m getting are the ones who are wanting to apply for university. So those are the pool of clients that I get. But the ones I get are the ones that are in the university, but I don’t get a lot of UJ, WITS because they already have centre where they can get assessed.

**I**: and it’s here at the university where you use the WAIS?

**P**: the WAIS, I use it at the university and also at my private practice.

**I**: okay, and does the university supply it or do you have to rent that one as well.

**P**: not the university does supply, we do have those assessments.

**I**: okay perfect, and then just, some of these questions may have been answered. But this one says what are some of the experiences you have had administering the WISC with different children? So, I know like you said, it causes anxiety in some leaners. What are some of the other experiences you’ve had?

CO3.6 anxiety

**P**: Okay. Positive experiences. It is not as intimidating as the SSAIS, there’s pictures, its engaging. So, for other kids they thrive in that. Uhm, and in then in terms of the language it is recent, I think. Some of the things that are asked are very recent, its updated because they are exposed to TV, they are exposed to some of the language now. So that for me is fine. I don’t think there’s anything else, maybe I will remember. For me those are the positive ones. On the negative ones it takes longer than SSAIS, so kids do get tired and you as the assessor, you get tired because there’s so many things you’re using, stimulus books, answer sheet, you need to remember after 4 consecutive zeros you discontinue, there’s a stop watch. So ja, if you have ADHD as an assessor its quite hectic (laughs)

CO5.2. Fatigue

CO7.1 pictures  
CO7.2. Engaging  
CO7.3. Recent/updated language

**I**: yes, I can imagine. Even without ADHD it’s a lot to remember (laughs)

**P**: ja it’s a lot to remember so you need to be organised and plan in time because if you’re not organised the child will disorganise you (laughs). Especially in most of the kids I’ve assessed, a lot have ADHD, so while you’re still trying to take the stimulus book, they’ve grabbed the other one, blocks… so ja. It’s a lot of things you need to take into consideration. It needs you to work at a pace, slow, if you’re done with one stimulus book, put it away, just like that, make sure you are well organised. And then just check that the learner is not getting restless or irritable and also are they not over stimulated. So those are some of the things that, in my experience, I do check with the WISC. Hmmm, what else? Oh, the scoring takes time, also. Ja the scoring takes a lot of time and the interpretation and the report writing. Ja, because if you check the SSAIS its only verbal and nonverbal. The WISC is four indexes so it does take a lot of time to write the report and interpret, so ja, it can be a little bit tedious especially if you are in private practice because the parents want the report within a week or two. It’s not like at school (university) where you can take a month. The child needs to be placed next week, or they need concession next week.

CO4 clinical judgement

CO6. Anxiety

CO5.2 Fatigue

**I**: oh okay, sjoe, that close! Coming for the assessment just before they need the concession. That’s a bit hectic. So would you say, do you have a preference between the SSAIS, JSAIS and WISC. The JSAIS is a little bit young but between the SSAIS and the WISC.

**P**: Uhm, it’s a difficult question because I don’t prefer both, let me just be honest. The SSAIS is outdated, some of the words, like you say, are just not relevant. The WISC disadvantages the kids from the townships. That’s why I’m saying, it’s a catch 22 this one.

CO3.3. Area (SES)

**I**: yes

**P**: what I like with the WAIS is that they’ve standardised it for South Africans. So, for some of them the words are South African, some of the questions are South African and the norms. My wish is for the WISC to be done like that also

CO8 improvements

**I**: okay

**P**: so that you can have an option to use an international one or the South African one. But with the WISC it’s just the WISC, there’s no SA standard. So, for now, because I don’t have a choice, I mostly use the SSAIS. But if the school has already indicated what type of assessment they want, and these are the batteries they want I will have to use the WISC but it depends on the type of referral and the background of the child and they school they are from. Ja.

Due to lack of norms CO8 it poses a challenge result in CO5

CO3 demographics

**I**: alright. Sorry, I’m just looking at the next questions, because it asks for advantages and then the following is the disadvantages.

**P**: oh okay

**I**: that basically what we just discussed is that there are positive and negative aspects. Uhm, do you think the negative aspects of the WISC, you know, like it taking quite long etc, do you think it’s, in our context specifically, do you think it. uhm.. how could it be made more relevant to our context? What do you think could be done to make it better for everyone?

