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An Interactional Analysis of Adult Cognitive Assessment

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AN INTERACTIONAL ANALYSIS OF ADULT COGNITIVE ASSESSMENT

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By

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ABSTRACT

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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 *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 *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 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 as 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 - Marlaire & 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[1]. 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

[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

Notation Convention	Meaning
Intonation	
.	Falling intonation
?	Rising intonation
,	Audible, yet incomplete intonation
¿	Rising intonation, though less than that indicated by a question mark.
↑	Sudden rise in intonation.
↓	Sudden fall in intonation
Volume	
Capital Letters	Louder than surrounding speech
°	Quieter than surrounding speech
°°	Significantly quieter than surrounding speech
Underlining	emphasis
Timing and Pauses	
:	Prolongation of a sound (more colons indicates longer prolongation)
(.)	An audible pause lasting less than 0.1 seconds
(x.x)	Any audible pause lasting longer than 0.1 seconds (the x's in the example would be replaced with numbers)

Table 1 (continued) – Transcription Notation

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

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

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:

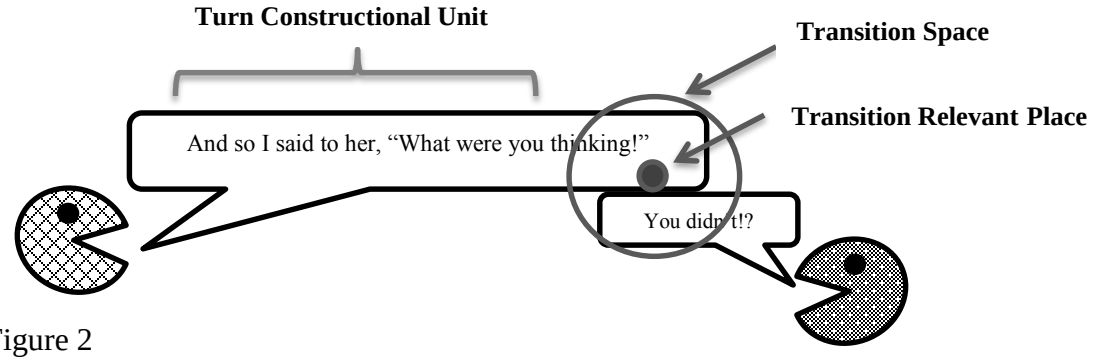

Figure 2

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[2]. 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

[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 post 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		fo:r 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	mhm
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		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 go:od 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

331	Mel	(1.0) No- uh: ↑partly (0.3) ye:ah (0.5) I mean >just
332		because it's like< (.) most- I think most people when they
333		go into this kind of testing (0.8) like (0.3) uh (0.5) when
334		they do cognitive tests (0.6)
335	Tom	mhm
336	Mel	it's easy to get frustrated (0.4) because (0.8) almost no one
337		does (0.4) perfectly well
338	Tom	Rig[ht
339	Mel	[I mean that's not what they're set up for
340	Tom	Yeah

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 volition[3].

[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.

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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:

(3) Transcript A

	963	Ian	.Hh alright (.) la:st one hh (5.2#) (you should take this) (7.3
	964		– hands Amy a pencil and a response booklet) t! hhh okay
	965		(.) Look at these boxes (0.9^) each num- each box has a
→	966		number in the top part (1.1^#) and a special mark (0.7)
→	967		>oops sorry< (0.5) look at £these boxes£ (0.8^#) huh Each-
	968		each box…

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 intonation[4]. 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

[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
	1577		sheet) just like that
	1578		(3.0)
	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 Δ 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	*Num::ber* (.) three
430		(15.6%)
431	Ian	Δ ◦>Which one here (.) goes here?<◦
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¿
		.
		.
		.
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 thi:rty 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 con:trol (0.3) a:nd free:dom (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 constra:in (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

311	Rich	Five (1.4) ‘scuse me (2.7) starting again (1.0) Three (0.9)
312		eight (1.1) five (1.1) eight (0.9) three (1.2) five
313	Ben	(4.0) Three% eight% (1.7) Three% five% eight% (3.5)
314		three% five%
315		(4.7%)

(9) Transcript C

1008		(4.4)
1009	Mel	Δ
1010	Tom	(8.7) ◦◦So (0.4) I’m sorry (0.3) (what does (0.4) that end up
1011		being?)◦◦
1012	Mel	=Oh sorry um (1.4) so (0.4) yeah which o:ne (0.6) he:re^
1013		goes there^
1014	Tom	(1.4) Mkay (0.6) um (6.5) t! five
1015		(3.1)

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	.hokay
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 orients 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 orients 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
1866		time (0.8) um (1.5) a:nd (1.1) spent (0.4) >the majority of
1867		my childhood< (0.5) uh (0.7) >testing exceptionally well
1868		on standardized tests<
1869	Mel	Mhm
1870	Tom	So (0.6) that's like powerfully correlated with (1.7) my
1871		sense of self-worth
1872	Mel	Hhhh well the truth is you don't really know how you're
1873		doing right now anyway (0.4) but as long as you're putting
1874		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

652	Rich	Okay (1.3) The first le:tter i:s (.) P (0.9) go ahead
653		+
654	Ben	(1.2) u:m: hh (1.2) Pear% (1.5%) pe:ek% (2.7%) patent%
655		(1.8%) pun% (3.9%)
656	Rich	((looks at Ben))
657	Ben	((returns gaze)) happiness% (10.5%) ((shrugs)) (7.6) huh (.)
658		it’s a wall ((puts hand in front of place))
659	Rich	(2.8) ◦Try the best you can◦
660	Ben	◦alright (.) I’m doing it◦ (1.2) poor% (1.9) pace% (3.8)
661		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

90	Ian	((scrambles blocks)) Δ ◦Now make the blocks (.) look like
91		this◦
92		+ +
93	Amy	{9.9} ◦done◦
94		+
95	Ian	(2.6 – stares at the blocks)
96	Amy	Okay (.) that's totally wrong though h.h
97	Ian	That's% what% we% have% to% go% with%
98		(8.2%)
99	Amy	=Oh% £sorry% huh%
100	Ian	((scrambles blocks))No takebacks (0.5) [sorry huh.huh
101	Amy	[Huh(.) £okay
102	Ian	No it's okay

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[6]. 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

[6] 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
767		year (0.9) the following year (.) their production increases
768		five percent (0.9) The year after that (.) production (.)
769		increased by another ten percent (1.0) how many bushels of
770		corn are produced <after both increases>
771		+ + +
772	Amy	(32.4) eh (.) ◦thirty thousand◦
773		+ (0.8%)
774	Amy	>I% really% have% no% idea% (.) I% can't% do% it%
775		in% my% head%<
776		(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:

(16) Transcript B

991	Ben	So how do chimps do on this? (0.5) Better?
992	Rich	Mm (1.7) I know it can be frustrating (1.6) Especially
993		When you are doing something in areas that are difficult for
994		you
995		(3.1)
996	Ben	Like what (.) pattern recognition
997	Rich	I appreciate all your (0.8) hard work today (1.6) Okay (.)
998		well I guess (0.6) that's actually the battery (1.0) we did
999		(0.8) ◦and you're all done with the testing◦…

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

600	Tom	How (0.7) uh (0.6) I guess I- I- I can't ask like (0.9) the
601		level of detail that is appropriate (0.5) is precision
602		important here or just like a common-
603	Mel	↑Oh just like the general sense (0.4) of what you think of as
604		like (.) y'know just like the most significant kind of thing
605		they have in common (0.5) I mean (0.3) I- I'll ask you if I
606		need [you to follow up on it
607	Tom	[So th- So it's like the:: most significant thing (0.4)
608		no:t (0.7) like a (0.5) con:crete (0.3) like a
609	Mel	=Just say what comes to mind (0.5) honestly (0.5) yeah
610		(0.3) I mean um: (0.5) I'll usually- (.) if there-s (.) i- if it's-
611		if it's sort of like vague or (0.4) t! (0.7) um (0.8) o- or if
612		I'm not clear if it qualifies for what the test is looking for
613		(.) 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
1647		don't – I don't know if (I was) (0.8)
1648	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 (.) cha::nge 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

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

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		many mugs does he have altogether
1373	Tom	(5.4) ◦◦I'm just resting◦◦
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)

430	Mel	Have you seen the Royal Tenenbaums?
431	Tom	◦◦Yeah◦◦
432	Mel	I just- every time I do this I want to say make yours like
433		mine
434	Tom	((smiles))
435	Mel	S(h)o huh (1.2) (inaudible) (0.7) Δ So (0.5) replicate that
436		design
437	Tom	{18.4}
438	Mel	◦◦↑ka:y◦◦

In this extract, Mel makes a joke about the test instructions by comparing them to a scene from the movie *The Royal Tenenbaum*s (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

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

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

886	Ben	Correct ((hands Ben a card))
887	Rich	You're just makin' this up as you go along (.) just to fuck
888		with me (.) right? {2.6}
889		(2.6%)
		.
		.
		.
907		(8.2%)
908	Rich	Wrong ((hands Ben a card))
909	Ben	(2.7) This game s:ucks {1.8}
		.
		.
		.
943		(2.2%)
944	Rich	Correct ((hands Ben a card))
945	Ben	{3.1} This% game% sucks%
946		(3.1%)

947 Rich Correct
948 Ben phew

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:

(26) Transcript C

2157	Mel	Okay (0.4) you're done with the test (0.6) um: (0.8) a:nd
2158		(1.1) I wish it were over (0.4) but (0.3) uh (0.3) we can
2159		touch base to a point (0.3) but I mean (1.2) do ya have any
2160		thoughts about (0.6) how it went (0.6) and what it was like
2161		for you (1.0) what you feel like were strengths and
2162		weaknesses
2163	Tom	(0.9) Of the test itself (.) or or- (may I ask)[(inaudible)
2164	Mel	[Ah (.) >just
2165		what it was like for< you to take it (.) your experience of it
2166		(.) what you feel like ya did well on (.) what was frustrating
2167		(0.7) um
2168		(1.6)
2169	Tom	Well I feel confident on the vocabulary (0.5) for sure (0.3)
2170		(I'm not too- very worried about that) (0.4) um (2.3) ↑um
2171		(5.2) I would say that (0.7) m- mo:st problematic wa:s (0.4)
2172		the: (1.2) the- (0.7) general understanding an- and
2173		(knowledge of) facts (0.4) section (.) I don't like that se-
2174		(0.7) um (2.3) I think th- that's very (0.6) problematic to
2175		no:rm: (2.5) even (0.6) in a (0.9) like a tremendously large
2176		data set (1.7) um (0.5) for what is supposed to be a
2177		generalized intelligence test
2178	Mel	Sure

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:

218	Ben	◦it's: (0.6) it's (gone)◦
219	Rich	((smiles))
220	Ben	Seriously
221	Rich	Mm:
222	Ben	◦it's fucked up◦
223		(1.5)
224	Rich	Try to do the best you can
225		(2.1)
226	Rich	.hh Okay (0.3) s:o (.) this time I'm going to read a list of
227		words to you

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
□ School-aged Children
□ Adolescents
□ Young Adults
□ Adults
□ Elderly
□ Cognitively Impaired
□ Severe Mental Illness
□ Disability
□ 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."

1	.	
2	.	**Psychosocial interview – not transcribed to protect**
3	.	**participant confidentiality**
4	.	
5	Ian	t! Well (1.0) so we are going to go do some tests
6	Amy	okay

Ian Um:: (0.5) and (0.5) >w'wul probably have to have two or three of these sessions< lasting betw:een an hour n' two hours.

Amy M:hm:

Ian Um:: (1.5) I would say probably plan on three% of% them% (1.0) three% sessions% total% (2.8%)

Ian t! .hhh And% your::% >>availability%<< is% (.) Monday%, Wensday%, Friday?%

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)) (2.0%)

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

Amy ◦Nope◦

Ian ((clears throat)) (1.0) hhokay (21.0#)

Ian So (.) this'll probably take about an'our

Amy Alright (16.0#)

Ian Can you put your phone away (.) please¿

Amy ◦◦Kay◦◦ ((Amy puts phone in bag)) (13.0#)

Ian A:nd (0.2) we're just going to simply go (0.1) from one thing to the other

Amy ↑okay (14.0#)

Ian .hhhh uhlright (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 hhokay (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))

52		white (1.3) on some sides they're half red ((rotates block))
53		(1.2) half white
54	Amy	mhm
55		(3.2#)
56	Ian	So (.) watch me put these (.) blocks (.) together >to look
57		like this picture< {5.0} uh (.) ◦it's upside down there◦
58	Amy	Huh huh (.) ri(h)ght
59	Ian	Uhm (1.5) okay (.) see ((scrambles blocks)) now, you
60		make these blocks look like this picture
61	Amy	{0.1}
62		+ + (6.3%)
63	Ian	Okay (2.9) lets: go:: and >try some more< (.) alright?
64		(16.0#)
65	Ian	Δ alright (.) now make the blocks look like (.) this work as
66		fast as you can and tell me when you're finished
67		+ +
68	Amy	{9.6} Don't I need (.) like more blocks?
69	Ian	((grabs a block from box and then replaces it)) How many
70		d'ya have?
71	Amy	Four
72	Ian	Yea (.) Its four total
73	Amy	Oh¿ (2.9) alright {11.2} okay done.
74		+ (8.7%)
75	Ian	t! alright now make the blocks ((scrambles blocks twice))
76		[alright (.) <u>there</u>!
77	Amy	[Huh huh huh huh huh huh
78	Ian	Δ >Look like this<
79		+ + +
80	Amy	{7.5}
81		+ (4.1%)
82	Ian	((scrambles blocks)) Now Δ make the blo:cks look like this
83		+ + +
84	Amy	{9.0}
85		+ + +
86	Ian	Oh (.) Uh just say% something% when% you're% done%
87		[so% I% know%
88	Amy	[Oh% (.) <u>So</u>rry%
89		(3.7%)
90	Ian	((scrambles blocks)) Δ ◦Now make the blocks (.) look like
91		this◦
92		+ +
93	Amy	{9.9} ◦done◦
94		+
95	Ian	(2.6 – stares at the blocks)
96	Amy	Okay (.) that's totally wrong though h.h
97	Ian	That's% what% we% have% to% go% with%

98		(8.2%)
99	Amy	=Oh% £sorry% huh%
100	Ian	((scrambles blocks))No takebacks (0.5) [sorry huh.huh
101	Amy	[Huh(.) £okay
102	Ian	No it's okay Δ
103		+
104	Amy	{28.0} ◦done◦
105		+ (4.2%)
106	Ian	((scrambles blocks)) Δ
107		+ + + +
108	Amy	{12.6} ◦done◦
109		+ (17.9%#) +
110	Ian	((places five additional blocks in front of Amy and
111		scrambles all blocks)) Δ
112	Amy	◦◦Go?◦◦
113	Ian	◦◦Yeah◦◦
114		+
115	Amy	{101.0%#} What happens if I don figure it out¿
116	Ian	t! just keep going (1.0#) I'll let you know when the time is
117		up
118	Amy	{55.0%#}
119		+
120	Ian	◦◦time◦◦
121		(5.1%)
122	Ian	((scrambles blocks)) Δ
123		+ +
124	Amy	{120.0%#}
125		+
126	Ian	(◦◦time◦◦)
127		(5.3%)
128		((gathers blocks and puts them back in box))
129	Ian	(◦all done with the blocks?◦)
130	Amy	Huh huh £I'm not good at this app(h)ar(h)ently huh
131		(5.6#)
132	Ian	just try your best as we go through
133		(19.7%#)
134	Ian	T! .hhhh halright (.) now for something different (0.6) .hhh
135		I'm going to say two words and ask you how they are alike
136		(0.6) In what way are <A and Z are alike> (0.5) how are
137		they the same
138	Amy	They're both letters
139		(9.8%#)
140	Ian	.Hhhh That's right (.) A and Z are both letters <let's try:
141		(0.6) another one> (1.1) t! In what way are a <sh:orts and a
142		t:shirt alike>
143	Amy	They're both clothes

(7.4%)
Ian In what way are a banana and a plum alike
Amy They're both% different% types% of% fruit%
(13.7%#)
Ian ((sneeze))
Amy Bless you
Ian Thank you (1.5) In what way are a market and a department store alike?
Amy You shop in'em
(12.4%#)
Ian In what way are a heart (.) and liver alike?
Amy They're both in your body
(18.1%#)
Ian t! <In what wa:y> (1.0) are a ho:use (.) and a ho:tel alike?
Amy They both (.) like% (.) shelter% something%
(12.2%#)
Ian .hhh In what way are a doctor (.) and a- a lawyer alike?
Amy They're both jobs
(10.9%#)
Ian In what way are an egg (.) and a se:ed alike
Amy They both grow
(13.0%#)
Ian .Hh In what way are so:unds (.) and o:ceans alike
Amy ◦They both have% waves%◦
(13.6%#)
Ian Leaves?
Amy For- (0.4) sounds oceans and leaves?
Ian (1.2) t! In what way are sounds and oceans alike?
Amy Oh (1.2) u:m (0.5) Well for sound and oceans I said that they both have waves
Ian t! Wa:ves% (.) Okay% (.) I% thought% you% said% leaves%
Amy =Oh £sor(h)ry£ huh (inaudible)
(11.5%#)
Ian <In what wa:y> are news and a documentary (.) alike
Amy They both (.) tell% a% story%
(15.9%#)
Ian t! .hhh In what way are an pa:perweight and a fe:nce alike?
Amy (4.9) They are both% (.) uh (2.3) for% protection%
(16.4%#)
Ian .hh In what way are a desire and anticipation alike
Amy They're both (.) wants%
(20.3%#)
Ian t! In what way are forgetting and remembering alike?
Amy They're both states% of% mind%
(18.3%#)

190	Ian	t! .hhh In what way are all and no:thing alike?
191	Amy	They're both% a:mounts%
192		(11.4%#)
193	Ian	t! .hh In what way are strang- (0.7) uh (.) In what way are a
194		stranger and an acquaintance alike?
195	Amy	(2.2) Um: (4.3) They're both (0.4)pe:ople%?
196		(14.5%)
197	Ian	t! In what way are (.) control and freedom alike?
198	Amy	(3.0) U::m (9.5) They're both (.) like% (.) commands%
199		(13.7%#)
200	Ian	◦hkay◦ (4.5) Moving right along
201		(9.2#)
202	Ian	t! Now:: (.) I'm going to say some numbers (1.3) .hh listen
203		carefully (.) I can only say them <one time> (1.1) .hhhh
204		when I am through (0.6) I want you to say them back to me
205		in the s:ame order (0.8) so just say (.) what I (.) say (19.5) t!
206		eight (0.3) two
207	Amy	Eight two%
208		(4.3%)
209	Ian	t! one (0.5) nine
210	Amy	One nine
211		(7.9%)
212	Ian	.Hh Four (0.3) six (0.4) four
213	Amy	Four% six% four%
214		(3.8%)
215	Ian	.Hh nine (0.6) two (0.6) eight
216	Amy	Nine% two% eight%
217		(4.9%)
218	Ian	Two: (0.6) six (0.6) five(0.6) seven
219	Amy	Two% six% five% seven%
220		(3.2%)
221	Ian	Nine (0.5) six (0.5) seven (0.5) one
222	Amy	Nine% six% seven% one%
223		(2.8%)
224	Ian	.Hh Five (0.6) four (0.6) nine (0.5) four (0.6) two
225	Amy	Five% (.) four% (.) nine% (.) four% (.) two%
226		(2.9%)
227	Ian	.Hh Nine (0.7) nine (0.4) one (0.5) six (0.6) three
228	Amy	Ni:ne% (.) nine% (.) one% (.) six% (.) three%
229		(3.1%)
230	Ian	Hhh two (0.6) eight (0.6) eight (0.9) four (0.6) seven (0.7)
231		one
232	Amy	Two% (.) eight% (.) eight% (0.7) four% (.) seven% (.)
233		one%
234		(3.4%)
235	Ian	Two (0.7) nine (0.5) three (0.8) four (0.5) six (0.7) seven

236 Amy Two% (.) nine% (.) three% (0.8) four% (.) six% (.) seven%
237 (4.4%)
238 Ian Four (0.6) seven (0.7) one (0.9) nine (0.8) eight (0.8) two
239 (0.7) six
240 Amy Fo:ur (.) seven% (.) *o:ne% (0.7) nine% (.) eight%* (.)
241 two% (.) six%
242 (4.0%)
243 Ian Five (0.6) eight (0.7) one (0.7) three (0.7) seven (0.7) one
244 (0.7) nine
245 Amy Five% (0.5) eight% (.) one% (0.3) three% (.) seven% one%
246 nine%
247 (4.8%)
248 Ian .Hhh Eight (0.7) eight (0.7) one (0.8) one (0.4) three (0.6)
249 two (0.7) two (0.7) seven
250 Amy Eight eight% one:% (0.8) one% three% two% (0.5) two%
251 seven%
252 (5.2%)
253 Ian t! .hhh Six (0.4) three (0.6) four (0.8) nine (0.6) nine (0.5)
254 seven (0.6) nine (0.7) three
255 Amy Six% three% four% (0.8) nine% nine% seven% (0.7)
256 nine% three%
257 (5.5%)
258 Ian T! .hhhh Six:: five (0.5) five (0.7) seven (0.5) one (0.4)
259 seven: nine:: three:: eight
260 Amy Six% five% five% (0.6) seven% one% seven% (0.5) nine%
261 three% eight%
262 (4.2%)
263 Ian Nine(0.5) two (0.7) six (0.7) one (0.7) f- five (0.7) one (0.4)
264 one (0.6) three (0.7) five
265 Amy Nine% two% six% (0.8) one% five% one% (0.6) one%
266 three% five%
267 (8.0%#)
268 Ian t! Now I'm going to say some more numbers but this time
269 when I stop (.) I want you to say the numbers backward
270 (1.5) If I say four: seven (.) what would you say?
271 Amy Seven four
272 (0.8%)
273 Ian T'sright (2.9) .hhh Let's try another one (.) remember to
274 say them backwards (.) Three:: six
275 Amy Six: three
276 (17.7%#)
277 Ian T! .hh two: (.) eight
278 Amy Eight (.) two%
279 (3.4%)
280 Ian Five: (.) four
281 Amy Four (.) five%

282		(5.3%)
283	Ian	.Hh Five (0.5) eight
284	Amy	Eight (.) five
285		(3.6%)
286	Ian	.hhh Seven (0.3) two
287	Amy	two (.) seven
288		(7.5%)
289	Ian	T! Seven (0.4) four: (.) eight
290	Amy	Eight (.) four (.) seven
291		(6.4%)
292	Ian	T! Four (0.4) eight (0.5) six
293	Amy	Six (.) eight (.) four
294		(6.6%)
295	Ian	Seven (0.6) nine (0.4) seven (0.4) one
296	Amy	*one (.) seven (.) nine% (.) seven%*
297		(4.5%)
298	Ian	Eight (0.4) four (0.6) two (0.7) three
299	Amy	Three (.) two% (.) *four% (.) eight%*
300		(7.1%)
301	Ian	Eight (0.4) five (0.6) three (0.6) three (0.6) nine
302	Amy	Nine: three% (0.8)three% (.) five% eight%
303		(4.5%)
304	Ian	Seven (0.6) one (0.8) one (0.7) seven (0.8) nine
305	Amy	Nine% (.) seven% (.) one% one% seven%
306		(4.8%)
307	Ian	Nine (0.6) two (0.6) eight (0.6) four (0.5) nine (0.5) nine
308	Amy	Nine nine four: (1.4) eight two nine
309		(3.5%)
310	Ian	Five (0.7) eight (0.7) one (0.7) four (0.5) six (0.6) six
311	Amy	Six six four (0.9) one% eight% five%
312		(5.1%)
313	Ian	.Hh Eight (0.7) eight (0.7) six (0.5) five (0.5) eight (0.5) six
314		(0.7) eight
315	Amy	ei:ght six% *ei:ght% five%* (2.6) u::m (.) eight% six%
316		eight%
317		(6.7%)
318	Ian	.Hh two (0.6) one (0.8) one (0.8) six (0.4) seven (0.4) eight
319		(0.6) five
320	Amy	Um: (0.5) Five (.) ei:ght% seven% six% (5.4) *↑uhm* (1.6)
321		one:% (2.8) uh (0.3) >two% one%< (.) u:h% (.) ◦I%
322		forgot% the% rest% of% ‘em%◦
323		(3.8%)
324	Ian	.Hh ((clears throat))
325		(48.0#)
326	Ian	t! £Now I’m going to say some more numbers£
327		(1.5)

328	Ian	((looks at Amy and smiles))
329	Amy	£Gre::at£ huh
330	Ian	After I say them (.) I want you to tell me (.) the numbers in
331		order (.) starting with the lowest number (2.0) t! If I say
332		two: (.) three: (.) four (.) what would you say?
333	Amy	*two three four*
334		(4.5%#)
335	Ian	T! .hhh (1.3) That's right (.) let's try another one (0.5) four
336		uh (.) 'scuse me (.) eight (0.5) three: (.) three
337	Amy	*Three three eight?*
338		(5.3%#)
339	Ian	T! alright (.) let's try some more (3.4) one (0.7) seven
340	Amy	One seven
341		(4.1%)
342	Ian	T! five (0.5) three
343	Amy	Three five
344		(5.2%)
345	Ian	.Hh Five (0.7) one (0.6) nine
346	Amy	One five nine
347		(5.2%)
348	Ian	.Hh four (0.7) six (0.4) four
349	Amy	◦Four four *six*◦
350		(9.0%)
351	Ian	T! Nine (0.6) six (0.5) zero (0.5) two
352	Amy	(1.8) Zero two six% nine%
353		(4.5%)
354	Ian	((sniffs)) Four (0.4) nine (0.5) seven (0.5) one
355	Amy	(1.8) One *four% (1.2) seven% nine%*
356		(6.0%)
357	Ian	.Hhh zero (0.5) five (0.5) seven (0.6) one (0.4) four
358	Amy	(2.9) Zero (.) one% (5.8) t! (6.2) >*Fo:ur five% seven%*<
359		(9.3%)
360	Ian	T! One (0.6) nine (0.4) one: (.) eight (0.5) seven
361	Amy	(7.6) *One:% one%* (1.2) >seven% eight% nine%<
362		(7.4%)
363	Ian	T! Two: (.) two (0.5) eight (0.4) zero (0.4) five (0.5) six
364	Amy	(5.5) Zero% (1.0) two% (2.3) tw:o% (6.7) uh:m (3.7)
365		(◦◦I'm sorry (1.0) I can't remember the other ones (7.2) is it
366		um:?◦◦) two: (.) five: (.) >six% eight%<
367		(18.5%#)
368	Ian	T! ((clears throat)) three (0.4) seven: (.) three (0.5) ei:ght
369		(.) four (0.5) zero
370	Amy	(7.0) Zero% (1.6) three% (6.6) *three% (0.4) four%* (0.6)
371		>seven% eight%<
372		(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:nly look across and down to find to the find the- to find the answer (0.5#) do n:ot 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 h:ere (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

419		square circle¿ ↑square (1.4#) ↑so:: ci:rcle go:es here¿
420		(4.4^#) Alright (0.6) try summore?
421	Amy	◦okay◦
422	Ian	.Hh Δ which one here (0.6^) goes here¿
423	Amy	(0.6) number five.
424		(24.5%#)
425	Ian	Δ (2.0) t! .hhh [Which one-
426	Amy	[(Numb- [huh huh)
427	Ian	[Huh huh £Wh(h)ich one h(h)e(h)re
428		(0.6) goes here?
429	Amy	*Num::ber* (.) three
430		(15.6%)
431	Ian	Δ ◦>Which one here (.) goes here?<◦
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¿
442		(5.6%#)
443	Ian	Δ
444	Amy	(5.4) number five
445		(4.4%)
446	Ian	Δ
447	Amy	(4.1) uh number (.) five%
448		(4.7%#)
449	Ian	Δ
450	Amy	(14.5) num::*ber four*
451		(5.5%#)
452	Ian	Δ
453	Amy	(31.0) *number three*
454		(8.7%#)
455	Ian	Δ
456	Amy	(9.7) number four
457		(6.1%#)
458	Ian	Δ
459	Amy	(14.0) *num::ber (.) one*
460		(4.5%#)
461	Ian	Δ
462	Amy	(16.0) number *four*
463		(4.7%#)
464	Ian	Δ

465	Amy	(8.7) num:ber (.) one
466		(6.9%#)
467	Ian	Δ
468	Amy	(7.0) ↑num::ber:: (.) ↓four%
469		(6.1%#)
470	Ian	Δ
471	Amy	(18.0) uhm: .h num:ber (.) three
472		(5.6%#)
473	Ian	Δ
474	Amy	(41.0) (inaudible) *number three*
475		(5.3%#)
476	Ian	Δ
477	Amy	(31.2) ↑three
478		(4.7%#)
479	Ian	Δ
480	Amy	(39.6) th:ree
481		(5.3%#)
482	Ian	Δ
483	Amy	(27.4) *Fi:ve*
484		(5.5%#)
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
500		(7.1) Δ
501	Ian	T! .hhh (.) I'm going to say some words (0.9) listen
502		carefully (0.5) and tell me <what each word means> (1.8)
503		◦banana◦
504	Amy	(1.4) Sumthin yaeat
505		(15.7%#)
506	Ian	t! .h shield?
507	Amy	(2.7) protection
508		(10.1%#)
509	Ian	t! .h Sunrise
510	Amy	m: (1.6) transition (.) night to day