**P**; I think they need to investigate some of the words that are used, in terms of especially the verbal. I think problem solving, it’s okay, but I think in one of the questions they will ask you what is missing in the picture of a locker. Some of the pictures, if you think about the daily life of a township child, they are not exposed to some of these pictures so now they need to guess what’s missing but they’ve never seen such an image. So it needs to be south African context. A door, its something we all know, but there’s other things that it might be the first time they are experiencing it. I think there is something like a locker and they need to say what’s missing from that picture, they’ve never seen a locker, they don’t have lockers at school so also the context in terms of now you’re measuring this child whose never been exposed to something like that. Ja so those are some of the things I would say they need to take into consideration in terms of it should be things kids are exposed to daily and in terms of their lives. So, research like this needs to be done where they inform people who are in charge of the WISC in terms of what are the daily things. Yes, I understand it gets elevated in terms of other pictures but still it must not disadvantage a child and put them maybe below average or borderline… ja.

CO8 improvements

CO3.3. language

CO3.4. Exposure

CO8 improvements

**I**: yes, because with the whole research I’ve done. Yu knows, you need to be so careful not to… and unfortunately, still today in South Africa race is often synonymous with Socio-economic status

**P**: yes!

**I**: So, you know, you’re not finding white kids in the township schools. You might, every now and then, in other poorer white areas, you might find the same experiences but unfortunately, they greater demographic of the township children who are coming, you know, their race is synonymous with educational attainment opportunities and that’s why I’m doing this research in terms of, you know the white kids in Curro or whatever they understand a locker, they watch TV. So, I definitely think... you know when we administer it were like oh ja I know this.

**P**: ja ja its true

**I**: Except some of the math things, even I struggle (laugh)

**P**: (laughs)

**I**: I do think that it does need to be made more relevant to our context. Because I know WISC-III, I think it was the third revision, that had a South African standardisation as well. Do you use WISC-IV or WISC-V in practice

**P**: I was using four but now, it also depends, Juli, on when you rent out which one is available

CO2 availably

**I**: Oh

**P**: so, it also depends on that because we can’t afford it as psychologists. I think I have about 9 ed psychs, and its African Ed psychs, not even one has WISC or WAIS so we can’t afford the WISC. So, imagine is all nine of us have nine WISC clients we want to rent out, they say if the fourth one or fifth on is there you will get your hands on whichever one is present. But I mostly use the four but last time I used the five but like I say, it depends on their availability.

CO1.2 cost of the test

CO2 Availability

**I**: and do you find major differences between four and five?

**P**: I think there’s two added subtests, I don’t have my reports now, I’m not sure but I think there’s one added or one index has two more tests, I’m not sure, something like that but it still gives you the same response, you’re still measuring IQ. I don’t think there’s so much difference it’s just now they’ve added some two subtests or distinguish between two subtests or something like that. Ja…

**I**: Okay, alright. So, you don’t feel that WISC-IV is outdated and that it can no longer be used. It’s still a sufficient thing to use.

**P**: ja I think it’s still sufficient because with the international ones, sjoe, they keep on updating while you’re still using the other one. But if you look at the gap from SSASI to WISC-IV, you’re like oh (sigh) the SSAIS is still way behind so I don’t think its outdated but preferably, if you have access to the WISC-V use the WISC-V

CO5.4 regular updating makes it difficult to keep up (includes element of cost CO1.2)

**I**: okay, alright. Well Mr M, that basically answers all the questions

**P**: oh okay, I hope I was helpful

**I**: It definitely did go faster than I thought and, I mean, online is never as nice as in person. Sorry just on that. Have you found that, especially when COVID was at its peak, I mean were still doing quite a bit of online? Did you feel that that made administration quite difficult? Because I know that there is now social distancing and masks, did you find that COVID affected the administration at all?

**P**: Sjoe, it was quite difficult because before administration you needed to make sure social distancing, but it becomes so difficult, you’re sharing blocks and books and answer sheet and you need to be sanitising, it caused a lot of delay. It made assessment much longer so ja it was quite hectic. It just made it so long that you’d just get tired at the end of the day or that you need two days to do the assessment. So ja, COVID did affect how we practice and also now, some of the therapy you have to do them online. There was a limit in terms of face-to-face interaction with therapy. And feedback after the assessment, you would provide feedback over zoom with the parents at their home. So, it kind of changed the structure of your practice.

CO9- COVID

**I**: well, thank you so much Mr M, that was really great. I was very nervous for my first interview

**P**: that’s okay

**I**: thank you so much for your contribution and your willingness to participate, I really do appreciate it and that then concludes this interview. Is there anything else you would like to add?

**P**: no, you will update me if there is anything or extra questions, I know, if maybe you dint have enough data you might need to come back, I’m available. Just be patient with me if I’m not answering on time, I do get very busy.

Recording was ended here but participant just needed to resend informed consent as signature was not showing in his attachment.