511		(16.4%#)
512	Ian	Inquisitive
513	Amy	(1.7) *to wonder*
514		(11.7%#)
515	Ian	Tuh- <wonder? (.) or wander>
516	Amy	(2.0) *Uhm* (4.1) like (.) wonder with an o
517	Ian	((shakes head up and down))
518		(13.0%#) Δ
519	Ian	t! resemble
520	Amy	(1.3) look alike
521		(16.9%#)
522	Ian	.Hh digest
523	Amy	(1.8) to take in
524	Ian	Sorry? ((points to ear))
525	Amy	take in
526	Ian	Taken%
527	Amy	= No% (0.7) take% (.) in%
528	Ian	Oh% (.) take% (.) in%
529	Amy	Yeah
530	Ian	=◦sorry◦
531	Amy	=◦*itsahright*◦
532		(13.5%#)
533	Ian	Elevate
534	Amy	(2.3) ta lift
535		(9.7%#)
536	Ian	.Hh em(.)balm
537	Amy	(1.2) preserve
538		(7.4%#)
539	Ian	.H contemplate
540	Amy	(1.2) Ta think
541		(14.0%#) Δ
542	Ian	.Hh re(.)pugnant
543	Amy	(1.3) ta back away
544		(14.8%)
545	Ian	T! Divulge
546	Amy	(1.6) ta (1.4) *trust* (1.4) ◦*tell% someone%
547		something%?*◦
548		(3.2%)
549	Ian	You said to tru:st?
550	Amy	Tatell someone something
551		(40.4%#)
552	Ian	.H Penitence
553	Amy	(2.3) ↑to feel guilt or sorry
554		(12.7%#)
555	Ian	T! bequeath
556	Amy	(0.8) ta-% *give%*

557		(14.0%#)
558	Ian	Methodical
559	Amy	(2.0) exact
560		(28.4%#) Δ
561	Ian	Con:ceive
562	Amy	(2.7) mm: ta- come up with
563		(18.9%#)
564	Ian	T! disre:gard
565	Amy	(1.5) uh:m *to be rude%* a:nd%- (0.8) to% not% see%
566		through% other's% eyes%
567		(27.7%#)
568	Ian	t! ((clears throat)) ta:ctile
569	Amy	(1.8) ◦*breakable*◦
570	Ian	(1.3) Wuz that? ((points to ear))
571	Amy	(0.4) like (.) breakable
572	Ian	◦breakable◦
573		(12.1%#)
574	Ian	.Hh per:sist
575	Amy	(3.4) *uh:m* (1.1) ta begin
576		(14.1%#)
577	Ian	Heterogenous
578	Amy	(1.6) diffrint
579		(10.0%#)
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?
586		(15.7%#)
587	Ian	T! Somnolence
588	Amy	(4.7) discreet
589		(20.3%#)
590	Ian	T! vexation
591	Amy	(5.0) bring together
592		(19.1%#)
593	Ian	Im:pudent
594	Amy	(16.3) ((groans and mumbles inaudibly)) like (.) out there
595		(3.5%#)
596	Ian	Can% you% say% more%?
597	Amy	(1.5) uch (.) I don't know (.) >when I think about it (.) I- I
598		have no idea (.) I% don't% know% any% of% these%
599		words%< ((clears throat))
600		(20.3%#)
601	Ian	T! ((sniffs))
602		(25.3#)

603	Ian	.hh hhhokay
604		(36.4#)
605	Ian	.Hh now I'm going to read you some problems (0.8) listen
606		carefully (0.8) you can only ask me to read (0.6) <u>eac</u>h
607		problem (0.8) <one more time> (1.2) Hernando has six
608		cupcakes (0.7) he eats one (0.8) how many cupcakes (0.5)
609		does he have left
610	Amy	(0.8) five
611		(10.0%)
612	Ian	t! .hhh that's right (.) let's try some more (.) remember yo-
613		can ask me to read yeach problem (0.6) <one more time>
614		(17.9#) Δ
615	Ian	Count these buttons (.) with your finger (0.7) count them
616		out loud (0.4) so that I can hear them.
617		+
618	Amy	(0.8) <*One two three four*> ((raises a finger with each
619		word))
620		+ (12.2%#)
621	Ian	Like (.) ◦<one two three>◦ ((points to the buttons with his
622		index finger as he counts))
623	Amy	okay
624		Δ +
625	Ian	Count these paperclips with your finger (0.4) count them
626		out loud (.) so that I can hear you
627		+
628	Amy	(0.5) One two three (.) four five six (.) seven% eight%
629		nine% ((touches each paperclip individually, but begins
630		waving her finger vaguely toward the end))
631		+ + + (11.5%#) Δ
632	Ian	T! How many shoes: (1.2) and so:cks (.) are there
633		altogether?
634		+
635	Amy	(1.5) One two three (.) *four* ((points to stimulus vaguely,
636		as she did earlier))
637		+ (24.6%#)
638	Ian	t! okay (.) Jake has one mug (1.6) .h he buys four more
639		(1.4)
640		+ (0.8)
641	Ian	.h how many mugs does he have altogether
642	Amy	five
643		+ + (16.7%#)
644	Ian	.hhh Scott has ni:ne pens (0.8) he loses th:ree (0.7) how
645		many pens does Scott have left
646		+
647	Amy	◦◦six◦◦
648		+(13.1%)+

649 Ian .Hh Bill has five employees: (.) and thirty pieces of work
650 (0.6) If each employee gets an e:qual amount of work(0.4)
651 how many pieces of work should each employee get
652 +
653 Amy ◦◦six◦◦
654 +(7.3%#)++
655 Ian .Hh Sue (.) has thirty five dollars (0.7) Roger has sixteen
656 dollars (0.5) How more dollars does <Sue (0.4) have>¿
657 +
658 Amy (1.2) ◦nineteen◦
659 +(7.7%#)+
660 Ian .H Jon has forty-eight fishing lures (0.7) he sells h:alf of
661 them to a friend (0.6) and buys <nine more> (0.7) how
662 many fishing lures does he have in the end
663 + + +
664 Amy (0.6) ◦thirty three◦
665 +(7.8%)+
666 Ian Juan has sixty-three tickets (0.8) he gives seven people (.)
667 <eight tickets each> (0.7) how many tickets does he have
668 left
669 +
670 Amy ◦◦six◦◦
671 + (7.3%) +
672 Ian There are twenty-five matches <in each pack> (0.8) How
673 many pieces are in ten packs?
674 + + +
675 Amy (2.6) m::↑m:(4.3) ◦two hundred and fifty◦
676 + (9.6%) +
677 Ian T! .hhh George gives seven people (.) <six coupons each>
678 (0.8) He has six coupons left for tomorrow (1.2) how many
679 coupons did he have altogether?
680 +
681 Amy (0.2) forty-eight
682 + (8.3%) +
683 Ian .Hh Dr. Ying sees <twenty-eight> patients each day (.) on
684 Monday through Friday (0.8) she sees thi:rty patients (.) on
685 Saturday (0.8) How many patients does she see altogether?
686 +
687 Amy (7.7) (◦◦two hundred sixty◦◦)
688 + (8.9%) +
689 Ian .Hh Beth needs to update the membership registry of a club
690 (.) The club has <a hundred and thirteen> members (0.8)
691 Before Beth begins twenty seven more people join the club
692 (0.7) Beth registers five members each minute (0.7) How
693 many minutes until Beth finishes <registering all the
694 members>

695 +
696 Amy (1.2) ◦can ya read it again?◦
697 Ian >◦Sure◦<
698 +
699 Ian Beth needs to update the membership registry of a club (.)
700 The club has <a hundred and thirteen> members (.) Before
701 Beth begins(.) twenty seven more people join the club (.)
702 Beth registers five members each minute (0.7) How many
703 minutes until Beth finishes <registering all the members>
704 +
705 Amy (7.8) >I have no idea< (.) twelve
706 + (11.2%) +
707 Ian T! .hhh Charles can alter (.) two suit jackets (.) in sixty-
708 three minutes (0.8) How long does it take him to alter
709 twelve suit jackets
710 +
711 Amy (30.6) ((groans and mumbles to herself))
712 Ian Do'ya have an answer?
713 Amy (inaudible mumbling) ◦◦*no*◦◦
714 + (6.0%)
715 (6.0)
716 Amy <three hundred (.) *seventy eight*>? <I don't know> (.) I
717 can't do math in my head?
718 (19.5%) +
719 Ian <Jamal sells four-fifths (.) the num:ber> of magazine
720 subscriptions that Jim sold (0.8) Jamal sells four hundred
721 subscriptions (0.5) How many does Jim sell
722 +
723 Amy (24.1) ◦Can you read it again◦
724 Ian >Sure<
725 + +
726 Ian Jamal sells four-fifths <the number of magazine
727 subscriptions that Jim sold> (0.8) Jamal sells <four
728 hundred> subscriptions (0.6) How many does Jim sell?
729 + + +
730 Amy (4.8)◦◦*three hundred seventy five*◦◦
731 + (10.4%) +
732 Ian .Hh Franz spoke with <two hundred and twenty-eight>
733 clients in f:our weeks (.) if he spoke with an e:qual number
734 of clients each week (.) how many clients did he speak with
735 (.) each week
736 +
737 Amy (7.3) ◦fifty-seven◦
738 + (9.0%) +

739	Ian	hhhh Chris has triple as many boxes .hh as Jane (0.7) Chris
740		has one hundred boxes (0.8) How many boxes (.) does Jane
741		have
742		+
743	Amy	(12.8) Thirty three
744		+
745	Amy	and a third
746		(8.6%) +
747	Ian	Pam usually runs (.) fifty laps (.) around a track (0.7) she
748		runs thirty percent fewer laps today (0.8) how many laps
749		does she run today
750		+
751	Amy	(4.3) Can you read it again
752	Ian	>◦Sure◦<
753		+ + +
754	Ian	Pam usually runs (.) fifty laps (.) around a track (0.8) She
755		runs thirty percent (.) fewer laps today (0.6) how many laps
756		does she run today
757		+
758	Amy	(12.5) (◦◦fifteen◦◦)
759		+ (10.6%) +
760	Ian	T! If eight machines (.) can construct a complete car (.) in
761		four days (0.8) h:ow many machines are needed (.) to
762		complete a car (.) in <half of a day>
763		+
764	Amy	(12.2) twenty? ((shrugs – frowns – furrows brows))
765		+(7.4%)+
766	Ian	.Hh a farm produces thirty thousand bushels of corn in one
767		year (0.9) the following year (.) their production increases
768		five percent (0.9) The year after that (.) production (.)
769		increased by another ten percent (1.0) how many bushels of
770		corn are produced <after both increases>
771		+ + +
772	Amy	(32.4) eh (.) ◦thirty thousand◦
773		+ (0.8%)
774	Amy	>I% really% have% no% idea% (.) I% can’t% do% it%
775		in% my% head%<
776		(7.8%)
777	Ian	◦hkay◦
778		(3.0#)
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 .hokay
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))
797 (8.9#)
798 Ian .hokay (0.4#) look at these (0.6^) sh:apes (2.4#) .hh one of
799 these shapes (0.6^) is the same (.) as one of the shapes over
800 here (0.6^) >◦here's a pencil ((hands Amy a pencil)) (.)
801 (you're gonna need that)◦< .hhh this shape (0.9^) is the
802 same (.) as this shape over here (1.5^#) so I draw a line
803 through it (0.4) like this (6.8# - draws a line on response
804 form) <Look (.) at (0.4#) these shapes> (1.5#) this shape
805 (1.3^) is the same (1.0#) as this shape (0.7#) here (1.3^#)
806 s:o I draw a line through it (2.9 – draws a line in response
807 booklet) so if you see a shape over here (1.1^#) that is the
808 same (.) as over here (1.3^) draw a line through it (0.9#) If
809 you do not see a shape (1.1#) over here (1.3#) that is the
810 same as one of these shapes (1.6^#) draw a line through the
811 no box
812 (3.1)
813 Amy *◦Do you want me to do it or you◦*
814 Ian Here (0.6 – draws line on response booklet) now you do
815 these
816 Amy {15.6}
817 Ian ◦hkay◦ (1.1) so (.) now you know (0.8) <how to do it>
818 (6.0#)
819 Ian When I say go (0.9#) Do these (1.1 – opens the response
820 booklet) ◦sorry◦ (1.1 – Ian smooths the booklet) Do these
821 (0.5) in the same (1.8#) way (5.2#) t! .hhhh Go in order (.)
822 and don't skip any (0.5#) work as fast as you can (.)
823 without making mistakes (.) until I tell you stop (0.8#)
824 when you finish the first page (0.5) go to the second page
825 (1.0^) and the following pages (1.6#) and (.) <I'll stop you
826 after (0.7#) the time is up> mkay?
827 +
828 Amy ((nods head))
829 Ian ◦go◦
830 +

831 Amy {120}
832 +
833 Ian ◦stop◦
834 (6.0%)
835 Ian ◦Hhalright◦
836 (32.0#)
837 Ian t! (1.1) ↑okay
838 (6.1#)
839 Ian Δ T! imagine that this^ picture <is a puzzle> (1.2#) .h I am
840 going to choose three: of these pieces (3.6^) that go
841 together (.) to make up the puzzle (0.9#) the three: (0.5#)
842 pieces should fit- should fit next to each other (.) and not on
843 the top of each other (1.3#) after I look at all of the pieces
844 (.) I cho:ose <the:se three: pieces (0.5) ◦one^ two^ and
845 five^◦> (0.9#) .hhh If I put them together in my mind (0.4)
846 they would make (0.7#) <the puzzle> (1.8#) .hh Even
847 though I could put these two pieces together to look like the
848 puzzle (1.6#) ◦<three^ and four^>◦ (1.3#) I would not
849 choose them because I have to make th- the puzzle from
850 three: pieces (1.5#) Even though I could put the:se three
851 pieces t- together to look like the puzzle (1.4#) ◦<one three
852 five>◦ (0.8) I <would not> choose them because I would I
853 have to put this piece (2.3^) on top of the this piece (1.4^)
854 and then put both of these pa- pieces on top of this piece
855 (1.7^) I can't stack the pieces together (0.6) to make the
856 puzzle (1.3) so these three pieces (.) ◦one^ two^ and five^◦
857 (1.1#) are the only ones that fit next to each other (10.0#) t!
858 a:lright (.) now you try one Δ You may- you may h:ave to
859 turn a piece in your mind (.) to make it (0.4) fit (.) which of
860 the:se three pieces (3.0^) go together to make this puzzle
861 +
862 Amy One two n' four
863 +
864 Ian Right
865 (8.4%#) +
866 Ian .hhh so that's right (.) so if you put the:se three pieces
867 toget↑h:er (2.7^) they will make this puzzle
868 (2.9#)
869 Ian ◦hokay◦
870 (14.0#)
871 Ian Δ
872 (4.4)
873 Ian t! which of these three pieces (1.4^) goes together to make
874 this puzzle
875 + + +
876 Amy ◦*Five two and three*◦

877		+ (10.1%#) + +
878	Ian	Δ
879		+
880	Amy	◦*four six n' two*◦
881		+ (16.3%#) +
882	Ian	Δ
883		+
884	Amy	◦*Two five n' three*◦
885		+ (11.6%#)
886	Ian	Δ
887		+ + +
888	Amy	(9.4) is it <u>thr</u>ee pieces for every puzzle?
889	Ian	mhm
890	Amy	(11.3) o:ne fo:ur (.) three
891		+ (14.8%) +
892	Ian	Δ
893		+
894	Amy	(6.7) ◦two six◦
895		+
896	Amy	◦n' three◦
897		(11.0%) + +
898	Ian	Δ
899		+
900	Amy	(3.7) three five six
901		+ (10.0%) +
902	Ian	Δ
903		+
904	Amy	(8.5) three two *fi:ve*
905		+ (9.6%) +
906	Ian	Δ
907		+
908	Amy	(10.9) five three two
909		+ + + (8.8%)
910	Ian	Δ
911		+ +
912	Amy	(3.9) two four six
913		+ (9.0%) +
914	Ian	Δ
915		+
916	Amy	(9.0) Tw- >one two three<
917		+ (8.4%)
918	Ian	Δ
919		+ +
920	Amy	(2.1) (inaudible) >one two three<
921		+ (9.3%#)
922	Ian	◦kay◦

(3.3)
Ian ((puts away stimulus book))
Ian a:nd ↑another one
+
Ian Δ
(31.2#)
Ian .Hh so I'll ask you so questions (0.9) what is a watch used for
Amy (1.5) ◦To tell the time%◦
(16.2%#)
Ian .H h:ow many hours are there in one day
Amy ◦◦twenty four◦◦
(6.3%)
Ian .Hh who is Frederick Douglass
Amy (3.0) ◦A black guy (0.8) (I dunno) (0.7) 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 (1.3) ◦molecules◦
(8.3%#)
Ian .Hh Who: wrote Romeo and Juliet
Amy (5.1) ◦Shakespeare◦
(15.4%#)
Ian On what continent is Portugal
Amy (5.0) ◦◦I have no idea◦◦ (2.3) >*◦I have no idea I couldn't even name one continent◦*<
(18.5%#)
Ian T! 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 (6.4) ◦◦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 (.) 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

969		mark (0.4) in the bottom part (1.6^#) .hh each number (.)
970		has its own mark (1.5#) ◦corresponding mark◦ (1.6^#)
971		Down here (.^) the boxes have (.)numbers in the top parts
972		(1.5#) but the empt- but are empty in the bottom parts
973		(0.6#) .hhhh You are to draw the marks that belo:ng in the
974		empty boxes (0.5#) like this (0.3) So here is a six (1.0^#)
975		the six has this sign in- symbol in it (1.2 – writes in
976		booklet) ◦like that◦ (2.2#) here is an eight (0.7^) the eight
977		has this symbol in it (1.6 – writes in booklet) ◦upside down◦
978		((rotates response booklet)) so (4.0#) t! so (.) now you do
979		these (0.5^) and stop (.) when you get to here ((points to
980		response booklet))
981	Amy	{15.0} ((pushes response booklet to examiner))
982	Ian	((examines response booklet)) kay (1.3) .hhh alright (0.4)
983		so (.) when I say go (.) do these in the same way (.) starting
984		here (0.7) go in order (.) and don't skip any (0.9) work as
985		you- as fast as you can (.) <until I tell you to stop> (1.5) are
986		you ready?
987	Amy	◦◦yup◦◦
988		+
989	Ian	Go
990		+
991	Amy	{120}
992		+
993	Ian	stop
994		(16.6%#)
995	Ian	.Hhh uhl↑right (1.3) Lemme just look over ev- everythin
996		real quick and then we'll be done fer today
997		(28.6#) ((clinician mumbles to himself throughout))
998	Ian	Done
999	Amy	◦O:kay◦
1000	Ian	(1.1) .hhh um: so uh: (1.3) stop at the front desk (.) on the
1001		way out (.) and schedule our next one (.) kay?
1002	Amy	Okay
1003		(2.5)
1004	Ian	This is the la:st of thi:s particular type of test
1005	Amy	okay
1006		((Amy leaves the room as the clinician is packing up the
1007		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
4		outside))
5		(4.7)

Rich S'wrong? (0.5) >Thinkin' about the weather?<
Ben (2.3) No
(6.3)
Rich Just gimme a couple seconds to get organized
Ben (1.5) No
Rich ((looks at Ben and smiles))
(11.4)
Rich Let's see ((arranges test materials on table))
(4.0)
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) a:nd (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:
(1.7)
Ben I have (0.5) very little recollection of-
Rich ((raises eyebrows and tilts head forward))
Ben We did this before (.) it's-
(1.4)
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>

52 Ben Mhm: (inaudible)
53 Rich when I am through I want you to tell me erything I read to
54 you (1.0#) You should tell me a:ll you can remember even
55 if you are not sure
56 Ben kay
57 Rich Are you ready
58 Ben ((motions with his hand))
59 Rich Linda Patterson of Baltimore (0.8) employed by the city
60 port authority (0.8) reported at the head office (.) that the
61 bus she drove bro:ke down on Liberty Avenue (.) after the
62 engine overheated and began smoking (0.7) .hh she had
63 twenty-four passengers on the bus (0.5) it was the middle
64 of rush hour (1.0) and the broken-down bus was causing a
65 traffic jam (1.0) Dispatch (0.6) feeling sorry for Ms.
66 Patterson (0.6) sent a repair truck and told her to take the
67 rest of the day off (2.0) Now what did I read to you (0.6)
68 tell me erything (.) and begin and the beginning
69 Ben (1.5) Hm: (2.3) uh: (.) Linda% Patterson% hhh (2.1)
70 Baltimore% (2.0) engine% smoking%- broken% down% (.)
71 bus% with% engine% smoking% (3.3) dispatch% told%
72 her% take% the% day% off:% (2.7) she% has% twenty%
73 four% passengers% and% can't% complete% her% route%
74 (26.3%#)
75 Rich ◦okay◦ (0.9#) Now I'm going to re:ad you: another little
76 story and see how much of it you can remember (1.6#) as
77 with the first story (.) try to remember it just the way I say
78 it (1.5#) you ready?
79 Ben .hh Y:up hh
80 Rich Burt Rogers (0.5) <was re:vising> (.) a ten page sales
81 report while he at his lunch (.) which consisted of a tuna
82 sandwich (.) a boiled egg (.) and a cherry cola (0.5) when
83 he spilled the cola all over the table (1.2) The sales report
84 was ruined (0.6) as the ink has run (1.1) He looked around
85 the room (1.0) and he saw no one was there (0.6) so he
86 gathered the pages and tossed them in the trash (1.2) Just
87 then Tina from accounting walked in (0.7) cleared her
88 throat and said (0.5) "Oh my (.) what a mess" (2.1) Now
89 what did I read to you (.) tell me everything (.) and begin
90 and the beginning
91 Ben (1.2) this is re:ally fucked up
92 Rich (3.3)
93 Ben this is really fucked up
94 Rich (2.1)
95 Ben Um: (4.2) Joe% Blow% was% revising% a% sales%
96 re:port% (1.4) while% eating% something% a:nd% uh:

(2.3) something% else% and% (.) spilled% his% cola%
(4.5) trash% (2.1) no% one% else% around%
(14.3%)
Ben ((looks at the clinician and turns his palm up))
(2.5%))
Ben ((turns his palm up again and shrugs his shoulders))
Rich ((looks up and mumbles inaudibly))
(10.1%)
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
(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 [Yeah (0.8) Yeah that's fine
(1.8)
+ +
(4.6)
Rich Okay
(13.9)
Rich Okay
(1.9)
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

143 Rich Δ
144 (1.9)
145 Ben Dude
146 Rich (9.2 - Rich continues holding the stimulus)
147 (0.9#)
148 Rich Now draw as many of the figures as you can in all their
149 (0.5) correct locations on the page
150 Ben ((clears throat)) {8.81} ((stares at Rich and clears throat
151 again)) {16.5} ((loudly taps fist on table)) s'bout it
152 Rich ((nods))
153 (5.3%)
154 Rich ◦kay◦ (1.9#) so that was fine
155 Ben Psht (0.8) yeah
156 Rich Huh £Now we'll like to see whether you can remember
157 more£ of the figures if you had another chance
158 Ben Ahh that's fucked up
159 Rich (0.7) So I'll present the display again for ten seconds (0.5)
160 try to remember as many of the figures .hh as you can this
161 time (.) including the ones you remembered on the last one
162 Ben mhm
163 Rich (1.4) Try to draw each figure precisely (.) and in its correct
164 location [on the page
165 Ben [mhm
166 Rich Δ
167 (11.2)
168 Ben {5.8} Wow (.) Just like that it's gone (0.5) is that fucked up
169 or what?
170 Rich ((hands Ben a fresh sheet of paper[7]))
171 Ben Nah ((points to the paper in front of him))
172 Rich Sorry (.) I- (0.9) [(mumbles) give you another paper
173 Ben [Nah Nah this- (0.6) Nah (.) well (.) it
174 dunnit matter
175 Rich Draw it on this paper
176 Ben ((stares at Rich's face))
177 Rich ◦sorry◦
178 Ben {20.7} wo:w ((taps on table)) {7.2} ((mumbles under his
179 breath)) {6.4} that's it ((throws pencil on the table))
180 Rich (2.4) £◦kay (.) That was fine◦£
181 (2.4)
182 Rich £Now I'd like to see whether you can remember mo:re of
183 the figures£ (.) if you have another chance (1.7) I: will
184 present the display again (0.6 – hands Ben a blank sheet of
185 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.

186		remember as many o:f the figures you can this time (.)
187		including the ones you remembered in your last attempt
188		(1.0) Try to draw each figure precisely (.) and on its correct
189		location
190		(1.3 – Ben is staring down at the blank sheet)
191	Rich	Ben?
192	Ben	((looks up)) Ye::s:
193	Rich	Δ
194		(2.3)
195	Ben	((sighs deeply))
196	Rich	(9.8 – continues holding stimulus)
197	Ben	{23.7} ((sits back and stares at Rich))
198		(4.5)
199	Rich	◦◦Mkay◦◦ (0.6) so try to fig- (.) forget the display (0.5)
200		be:cause I may ask you to draw it again at a later time
201		(1.2)
202	Rich	Mind if I take this? ((points to sheets that Ben just drew
203		on))
204	Ben	A- Absolutely (.) please
205		(1.0)
206	Ben	(inaudible)
207	Rich	Hm?
208	Ben	(inaudible)
209	Rich	Oh no (.) that's fine (.) maybe [(I'll) (inaudible)
210	Ben	[((loudly clears throat))
211	Rich	Oh (.) and Also later on I'll ask you to tell: me the stories
212		again (0.6) [so: try not to forget em
213	Ben	[Huh (0.6) huh huh huh huh
214		(1.0)
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:
218	Ben	◦it's: (0.6) it's (gone)◦
219	Rich	((smiles))
220	Ben	Seriously
221	Rich	Mm:
222	Ben	◦it's fucked up◦
223		(1.5)
224	Rich	Try to do the best you can
225		(2.1)
226	Rich	.hh Okay (0.3) s:o (.) this time I'm going to read a list of
227		words to you
228	Ben	((Throws pencil on the table))
229	Rich	uh: listen carefully because when I'm: through: I'd like
230		yo:u 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))
(1.2%)
Ben ((shrugs))
(1.3%)
Ben ((shrugs))

277		(13.4%)
278	Ben	.hh There's kinda (2.6) a- (0.6) a wall (.) >know what I
279		mean?< (0.5) ju- (.) just blank walls (0.7) (that flies up)
280	Rich	(4.4) Well (.) I can see you're doing your best
281		(1.5)
282	Ben	[Fuck-
283	Rich	[You worked really hard on the last one
284		(3.2)
285	Ben	◦Yeah◦ ((stares out of the window))
286		(7.3)
287	Rich	Ready for the next one?
288	Ben	((shrugs))
289	Rich	(2.4#) So: (0.6) I'm going to say some numbers (2.0) listen
290		carefully (0.9) a:nd when I am through (1.0) say them right
291		after me
292	Ben	(2.3) ◦kay◦
293	Rich	(2.7) Eight (1.0) four (0.9) nine
294	Ben	(3.1) Eight four% nine%
295		(4.3%)
296	Rich	.hh Seven (0.9) two (1.0) four
297	Ben	(2.2) Seven two% four%
298		(3.9%)
299	Rich	Five (0.9) two (0.7) three (0.8) eight
300	Ben	(2.7) five two% three% eight%
301		(3.7%)
302	Rich	One hh (1.0) four (0.9) three (1.0) five
303	Ben	(2.1) One% four% three% five%
304		(2.2%)
305	Rich	One (1.1) three (0.9) six (1.1) eight (0.9) two
306	Ben	(2.9) One% three% six% (2.2) eight% two%?
307		(4.2%)
308	Rich	Nine (1.0) five (0.9) seven (1.0) five (0.9) one
309	Ben	(4.3) Nine% five% se:ven% (.) five% one%
310		(3.7%)
311	Rich	Five (1.4) 'scuse me (2.7) starting again (1.0) Three (0.9)
312		eight (1.1) five (1.1) eight (0.9) three (1.2) five
313	Ben	(4.0) Three% eight% (1.7) Three% five% eight% (3.5)
314		three% five%
315		(4.7%)
316	Rich	Seven (1.1) two (1.3) Six (1.1) three (1.2) nine (1.1) one
317	Ben	(5.1) Seven% two% six% (0.4) three% one%
318		(4.5%)
319	Rich	Nine (1.2) seven (1.1) six (1.1) seven (1.0) four (1.2) three
320		(1.2) nine
321	Ben	(4.7) Ah: nine% (1.1) seven:% six% (5.8) uh: (0.5) four%
322		(0.9) seven% nine%

323		(3.7%)
324	Rich	Four: (1.1) six (1.1) eight (1.2) one (1.0) three (1.2) eight
325		(1.3) seven
326	Ben	(3.4) Four% six% eight% three% (0.4) eight% o- one%
327		seven%
328		(6.3%#)
329	Rich	Now I'm going to say some mo:re numbers (2.1) but this
330		time when I stop (0.8) I wa:nt yo:u to say them backwards
331		(1.7) so (0.6) for example (1.3) if I say three seven one (.)
332		what would you say?
333	Ben	>one seven three<
334	Rich	(1.4) sorry?
335	Ben	One seven three
336		(1.2)
337	Ben	What did you say?
338	Rich	That's right
339		(2.3)
340	Rich	Okay (4.2) (◦ready?◦)
341	Ben	((sets coffee cup on table))
342	Rich	three (1.0) one
343	Ben	(1.4) one% three%
344		(3.6%)
345	Rich	Six (0.9) two
346	Ben	(1.5) Two% six%
347		(4.1%)
348	Rich	Three (0.9) nine (1.0) four
349	Ben	(3.5) Four% (.) nine% (.) three%
350		(4.2%)
351	Ben	I feel like a retard (0.5) this is £fucked u(h)p huh£
352	Rich	((looks at Ben))
353	Ben	G'ahead
354	Rich	(2.4) five (0.8) one (1.0) five
355	Ben	(1.8) ◦five% one% fi:ve%◦
356		(5.3%)
357	Rich	One (1.0) nine (1.1) one (1.2) six
358	Ben	(7.5) uh: (.) six% one% nine% one%
359		(4.2%)
360	Rich	One (1.2) five (1.1) three (1.2) nine
361	Ben	(3.8) Nine% three% five% one%
362		(5.0%)
363	Rich	Five (1.0) one (1.2) four (1.3) two (1.1) eight
364	Ben	(2.6) um: (4.7) eight% two% five% fo:ur% (.) eight%
365		(5.6%)
366	Rich	Three (1.0) one (1.1) nine (1.2) one (1.3) seven

367	Ben	(6.0) uh (.) >I'm really we-< (.) w- wingin' it here (5.7)
368		ni:ne% (3.9) one% seven?% (1.2) one% (1.5) nine%
369		three?%
370		(6.2%)(11.8#)
371	Rich	Okay (.) wanna switch chats- (.) tasks now?
372	Ben	(2.9) ((looks at Rich))
373	Rich	Kay (.) I want to see how quickly (1.3) you can count
374		backwards from twenty to one (1.2) like this (0.8) <twenty
375		(.) nin:eteen (.) ei:ghteen> (0.9) a:ll: the way back to one
376		(2.2) go ahead
377		+
378	Ben	((clears throat)) twenty (0.6) nineteen (0.6) eighteen (0.8)
379		seventeen (1.1) sixteen (0.7) fifteen (1.4) fourteen (0.6)
380		thirteen (1.3) twelve (1.5) eleven (1.2) ten (0.5) nine (0.7)
381		eight (1.1) seven (0.8) six (1.5) five (0.5) four >three two
382		one<
383		+ (6.4%)
384	Rich	Kay (0.9) .hh I: want to see how quickly::
385		+
386	Rich	You can say the alphabet for me (0.8) like this A B C (1.4)
387		go ahead
388		+
389	Ben	(2.1) A
390		+
391	Ben	B C (0.6) D E F G H I J K (1.3) L M N O P (0.5) Q R- do
392		you really need me to do the rest for you?
393		+
394		(1.1)
395	Ben	It's kind of like a program
396	Rich	Mm:
397		(2.4%)
398	Ben	(inaudible)
399	Rich	Huh (1.8) I can see you tried real hard
400	Ben	(1.2) ◦yeah◦
401		(2.9)
402	Rich	O:kay (0.6) Now I want to see how quickly you can count
403		by three: (0.8) beginning with one (0.7) like this (0.7) <one
404		(0.7) four (0.8) seven> (0.8) and so on
405		+
406	Rich	go a+head
407	Ben	(1.3) One hh (0.5) four (0.4) seven (2.3) uh (.) ten (0.7)
408		thirteen (5.5) sixteen (2.0) eight- (.) uh: nineteen (2.3)
409		twenty-two (1.9) twenty five (1.8) twenty eight (1.4) thirty
410		one (1.7) thirty four (2.5) thirty seven (2.0) forty (2.1)
411		forty-three
412		+

413 Rich ◦M:kay◦
414 (7.1%) (3.6#)
415 Rich .hh okay (0.8) hold on for jus a second here
416 (46.0#)
417 Rich Remember the list of words (1.8) tha::t you tried to learn
418 before?
419 Ben (1.6) With the carrot?
420 Rich (1.3) ◦Yeah◦ (1.1) so: (2.0) Tell me: (.) >as many< of those
421 words as you can remember?
422 Ben (3.0) Uh: (1.4) carrot% (0.9%) mascara% (1.2%)
423 zucchini% (1.7%) lipstick% (0.9%) bronze% (0.6%)
424 silver% (2.6%) gold% (1.4%) potato% (2.1%) eyeliner%
425 (3.0%) spinach%
426 (11.3%)
427 Ben That was pretty good
428 Rich ((smiles)) (1.4) hh (.) £okay (0.3) Well now£ I'm going to
429 read a longer list of words to you [(0.4) a:nd-
430 Ben [great
431 Rich Some of the words were on that original list (0.6) a::nd
432 some are not (1.4) okay?
433 Ben ◦◦kay◦◦
434 Rich so after I read I'd li:ke you: to: say: yes if it was on the
435 original list and no if it was not
436 (3.3 – Ben sets coffee cup on the table)
437 Rich Was zucchini on the original list?
438 Ben Yes
439 (4.3%)
440 Rich Wa:s (0.8) eye shadow (0.6) on the [origin- original list?
441 Ben [No
442 (2.7%)
443 Rich Was br:onze on the original [list?
444 Ben [yes
445 (3.1%)
446 Rich Was balloon on the list?
447 Ben No
448 (2.8%)
449 Rich Was coffee on the list?
450 Ben ◦Nuh-uh◦
451 (1.9%)
452 Rich Was Carrot on the list?
453 Ben ◦yes◦
454 (1.9%)
455 Rich Was pa:lladium on the list?
456 Ben (2.5) No
457 Rich Was ey:eliner on the list?
458 Ben Yes

459 (2.9%)
460 Rich Was po:tato [on the list?
461 Ben [yes
462 (1.8%)
463 Rich Was boat on the list?
464 Ben No
465 (2.7%)
466 Rich Was scarf on the list?
467 Ben No
468 (2.4%)
469 Rich Was blush on the list
470 Ben (1.5) What?
471 Rich Blush (0.4) on the list
472 Ben Yes
473 (2.6%)
474 Rich Was platinum on the list?
475 Ben Yes
476 (2.6%)
477 Rich Was mascara on the list?
478 Ben Yes
479 (2.5%)
480 Rich Was lipstick on the list?
481 Ben (2.0) Yes
482 (2.6%)
483 Rich Was cucumber on the list?
484 Ben No
485 (2.8%)
486 Rich Was ge:mstone on the list?
487 Ben No
488 (2.4%)
489 Rich Was penny on the list?
490 Ben No
491 (2.3%)
492 Rich Was Silver on the list?
493 Ben (0.9) Yes
494 (2.6%)
495 Rich Was mountain on the list?
496 Ben (1.5) I don't know what you said but no
497 Rich Mountain
498 Ben (1.5) No
499 (2.3%)
500 Rich Was broccoli on the list?
501 Ben (0.9) No
502 (2.0%)
503 Rich Was gold on the list?
504 Ben (2.1) Yes

(2.1%)
Rich Was Spinach on the list?
Ben Yes
(2.3%)
Rich Was metal on the list?
Ben (1.6) No
(11.5#)
Rich ◦kay◦
(11.6#)
Rich alright s::
(14.0#)
Rich Alright
(6.6#)
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%
(27.3%)
Rich ◦Re:mem:ber◦ (5.1) ◦kay◦ (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%
(36.6%) (10.6#)
Rich Is that all you can remember?
Ben ((shrugs))
(3.8)
Ben ((shrugs)) That's it
(16.4#)
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
(1.9)
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
(1.6 - hands Ben a blank sheet of paper) remember (1.3) try

to draw them accurately (.) just like- and just do the best you can.

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 t- (.) th:ree (0.8) three to 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?
(1.1)
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

642 Rich (3.2) okay (5.8) On this one (0.6) I'm going to say a letter
643 of alphabet (0.8) and I want you to think of as many words
644 as you can th- (0.7) that begin with that letter (.) <until I
645 say stop> (1.4) for example (1.0) if I: sa::y (1.8) If I say (.)
646 um: (0.4) B (1.2) You can say be:d (.) or bath (0.9) bu:t
647 please try not to u:se any words that begin with capital
648 letters (0.5) such as Barbara (0.6) or Bethlehem (1.2) Also
649 try not to a- simply add endings (1.0) like I N G onto the
650 words (1.2) [okay
651 Ben [Yeah okay
652 Rich Okay (1.3) The first le:tter i:s (.) P (0.9) go ahead
653 +
654 Ben (1.2) u:m: hh (1.2) Pear% (1.5%) pe:ek% (2.7%) patent%
655 (1.8%) pun% (3.9%)
656 Rich ((looks at Ben))
657 Ben ((returns gaze)) happiness% (10.5%) ((shrugs)) (7.6) huh (.)
658 it's a wall ((puts hand in front of place))
659 Rich (2.8) ◦Try the best you can◦
660 Ben ◦alright (.) I'm doing it◦ (1.2) poor% (1.9) pace% (3.8)
661 put% (15.4) +
662 Rich ◦Stop◦ (4.6) The next letter (0.5) is B
663 Ben B?
664 Rich ((nods))
665 + + +
666 Ben Ba:bble: (1.4) b:lasphemous% (2.4%) bat% (2.3%) bin%
667 (5.8%) back seat% (2.6%) uh (1.5) ◦two words◦ (2.0) back
668 (.) ◦◦seat◦◦ (5.6) barge% (10.1) bar:bituate%
669 (4.0)battlement% (3.1) bumblebee% (14.8) (that's what
670 happens)
671 Rich Stop
672 +
673 (5.9%)
674 Rich O:kay (.) the next letter i:s (.) T (2.0) Begin
675 +
676 Ben (2.5) Tw::at% hhhh (2.3%) uh: (1.2%) tiers% (2.3%)
677 tuber% (1.7%) task% h (2.2%) Thim(.)ble% (2.5%) taken%
678 hh% (15.8) tow%
679 Rich What's that
680 Ben tow% (2.9%) tantrum% (18.9) tattle-tail% (7.4%)
681 Rich Stop ((nods)) (6.2) Okay (1.5) No::w (1.3) I want you to
682 na:me as many foods as you can until I tell you to stop (1.2)
683 please do not use different types of food (.) such as apple
684 pie or blueberry pie (1.7) Ready?
685 Ben Yeah
686 Rich Begin
687 +

688 Ben (0.5) Cheeseburger% (2.0%) pie% (.) cake% (.) bread%
689 (2.9%) fish% (1.7%) carbohydrates% (4.8%) rice% (7.3%)
690 pa:sta% (5.3%) (salad%) hh (1.5%) (salsa%) (1.8%) potato
691 chips% (3.3%) p:ea so:up% (19.9) lamb% (3.0%) pork%
692 (0.7%) beef% (2.2%)
693 Rich S:top
694 (11.6%)
695 Rich Kay hh (0.4) moving on
696 Ben Mhm
697 (5.3)
698 Rich What would you were caught in traffic (.) and you need to
699 get to an impordant job interview (.) but you know you
700 won't make it in time
701 Ben Hhh (5.3) uh (1.5) call% an'% (1.3) tell% 'em% (3.4)
702 that% I'm% in% the% hospital% (2.7%) >I% dunno%<
703 (0.4) call% and% tell% 'em% (0.8%) I'm% gonna%
704 come% in% late% (4.1%) (inaudible) (2.9%) (inaudible)%
705 wouldn't% chya?%
706 (17.3%)
707 Rich ◦kay◦ (3.5) What would you do if you were wa:lking do:wn
708 the street and you saw a toddler wandering around by
709 himself?
710 Ben (6.1) uh: (3.5) >I dunno< (.) walk% over% and% (5.1%)
711 look% around% (.) see% where% (.) might% be% any%
712 adults% associated% with% the% child% (1.7%) keepin'%
713 an% eye% on% 'em% that% time%
714 (29.1%)
715 Rich What would you do if you came home and found that none
716 of the lights or electronics in your house turn on?
717 Ben (4.7) Find% the% (1.7%) circuit% (.) breaker% an'%
718 (0.5%) check% for% a% blown% fuse%
719 (14.8%)
720 Rich What would you do if you were stranded at a gas station far
721 from home with only one dollar in your pocket
722 Ben (6.6) uh: (0.9) call% (0.7) somebody%
723 (12.7%)
724 Ben Well if (1.8) if I was stranded (.) uh (.) I co- could go
725 somewhere else
726 Rich ((looks at Ben))
727 Ben Right?
728 Rich Well (0.5) for the purposes of the question (1.5) [if
729 Ben [If (.) okay
730 (1.2) And I don't have a cell phone?
731 Rich For the purpose of the question (.) imagine that you do not
732 have a cell phone

733 Ben (2.3) Use a buck (.) you can do that too (.) >make a phone
734 call< (1.3) I dunno (1.4) I mean what's a buck gonna do but
735 make a collect call? ((shrugs))
736 (18.7%)
737 Rich Could yo::u (0.9) explain (1.3) the call?
738 Ben (1.9) uh (0.8) call% somebody% to:% (2.9%) y'know%
739 (1.2%) maybe% my% wife% (.) to% (1.5%) come% get%
740 me% (0.8%) out% of% (3.5%) the% gas% station% (3.5%)
741 (inaudible)
742 (20.1%)
743 Rich ◦mkay◦ (7.2#) okay (2.2) lemme just bring my chair here
744 (2.5 – moves chair) no:w (1.6) this test (.) uh: (2.2) >should
745 be interesting< (1.1) okay (2.9) move this ((moves table))
746 so it sits in between us (3.7) and I'll sit here (2.0) Okay (.)
747 so:: this test is going to be:: (.) a:: little diff'rent (.) 'cause
748 I'm not allowed to tell you much about it (10.5# – sorting
749 cards) mkay (2.0) so what I'll do: (.) is I will ask yo:u to:
750 (1.7) match: (1.6) each of the cards (0.9) in this deck (1.6)
751 to one of these (0.4) four cards in front of you (3.5) so::
752 (0.9) pl:ace the card (3.3) but place the card (.) um: (0.7)
753 that you think it best matches below the cards (0.8) in front
754 of you (0.8) that means these four (1.1 - points to cards on
755 table) I can't tell you how to match them but I will tell you
756 each time whether you are right or you are wrong (1.0) If
757 you are wrong (0.6) just leave the card (.) where it is (0.4)
758 where you placed it (.) a:nd just try to get the next one right
759 (1.2) you understand?
760 Ben ((nods))
761 Rich ◦okay◦ ((arranges test materials – hands Ben a card)) ◦here◦
762 Ben {0.9}
763 (9.7%)
764 Rich Wrong ((hands Ben another card))
765 Ben (1.6) It's wrong? (1.3) ↑really?
766 Rich ((nods))
767 Ben {4.7}
768 (7.7%)
769 Rich Wrong ((hands Ben a new card))
770 Ben (1.2) Am I supposed to re-do these? [(or leave it where its
771 at?)
772 Rich [No (0.5)Just leave it
773 where you placed it
774 Ben {6.0} Wrong?
775 (6.0%)
776 Rich Wrong
777 Ben Hh (0.4) ≤it's fuck(h)ed (h)up≥
778 Rich ((hands Ben another card))

779 Ben {0.7}
780 (2.8%)
781 Rich Correct ((hands Ben another card))
782 Ben So if you're color-blind (.) You'd really be fucked on this?
783 {0.5}
784 (4.8%)
785 Rich Correct ((hands Ben a card))
786 Ben Dude {0.8}
787 (3.6%)
788 Rich Correct ((hands Ben a card))
789 Ben {0.9}
790 (4.9%)
791 Rich Correct ((hands Ben a card))
792 Ben {2.8}
793 (5.4%)
794 Rich Wrong ((hands Ben a card))
795 Ben {1.2}
796 (6.5%)
797 Rich Wrong ((hands Ben a card))
798 Ben T! (0.5) huh huh (0.5) ↑F:u:ck {4.8}
799 Rich ((3.7 - stares at the cards))
800 (0.6%)
801 Ben Wrong?
802 Rich ((nods)) £wrong£ ((hands Ben a card))
803 Ben {6.9} should be seeing some pattern by now (1.3 - looks
804 through cards he placed previously) I should have put them
805 in two piles (0.5) F:uck% {8.3}%
806 (2.0%)
807 Rich Wrong
808 Ben ((bangs fist on the table)) Fu:ck ((picks up card))
809 Rich Please replace it ((hands Ben a card))
810 Ben ((stacks cards on table)) well (.) that's not helpful {5.3}%
811 (2.3%)
812 Rich Correct ((hands Ben a card))
813 Ben {0.7}
814 (1.8%)
815 Rich Correct ((hands Ben a card))
816 Ben {1.2}
817 (3.2%)
818 Rich Correct ((hands Ben a card))
819 Ben {0.3}
820 (1.5%)
821 Rich Correct ((hands Ben a card))
822 Ben {0.6}
823 (2.9%)
824 Rich Correct ((hands Ben a card))

825 Ben {1.5}
826 (2.2%)
827 Rich Correct ((hands Ben a card))
828 Ben {0.8}
829 (3.2%)
830 Rich Correct ((hands Ben a card))
831 Ben {1.0}
832 (2.0%)
833 Rich Correct ((hands Ben a card))
834 Ben {0.7}
835 (3.0%)
836 Rich Correct ((hands Ben a card))
837 Ben {1.0}
838 (2.8%)
839 Rich Correct ((hands Ben a card))
840 Ben {0.5}
841 (2.4%)
842 Rich Correct ((hands Ben a card))
843 Ben {0.7}
844 (9.4%)
845 Rich Correct ((hands Ben a card))
846 Ben {0.6}
847 (2.2%)
848 Rich Wrong ((hands Ben a card))
849 Ben >Wait a minute< (1.2) where's the last one you gave me?
850 Rich ((points to previous card))
851 Ben Oh (1.3) ↑Why's that wrong? {3.4}
852 Rich Sorry (where'd you put it)?
853 Ben ((points to card he just placed))
854 Rich >Wrong<
855 (3.3%)
856 Rich ((hands Ben a card))
857 Ben {1.3}
858 Rich (3.5%)
859 Rich Wr:ong ((hands Ben a card))
860 Ben ◦That's fucked up◦ {3.4}
861 (4.3%)
862 Rich Wrong ((hands Ben a card))
863 Ben Hh huh {0.8}
864 Rich ((stares at cards))
865 (3.2%)
866 Rich Wrong ((hands Ben a card))
867 Ben Du::de {8.4}
868 (5.2%)
869 Rich Wrong ((hands Ben a card))
870 Ben {1.7}

871 Rich Corr:ect
872 (4.0%)
873 Rich ((hands Ben a card))
874 Ben {1.0}
875 (2.5%)
876 Ben g'he<u>ad</u>% (.) <u>Tell</u>% <u>me</u>% [<u>that's</u>% <u>wrong</u>
877 Rich [Correct ((hands Ben a card))
878 Ben {2.2}
879 (5.6%)
880 Rich Wrong ((hands Ben a card))
881 Ben {1.6}
882 (3.2%)
883 Rich Correct ((hands Ben a card))
884 Ben {2.4}
885 (4.2%)
886 Rich Correct ((hands Ben a card))
887 Ben You're just makin' this up as you go along (.) just to fuck
888 with me (.) right? {2.6}
889 (2.6%)
890 Rich Correct ((hands Ben a card))
891 Ben ((clears throat)) {11.6}
892 (4.1%)
893 Rich Wrong ((hands Ben a card))
894 Ben {2.3}
895 (3.1%)
896 Rich Correct ((hands Ben a card))
897 Ben {3.3}
898 (4.3%)
899 Rich Wrong ((hands Ben a card))
900 Ben {6.4}
901 (2.3%)
902 Rich Correct ((hands Ben a card))
903 Ben {18.7}
904 (2.8%)
905 Rich Wrong ((hands Ben a card))
906 Ben {0.9}
907 (8.2%)
908 Rich Wrong ((hands Ben a card))
909 Ben (2.7) This game s:ucks {1.8}
910 (3.1%)
911 Rich Wrong ((hands Ben a card))
912 Ben =Huh {0.6} Bet% that% one's% right%
913 (2.1%)
914 Rich Correct ((hands Ben a card))
915 Ben {4.9}
916 (2.3%)

917 Rich Correct ((hands Ben a card))
918 Ben {1.0}
919 (2.7%)
920 Rich Correct ((hands Ben a card))
921 Ben {6.1}
922 (3.0%)
923 Rich Wrong ((hands Ben a card))
924 Ben {5.3}
925 (3.5%)
926 Rich Wrong ((hands Ben a card))
927 Ben Da::mn {2.2}
928 (2.5%)
929 Rich Wrong ((hands Ben a card))
930 Ben {1.9}
931 (3.2%)
932 Rich Wrong ((hands Ben a card))
933 Ben Fu::ck {10.9}
934 (1.6%)
935 Rich Correct ((hands Ben a card))
936 Ben {2.3}
937 (2.3%)
938 Rich Wrong ((hands Ben a card))
939 Ben {4.4}
940 (1.9%)
941 Rich Wrong ((hands Ben a card))
942 Ben {1.5} No% ((moves card))
943 (2.2%)
944 Rich Correct ((hands Ben a card))
945 Ben {3.1} This% game% sucks%
946 (3.1%)
947 Rich Correct
948 Ben phew
949 Rich ((hands Ben a card))
950 Ben {10.1}
951 (2.7%)
952 Rich Wrong ((hands Ben a card))
953 Ben {1.3}
954 (6.3)
955 Rich ◦Did you put a fresh card down?◦
956 Ben ◦yes◦
957 Rich That’s (0.8) wr:ong
958 (0.9%)
959 Rich ((hands Ben a new card))
960 Ben {5.6}
961 (3.2%)
962 Rich Wrong ((hands Ben a card))

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
(3.1)
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) ◦and 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
(6.1)
Ben hh (.) The little boy's room? ((points)) (1.2) [(I've got
business)
Rich [Yeah (0.6)
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.

1	Mel	◦Ka:y◦ (0.4) alright just have a seat here first
2	Tom	Sure
3	Mel	I'm just gonna go over some background and stuff with you
4	Tom	Alright
5	Mel	Sorry I'm running late (.) I uh: (0.5) got on the pa:rkway
6		.hhh a:nd (4.1 – arranging test materials) it took me an 'our
7		to get to the hospital this'mornin .hhh
8	Tom	t! kay
9	Mel	Usually takes 'bout half an hour (0.8) same thing happened
10		when I was coming over here
11		(1.8 – Mel arranging test materials)
12	Mel	(◦let's put the:se 'ere◦)
13		(8.4 – Mel arranging test materials)
14	Mel	How ya' doin'?
15	Tom	Pretty well
16		(2.2)

17	Tom	t! I came from inside the city (.) so (0.4) (there's delays
18		from this type of stuff)
19	Mel	.hh uch yeah
20		(1.4)
21	Mel	Where inside the city?
22	Tom	↑Um (0.6) Meadowbrook (0.6) where I work
23		(2.2)
24	Mel	Not bad
25		(1.3)
26	Mel	So: (0.5) see ((clears throat)) a::nd (1.2) you're here (0.4)
27		fo:r 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- its
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	mhm
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		y'know (0.5) given your age and years of education
48	Tom	Mh[m
49	Mel	[So- (1.0) um (0.4) and ↑I guess just for the ↑sta:r:t (.)
50		uhm (1.2) >could you give me a sense of what you were
51		hoping< to um (1.0) I guess what you were hoping to learn
52		(0.7) from the test
53	Tom	Um: (2.9) t! (0.9) m:ostly I would- (0.6) I'm looking for I
54		suppose (0.6) assurances that (.) my capacity to: (0.9) um:
55		accomplish tests of (0.8) some cognitive rigor (0.9) um (.)
56		is in line wer- with (.) where I was approximately (0.7) in
57		the past (.) when I was attending school (0.5) I'm looking
58		to attend (0.8) (◦the college of◦) (inaudible)
59	Mel	Okay
60	Tom	t! After (.) an extended (0.7) absence
61		(6.4 – Mel is writing)

Mel 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)

Tom Right

Mel 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

Tom t-ah:

Mel 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-

Tom Um (1.0) hi:storically 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)

Mel Okay

(3.2 – Mel is writing)

Mel ◦Anything else?◦

(8.9 – Mel examines test materials)

Mel ◦Hold on just a second here◦

(15.0 – Mel continues examining test materials)

Mel ◦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)

Mel 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)

Tom kay

Mel 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)

Tom mhm

Mel 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

Tom £Ok(h)ay£ huh huh

Mel £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 scor[es

Tom [Yeah

(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?

.

. **Psychosocial interview – not transcribed to**

. **protect participant confidentiality**

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

(5.7)

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

153 (0.7)
154 Tom To count down or to count up?
155 Mel Uh (0.6) count up
156 (4.7 – Tom manipulates stop watch)
157 Tom (I think this is it)
158 Mel ↑What'd you do?
159 Tom ◦It just goes through it◦
160 Mel Huh huh hhh (0.5) ◦What did I not do?◦ (.) (inaudible)
161 (1.1)
162 Tom You probably alternated between the buttons (0.8) mm
163 Mel Mm
164 Tom And (.) in any case (0.7) um (1.1) start and stop on the right
165 Mel Okay (0.5) got [it
166 Tom [O:nce it stops (.) you can reset it
167 Mel Excellent
168 Tom (inaudible)
169 (1.9)
170 Mel S- (0.5) S:o (0.9) t! What is the:: year
171 Tom Twenty thirteen
172 Mel =Kay (.) What's the season (0.7) of the year?
173 Tom It's the spring
174 Mel A:nd uh what month [is the-
175 Tom [Wait long calen- like Incan long
176 calendar?
177 Mel Just go with- ((Tom smiles)) £Yeah huh huh right£ (1.1) or
178 the Mayan one that (0.4) ended
179 Tom Yeah (0.4) It-
180 Mel Oh God
181 Tom It rolled over again
182 Mel Oh is that what happened?
183 Tom =Yeah
184 Mel It just sort of recycled?
185 Tom They actually have like (.) several calendars (0.8) like
186 calendars within calendars (0.7) and (0.4) just one of the
187 larger (0.4) cycles (0.4) yeah
188 Mel >↑Oh I saw a diagram of this once< (0.5) It's like (.) uh: It
189 was explained in terms of gears (0.8) ◦or something like
190 that◦
191 Tom Yeah (0.2) Gear's a way of describing it
192 Mel ◦◦yeah (0.4) uh◦◦
193 (0.7)
194 Tom The weeks to months would be a better (0.7) analogy
195 Mel Oh really? (.) okay
196 Tom (Cause the one is longer)
197 Mel >Well the world didn't end< (0.8) [uh
198 Tom [Yeah

199 Mel At that point
200 Tom =Okay
201 Mel So they must've 'ad something figured out (0.5) um (0.5)
202 What month is it
203 Tom April (0.9) C- Christ (.) ↑Criminy (0.6) Its May already
204 Mel A:nd what day'a the week?
205 Tom (1.0) Um (0.3) its (0.5) Friday?
206 (1.6)
207 Mel And (0.4) uh: (0.3) What's the date (0.8) like the day'a the
208 month?
209 Tom It's the seventeenth
210 (1.6)
211 Mel A:nd (0.4) uh (.) letsee where are we now (.) what state?
212 Tom t! uh Pennsylvania
213 Mel And wut (.) county? (0.5) or ci:ty or town (0.4) whatever
214 Tom We're in Lancaster (.) Lancaster County
215 Mel Okay
216 (4.1)
217 Tom A:nd uh: .hh (0.4) letsee (0.6) uh (.) what building are we
218 in?
219 Mel We're in the Stevens: (0.7) um: (0.4) Psychology Clinic (.)
220 I don't recall (1.7) the name uh the building (.) It might be
221 Armstead (1.2) but (0.7) ◦I've never◦ (0.9) four hundred tile
222 avenue
223 Tom Mm
224 (3.4)
225 Mel Kay listen carefully I'm gunna say three words (0.8) just
226 say them back to me after I stop (0.4) Ready?
227 Tom t! (0.7) yeah
228 Mel ↑O:range (1.1) dollar (1.0) couch (1.2) and just repeat those
229 words back to me
230 Tom orange (.) dollar (.) couch
231 Mel ◦◦Kay◦◦
232 (4.7)
233 Mel Hhhhh and keep those words in mi:nd (.) I'm gunna ask
234 you to say them again in a few minutes
235 (1.0)
236 Mel t! Now I'd like you to subtract seven: from a hundred (0.9)
237 then keep subtracting seven from each answer (0.4) until I
238 tell you to stop (0.5) so just start at a hundred and take
239 seven away
240 Tom (1.3) so I just (0.3) start now
241 Mel Mhm (0.3) Yeah (0.3) [go ahead
242 Tom [S- (0.5) So (0.3) ninety three (0.9)
243 ei:ghty six (1.3) um (0.6) seventy nine (0.5) seventy two
244 (0.8) sixty five

245	Mel	=>that's good<
246		(6.7)
247	Mel	t! And spell world (0.4) forward (0.4) and then backward
248	Tom	(1.9) Which- (0.7) is it the globe (.) or like W H I R L E D
249	Mel	=er (.) just like the word world
250	Tom	Oh (1.8) W O R L D (1.2) um (1.1) D L (1.9) R (0.5) O W
251	Mel	Mkay
252		(2.0)
253	Mel	Hhhh A:nd (0.4) Do you remember those three words I
254		asked you to remember (0.3) just a second ago
255	Tom	(1.0) um (0.5) yeah (0.3) dollar orange couch
256		(5.0)
257	Mel	t! (1.4) ka:y (0.4) what's this ((holds up a pen))
258	Tom	It's a pen
259	Mel	A:nd what's this ((points to stopwatch))
260	Tom	A stopwatch
261		(5.4)
262	Mel	Ah'm ask ya' to repeat (0.8) uh (0.3) what I say (0.6) t!
263		(0.6) No ifs and or buts (0.6) >Now you say that<
264	Tom	t! No ifs and or buts (0.5) Now you say that
265	Mel	Huh huh huh huh huh (0.7) You caught it hhh (0.5) <u>stop</u>
266		<u>now</u> (0.4)
267	Mel	huh £o(h)kay£ huh hh ((clears throat))
268		(12.3)
269	Mel	t! (0.5) kay listen carefully 'cause I'm gonna ask you to do
270		something (1.1) take this pa:per (0.8) in your ri:ght hand
271		(0.9) fold it in half (0.6) a:nd put it on the table ((hands
272		Tom a sheet of paper that has been folded in half))
273	Tom	(2.8 – looks at Mel, and then performs all of the requested
274		actions except folding the paper in half[8])
275	Mel	◦◦kay◦◦ (takes the paper)
276		(7.6)
277	Mel	t! (0.4) ◦Kay◦ (1.2) read this aloud a:nd do what it says
278		(hands Mel a sheet of paper)
279	Tom	(2.2) Close your eyes ((Tom closes eyes))
280	Mel	Kay
281		(4.2)
282	Mel	A:nd um: (0.8) just (0.3) write (0.3) any sentence (0.5) any
283		complete sentence here (0.3 – hand's Tom a sheet of paper)
284		◦>just write a sentence<◦ (1.1) If you can't think of
285		anything just write about the weather
286		(8.4 – Tom writes a sentence)
287	Mel	That'll do (1.0) t! .hhh next (4.0) Ple:ase ju:st (.) co:py (1.0)
288		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.

289	Tom	(6.8 – client tries to trace the design)
290	Mel	Oh you should copy it from (.) uh
291	Tom	Oh ((moves paper))
292	Mel	That way (0.3) yeah
293	Tom	Okay (21.5 – copies design; Mel arranges materials)
294	Mel	Ya got it
295	Tom	Mm
296	Mel	Mkay
297		(5.5)
298	Mel	Okay (0.3) We are done with that (1.9) uh (1.7) it's actually
299		a: um (0.7) it's just a (0.9) like a common (1.0) mental
300		status exam (0.6) that they use in (0.3) a lot of times in
301		hospitals and stuff (0.7) um (0.9) ◦just (0.5) a lot of times
302		(people don't have a hard time doin' 'em) (0.4) but if
303		you're gonna be testing (0.4) um (0.5) you kind just need
304		it◦ hhh
305		(2.6)
306	Mel	So now we'll get you into the WAIS
307		(1.5)
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 of
322		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 say
327		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
331	Mel	(1.0) No- uh: ↑partly (0.3) ye:ah (0.5) I mean >just
332		because it's like< (.) most- I think most people when they
333		go into this kind of testing (0.8) like (0.3) uh (0.5) when
334		they do cognitive tests (0.6)

Tom mhm
Mel it's easy to get frustrated (0.4) because (0.8) almost no one does (0.4) perfectly well
Tom Rig[ht
Mel [I mean that's not what they're set up for
Tom Yeah
Mel 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
Tom [Well you do know what's correct and incorrect?
Mel Uh (0.4) [yeah
Tom [Like y- y- you don't know it ↑no::rmalized against my (1.2) demographics and [stuff (0.3) right?
Mel [Right (1.1) Yeah I mean you'd be ↑surprised though (0.3) I mean there's ones where like (.) l- 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
Mel You mi:ght get like f:o:ur out of thirty items correct and then you'll b[e: (.) in like the ninetieth percentile or something
Tom [mm (1.1) mhm
Mel I mean (0.3) that's like- I can't think that would apply to you (0.2) but that's (0.6) certainly not unheard of (0.5) um
Tom I gotta say I'm just kinda curious because I know this is (0.4) 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 (0.6) personal interpretations (0.6) an- anyway
Mel Oh yeah sure (.) um
Tom And I'm using that (against my) anxiety
Mel You're doing £great£
Tom Yeah (smiles)
Mel Huh huh huh
(0.9)
Mel Um (1.4)
Tom I'm sorry (0.4) (go ahead)
Mel No no no (.) I'm ju- I'm thinking about that (0.3) like um (1.4) it's- (.) I think what they're (0.6) one of the questions he:re i:s (0.8) so you'll just notice when we're doing this (0.4) I mean there's places (0.4) like (1.0) I'm gonna sit here (0.4) a:nd (0.5) ha:ve to essentially just (0.4) read (1.0) aloud (0.9) I mean
Tom Okay

Mel 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 <u>bl</u>ocks (4.4 – Mel dumps a box of blocks on the table) Some of these- these blocks are all alike (0.6) some sides all <u>wh</u>ite (0.6 – turns a block to it's white side) some sides are all <u>re</u>d (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) the:se 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 <u>id</u>entical (0.3) yeah

(0.9)

Mel Um (0.7) So <u>I</u> (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) h:ere 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) Δ 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) Δ 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 Δ There ya go
Tom {8.0}
(10.9 – Mel records the response)
Mel (inaudible – mumbling to himself)
(7.0)
Mel Δ
Tom ◦Should I be waiting for something?◦
Mel ◦No (.) go ahead?◦

472	Tom	{10.1}
473		(12.9 – Mel records response and manipulates materials)
474	Mel	Δ
475	Tom	{11.4}
476		(1.6)
477		(Tom begins to move the blocks)
478	Mel	◦Just leave'em for a second (0.5) I just wanna make sure◦
479	Tom	◦Kay◦
480		(3.9 – Mel records response)
481	Tom	◦◦Let's see◦◦ .hhhhh
482		(4.2)
483	Mel	Δ
484	Tom	{14.8}
485		(5.0)
486	Tom	((begins to move blocks, breaking up the design before Mel
487		can record the response)) oh shi(h)t (0.9) huh huh
488		(2.2)
489	Tom	I'm sor- (.) I'm sorry
490	Mel	◦It's okay◦
491	Tom	{8.4 – re-builds the design with the blocks}
492	Mel	kay
493		(15.0 – Mel records response and manipulates test
494		materials)
495	Mel	Δ
496	Tom	{23.5} ◦ah shit◦ (rotates a block to make it match the
497		design)
498		(12.3 – Mel records response and manipulates test
499		materials)
500	Mel	Δ
501		{68.8}
502		+ (20.8 – Mel records response and manipulates test
503		materials)
504	Mel	Δ
505	Tom	(reaches for the blocks, but then shrugs)
506	Mel	Go ahead
507	Tom	{66.5}
508		(16.4 – Mel records response and manipulates test
509		materials)
510	Mel	Δ
511	Tom	{5.5}
512	Mel	Keep goin' ((Mel stands up and moves around the room))
513	Tom	{24.2} Am I al- allowed to ro- rotate this? ((rotates
514		stimulus book))
515	Mel	(2.1) not sure
516	Tom	((smiles)) huh
517	Mel	Just th- the rotation of the design once you're done matters

518	Tom	{70.0} (does not rotate stimulus book)
519	Mel	(inaudible)
520		(20.7 – Mel records response and manipulates test
521		materials)
522	Mel	Δ
523	Tom	{30.3}
524		(8.7)
525	Mel	◦◦Let's see that◦◦ (rotates book so he can record response)
526		(23.5)
527	Tom	◦◦I was supposed to turn that ◦◦
528	Mel	What's that?
529	Tom	Just there
530	Mel	Oh (2.6) yeah (0.7) I'm going to go get the next part (0.6)
531		There's one book that wasn't in there (0.7) that I should go
532		grab
533		(2.3)
534	Mel	Let's: see:: (0.6) I will be right back
535		(63.5 – Mel leaves the room. When he returns, Tom is
536		holding his head in his hands)
537	Mel	How ya' feelin'?
538	Tom	(1.0) Uh (0.3) frustrated
539	Mel	How come?
540	Tom	(0.9) Uh (0.2) because of the error on the last one
541		(5.5 – Mel arranges test materials)
542	Mel	Again
543	Tom	Mhm
544		(1.3 – Mel arranges test materials)
545	Mel	Nobody (1.2) ◦er- almost no one◦ (0.9) does absolutely
546		perfect (2.2) Some of these (0.7) work- (1.1) it could be an
547		accident (that loses you time) (1.0) we've had (0.5) some of
548		them (0.9) untimed
549	Tom	◦oh okay◦
550	Mel	So: (0.5) we're moving on (2.7) (set up this book an::d)
551		(6.4) okay (0.5) this is where I think it gets robotic
552	Tom	Oh no
553	Mel	It's (0.7) act- (0.5) I just have to read the instructions
554		verbatim
555	Tom	mkay
556	Mel	And (1.7 – Mel sets up the manual, and Tom can only see
557		the cover) £I swear there's nothing too interesting on the
558		other side of this manual£
559	Tom	Huh huh
560		(2.7)
561	Tom	(inaudible) ISBN number
562		(1.6)
563	Mel	Wh- wh-

564 Tom (inaudible)
565 Mel Is it like all: (0.5) uh ((Mel turns book around so he can see
566 the cover))
567 Tom Oh yeah (.) there you are
568 (3.8 – turns the book back around and begins reading
569 instructions)
570 Mel Okay
571 (1.1)
572 Mel You'd be amazed what these things go for if you have (to
573 buy one)
574 (6.4 – Mel reading test instructions)
575 Mel Okay (0.4) Now I'm gonna say two words (0.6) and ask
576 you how they are alike (1.0) so: (0.3) in what way are A
577 and Z (0.3) alike (0.6) How are they the same
578 Tom (0.7) They're both letters of the English and Latin alphabets
579 Mel =◦Yup◦
580 (2.7)
581 Mel That's right (0.4) A and Z are both letters let's try another
582 one
583 (10.6)
584 Mel In what way (0.4) are shorts (0.4) and a t-shirt (0.3) alike
585 Tom (0.9) They are both clothes
586 (5.6)
587 Tom They are both manufactured (1.2) I- I mean
588 Mel That's good
589 (1.7)
590 Mel In what way a ba:nana and a plum (0.4) alike
591 Tom (0.9) They're both (0.4) fruits
592 (4.9)
593 Tom And they're both (.) technically domesticated fruits
594 (3.4)
595 Mel In what way are a market (0.3) and a department (0.6) alike
596 Tom (0.8) They're me:ans of commercial exchange (0.8) they're
597 (0.5) human-made (2.3) they can be constructed (1.2) ◦out
598 of various materials◦
599 (6.1)
600 Tom How (0.7) uh (0.6) I guess I- I- I can't ask like (0.9) the
601 level of detail that is appropriate (0.5) is precision
602 important here or just like a common-
603 Mel ↑Oh just like the general sense (0.4) of what you think of as
604 like (.) y'know just like the most significant kind of thing
605 they have in common (0.5) I mean (0.3) I- I'll ask you if I
606 need [you to follow up on it
607 Tom [So th- So it's like the:: most significant thing (0.4)
608 no:t (0.7) like a (0.5) con:crete (0.3) like a

609 Mel =Just say what comes to mind (0.5) honestly (0.5) yeah
610 (0.3) I mean um: (0.5) I'll usually- (.) if there-s (.) i- if it's-
611 if it's sort of like vague or (0.4) t! (0.7) um (0.8) o- or if
612 I'm not clear if it qualifies for what the test is looking for
613 (.) I usually ask
614 Tom mm
615 Mel to follow up (.) so
616 Tom Okay
617 Mel Um (0.4) So (0.4) In what way are a heart and a liver (0.4)
618 alike (0.6) what do they have in com[mon
619 Tom [They're both body
620 parts (0.7) they're (0.5) um (0.4) both found in humans
621 (0.4) they're (2.2) internal organs
622 (6.2)
623 Tom Regulatory systems
624 (5.8)
625 Mel Hhh In what way are a house (0.9) and a hotel (0.5) alike
626 Tom (1.1) t! (.) uh for the most part they're both pieces of
627 architecture (0.4) they're both (0.3) shelter f:or (0.7) a
628 people (0.8) either fixed or travelling
629 (9.6)
630 Tom Hotels could be described a house for travelers
631 (9.0)
632 Mel In what way are a do::ctor (0.3) and a lawyer (0.5) alike
633 Tom (1.5) They're both (.) they're both (0.6) pro::fessions that
634 are associated with (0.6) m:erit (1.1) or accomplishment
635 (0.8) rank or role (0.5) and require education
636 (3.0)
637 Tom Um (0.6) t! in many instances (2.5) they're (.) they are
638 wealthy (1.0) but not necessarily
639 (3.6)
640 Tom (They're reviewed on Yelp)
641 Mel Yelp?
642 (2.9)
643 Tom Supposed to be (0.4) yeah
644 Mel Oh ye::ah (0.3) I'm beginning to uh (0.3) what (.) they had
645 doctors and lawyers?
646 Tom ◦◦yeah◦◦
647 (3.5)
648 Mel Let's see (0.4) In what way are an egg and a seed (0.4)
649 alike?
650 Tom (2.2) They're both (0.9) the y:oung stages of a (0.8) living
651 creature
652 (4.7)
653 Tom (And they both have sexual connotations)
654 Mel Huh huh huh

655 (3.2)
656 Mel In what way are sounds and oceans (0.8) alike
657 Tom (1.5) Um (1.5) They're both (0.8) natural phenomena? (0.8)
658 They're both (1.3) <or:ganized> (1.1) by com:plex systems
659 (0.5) one by humans the other like a (1.1) variety of
660 geological and (0.9) ecological effects (1.2) They (0.6) both
661 (1.3) hhhhhh can be described in terms of waves .hhh
662 (11.8)
663 Mel In what way are a news and a documentary (0.5) alike?
664 Tom (1.2) hhh innumerable ways b- but essentially (1.0) they're
665 both narrative works about the world (0.5) constructs (0.7)
666 >conscious constructs< of people
667 (5.2)
668 Mel Both authored by people (1.4) both can be described in
669 (inaudible) terms
670 (5.4)
671 Mel In what way are a paperweight (0.5) and a fence (0.6) alike
672 Tom (1.5) t! (.) um: so they're both (1.8) human (0.5) made
673 structures (0.5) they're both used to constrain motion (0.8)
674 one constrains motion (0.6) of paper and the other is (0.8)
675 designed to restrict motion (0.5) hhhh um of creatures in
676 most cases
677 (5.0)
678 Mel In what way (1.4) are desire (0.5) and anticipation (0.6)
679 alike
680 Tom (1.2) both a:re (0.7) prospective (0.4) they look to the
681 future (1.0) one (0.8) one speaks to an object of longing
682 (0.5) and the other to (1.0) um to anticipation independent
683 of longing
684 (8.0)
685 Mel So I know the weird thing about these is that (0.7) you
686 know (0.4) I'm asking you how two words (0.8) are alike
687 (0.5) as you think about them (1.0) one way to think about
688 a way they are alike (0.5) is to: (0.6) try to th- think about
689 how they are distinct or something (.) especially if you are
690 coming from
691 Tom mhm
692 Mel A: uh (0.5) y'know (0.3) literary (1.0) bac[kground
693 Tom [yeah
694 Mel (0.8) but um (0.8) just try to think about what they have in
695 common (0.6) ◦I guess too◦ (0.3) >which you've been
696 doing<
697 Tom okay
698 Mel Yeah (0.4) Um: In what way are forgetting (0.5) and
699 remembering (0.5) alike

700	Tom	(1.5) Um (.) They're both concepts of (0.8) of <memory>
701		(0.6) they- (1.6) they're cognitive (0.7) in nature
702		(3.7)
703	Tom	They describe (0.7) y'know (.) ability to recall information
704		(0.8) or (0.9) uh (0.5) whether of other people (0.8) or of
705		(3.5) abstract concepts (.) ◦in- into or out of a system◦
706		(9.3)
707	Mel	So they're both (0.4) like (0.3) you said they are both (0.6)
708		refer to ability of a system to recall information (0.8) how
709		do you- (0.4) say more
710	Tom	S:ure (0.3) so to be (0.6) to be (0.7) remembered by a
711		system is t- (0.8) to be retained (0.5) to be (0.4) held over
712		(time) (0.9) to be (0.6) um (0.6) forgotten is to be lost from
713		that system (0.7)or- or (.) cognitive structure (0.8) but also
714		it speaks to like (0.4) remembering and forgetting are also
715		structured within a (0.8) um (1.7) <ne:tworks> (0.8) like uh
716		(0.7) describing networks of any sort (0.6) from humans
717		(0.4) to (1.0) computer programming (0.8) ◦to: biological
718		organisms◦
719		(2.5)
720	Mel	Um (0.7) let's see (0.3) In what ways are <all: (0.3) and
721		no:thing (0.5) alike>
722	Tom	(1.4) Um (1.3) They both describe (0.9) um (1.8) <the
723		extent to which> some:thing (0.4) is applicable (0.5)
724		whether (0.5) it (1.2) the extent to which something exists
725		(0.7) or (1.1) um (1.7) eith- (0.5) >either positively< or
726		negatively
727		(9.6)
728	Mel	t! You said they're both (0.4) uh: the extent to which
729		something exists (0.7) um
730	Tom	Right whether like (.) indef- indefinitely for all places and
731		into the future (0.5) something is (0.8) y'know (0.4) not the
732		case or is the case
733		(8.9)
734	Mel	t! In what ways a:re (.) a stranger and an acquaintance (0.5)
735		alike
736	Tom	(1.5) They're both (0.8) um (0.8) relations of: (0.8)
737		between people (0.4) They both (0.4) speak of (1.1) um
738		(2.3) a degree of (.) bonding (0.3) either (0.8) either (0.7)
739		um (0.9) neutral or positive
740		(4.5)
741	Tom	In most cases that involve (0.8) um (1.1) an impetus act to
742		either assist or to (0.9) to ignore
743		(2.9)
744	Mel	In what ways are con:trol (0.3) a:nd free:dom (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
749 not exactly opposites in that (0.7) um control (1.1) can be
750 (.) can be con- (.) can be used to mean constra:in (1.5) um
751 (1.6) whereas freedom is somewhat (1.0) um (1.3) more
752 expansive
753 (5.4)
754 Mel t! Okay (0.5) moving on
755 (6.3)
756 Mel t! so now I'm gonna say some numbers (0.6) listen
757 carefully (1.0) I can only say them <o:ne time> (0.9) When
758 I'm through (0.4) I want you to say them back to me (0.4)
759 in the same order (0.7) just say what I say (1.3) so: (0.7) t!
760 (0.7) um: does that make sense?
761 Tom ((nods slowly))
762 Mel >You're just gonna repeat the numbers I say< (0.5) like just
763 as I say it (0.5) >after I say it<
764 Tom Each- after individually or after you say em' all?
765 Mel =Just like a set (.) y'know
766 Tom Kay
767 Mel Um (1.9) ◦I should look that up there◦ (1.0) um: okay (0.5)
768 t! eight (0.4) two
769 Tom (1.1) Eight (0.4) two
770 (1.0)
771 Mel One (0.6) nine
772 Tom (1.3) One (0.5) nine
773 (2.0)
774 Mel Four (0.8) six (0.8) four
775 Tom (1.6) Four six (0.5) four
776 (1.2)
777 Mel Nine (0.8) two (0.6) eight
778 Tom (1.2) Nine (.) two (.) eight
779 (1.5)
780 Mel Hh Two (0.8) six (0.9) five (0.7) seven
781 Tom (1.4) t! two (.) six (.) five (.) seven
782 (0.8)
783 Mel Nine (0.8) six (0.8) seven (0.8) one
784 Tom (0.9) Nine (.) six (0.5) seven one
785 (2.6)
786 Mel Five (0.9) four (0.8) nine (0.9) four (0.8) two
787 Tom (1.2) Five four (0.7) nine (.) fou:r two
788 (1.6)
789 Mel Nine (0.8) nine (1.0) one (1.0) six (1.0) three
790 Tom (1.7) Nine (.) nine (0.5) one (.) six (.) three

791		(2.2)
792	Mel	Two (1.0) eight (0.9) eight (0.9) four (1.1) seven (0.8) one
793	Tom	(3.1) Two eight (1.5) eight seven (0.6) six one
794		(2.2)
795	Mel	Two (0.9) nine (1.0) three (0.9) four (0.8) six (0.8) seven
796	Tom	(1.5) Two nine (0.6) three four (0.7) six seven
797		(2.5)
798	Mel	Four (0.9) seven (0.8) one (1.1) nine (1.2) eight (0.9) two
799		(0.8) six
800	Tom	(2.2) Four seven (1.1) eight nine (1.5) two one six
801		(1.3)
802	Mel	Five (0.9) eight (1.1) one: (0.8) three (1.0) seven (1.1) one
803		(0.9) nine
804	Tom	(1.9) Five (0.6) ei:ght (0.8) four (.) three (0.6) six one nine
805		(2.3)
806	Mel	So now ↑this time (0.7) um (0.4) I'm gonna say some more
807		numbers (0.5) but when I when I stop (0.5) I want you to
808		say the numbers backward (1.0) hhhh so if I said fo:ur (.)
809		seven (0.6) what would you say?
810	Tom	(1.1) Seven four
811	Mel	=yup (0.7) okay (0.9) t! that's ↑right (0.8) t! let's: do::
812		<another one> (0.8) >let's do another< (.) so (.) three (0.5)
813		six
814	Tom	(1.6) Six (.) three
815	Mel	◦◦mkay◦◦
816		(5.5)
817	Mel	t! (2.0) Two: (0.5) eight
818	Tom	(1.5) Eight (.) two
819		(1.6)
820	Mel	Five (0.9) Four
821	Tom	(2.4) Four (0.4) five
822		(3.2)
823	Mel	Five (0.6) eight
824	Tom	(3.2) Eight (0.9) five
825		(1.6)
826	Mel	Seven (0.7) two
827	Tom	(1.4) Two (0.4) seven
828		(1.8)
829	Mel	Seven (0.8) four (0.9) eight
830	Tom	(3.0) um (1.0) Eight (.) four (.) seven
831		(2.8)
832	Mel	Four (0.6) eight (0.8) six
833	Tom	(3.2) Six (.) eight (.) four
834		(3.0)
835	Mel	Seven (0.8) nine (0.8) seven (0.9) One
836	Tom	(3.4) Um (1.5) one (.) nine (1.8) seven (.) f- (1.3) six

837		(3.0)
838	Mel	Eight (1.0) four (0.8) two (0.9) three
839	Tom	(3.0) Three (0.5) two (0.4) four eight
840		(3.9)
841	Mel	Eight (0.9) five (1.0) three (0.9) three (0.9) six
842	Tom	(1.6) t! Six th:ree (1.3) th:ree (1.0) fi:ve (4.4) (◦ah◦) eight
843		(4.1)
844	Mel	t! hhh Seven (1.0) one (1.1) one (1.2) seven (0.9) nine
845	Tom	(6.5) Um (0.8) nine seven (1.7) mm (2.4) two seven
846		(7.5)
847	Tom	◦◦That was incorrect◦◦
848	Mel	S'alright
849		(1.8)
850	Mel	Nine (1.0) two (0.8) eight (0.9) four (1.0) nine (0.9) nine
851	Tom	(2.7) Nine (0.5) nine (2.4) .hhh (1.4) six (.) four (.) eight
852		(2.2)
853	Mel	Nine (0.8) two (1.0) eight (1.0) four (1.3) n:ine (0.7) nine
854	Tom	(1.5) Nine (1.9) nine (0.9) four (.) nine (1.1) nine (0.4) five
855	Mel	Seven (0.8) two (1.0) four (1.0) eight (1.3) f:ive (0.7) six
856	Tom	(1.5) six (1.9) five (0.9) eight (.) seven (1.1) three (0.4)
857		seven
858		(2.3)
859	Mel	okay
860		(21.1 – Mel manipulates test materials and consults
861		instructions)
862	Mel	Now I'm going to say some more numbers (0.7) after I say
863		them (0.5) I want you to tell me the numbers in order (0.8)
864		starting with the lowest number (0.9) if I say (0.5) two:
865		(0.8) three (0.8) four (0.5) what would you say?
866	Tom	(1.0) Two three four
867	Mel	Right
868		(1.2)
869	Mel	And if I said (0.5) eight (0.7) three (0.7) three (0.6) what
870		would you say?
871	Tom	(0.5) Three three eight
872		(1.9)
873	Mel	That's right
874		(2.6)
875	Mel	◦Uh (0.8) let's see◦
876		(3.8 – Mel consults instructions)
877	Mel	t! we'll do some more (0.7) let's: see:
878		(9.9 – Mel continues to consult instructions)
879	Mel	t! One (0.7) seven
880	Tom	(1.8) one seven
881		(1.3)
882	Mel	Five (0.6) three

883 Tom (1.0) Three five
884 (3.8)
885 Mel Five (0.9) one (0.7) nine
886 Tom (2.0) one five nine
887 (2.3)
888 Mel Four (0.9) six (0.8) four
889 Tom (1.4) Four (.) four (.) six
890 (3.3)
891 Mel Nine (0.7) six (1.0) zero (1.0) two
892 Tom (1.9) Zero (.) two (0.9) six (.) nine
893 (1.9)
894 Mel Four (1.0) nine (0.9) seven (0.8) one
895 Tom (3.2) one four seven nine
896 (3.7)
897 Mel Zero: (1.0) five (1.0) seven (1.0) one (0.8) four
898 Tom (2.8) um (0.7) ze:ro four (2.4) >seven eight nine<
899 (3.5)
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 (3.8)
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 (0.9) six eight
906 (2.6)
907 Mel Three (0.9) seven (0.9) three (0.8) eight (1.0) four (0.9)
908 zero
909 Tom (1.5) zero three (1.3) three four (1.2) um (1.4) seven eight
910 (9.5)
911 Mel Nine (0.9) six (0.8) five (0.9) zero (0.8) nine (0.8) eight
912 (0.9) one
913 Tom (1.4) Zero one (0.8) five six (2.1) um (0.8) ei:ght nine nine
914 (2.2)
915 Mel Three (1.0) nine (1.0) nine (1.1) seven (1.1) one (1.0) zero
916 (0.9) eight
917 Tom (3.8) zero one (1.8) three seven (2.1) I don’t know
918 (1.4)
919 Mel You can guess
920 Tom Um (2.8) uh (0.8) >eight eight nine<
921 (3.9)
922 Mel Five (0.9) six (0.9) two (0.8) four (1.0) two (0.9) two (0.9)
923 six (0.8) four
924 Tom (3.4) Two two: (2.6) tw:o two (1.8) fo:ur four four (2.5) six
925 seven?
926 (4.6)
927 Mel One (1.0) four (1.0) six (1.0) eight (1.0) six (1.0) seven
928 (1.0) one (0.9) nine

929	Tom	(2.0) One (1.9) one (1.9) f:our si:x (3.3) um (0.8) six seven
930		eight nine
931		(4.5)
932	Mel	Nine (0.8) three (1.1) three (1.0) one (1.1) nine (1.0) nine
933		(1.1) three (1.1) five (1.0) five
934	Tom	(1.7) One three (1.2) three three (1.6) um (3.3) uh (.) nine:
935		nine nine
936		(2.5)
937	Mel	Five (0.8) five (1.1) five (1.0) four (1.2) eight (0.9) two
938		(1.1) five (1.0) six (0.9) nine
939	Tom	(3.1) Two two (1.6) four: five (2.8) fi:ve six nine
940		(2.5)
941	Mel	◦Okay◦
942		(2.3)
943	Mel	◦◦Mhm◦◦
944		(6.9 – Mel is manipulating the record sheet)
945	Mel	◦◦Alright◦◦
946		(34.1)
947	Mel	Δ Look at this picture (1.4) t! (1.1) you will choose which
948		one of the:se^ (1.5) goes here^
949	Tom	↑Okay
950		(1.3)
951	Mel	The right answer will always- (0.8) will (0.3) the right
952		answer will work (0.4) going a:cross^ (1.1) and going
953		down^ (0.9) You should only look across and down to find
954		the answer (0.5) do not look diagonally (1.4) which one
955		here^ (1.2) t! um (0.4) goes here^
956	Tom	Five
957		(3.8)
958	Mel	What'd I just do with my pen? ((looks around the table))
959		(1.3)
960	Mel	Ah! ((Finds the pen))
961		(3.9)
962	Mel	That's right (2.0) When you go across the top row (1.0) the
963		orange square changes to a blue triangle (1.2) this means
964		that when you go across the bottom row (1.6) the orange
965		square should change to a blue triangle too (2.7) t! (0.9)
966		When you go down the first column (0.5) the boxes have
967		the same shape (0.4) and the same color (0.6) orange
968		squares (0.8) this means that when you go down the second
969		column (0.8) the boxes should have the same shape (0.5)
970		and the same color (1.2) blue triangles (1.1) t! (0.6) you get
971		the same answer going across (0.4) and going down (2.5) t!
972		(0.7) We'll do another
973		(3.6)

974	Tom	Are they- are they trying to describe horizontal and vertical
975		symmetry here or something (0.4) or are they (0.6) like
976	Mel	(◦◦I dunno◦◦)
977	Tom	I'm sorry?
978	Mel	I don't know (0.4) I mean um: (1.5)
979	Tom	It- it's fine
980	Mel	Yeah (0.4) okay
981	Tom	Yeah
982	Mel	Um (.) >It's a good question though< (.) um: (0.4) so: (3.5)
983		Δ this is another kind of problem (0.7) the boxes are in
984		order going across
985	Tom	Mhm
986	Mel	(2.0) Like as in (0.3) y'know yo- your left to right (0.9) the
987		right answer will always follow the order you see the other-
988		the other (0.4) 'scuse me the right answer will (.) follow (.)
989		the (.) order you see across the other boxes (0.8) which one
990		he:re^ goes here^?
991	Tom	(1.0) Four
992	Mel	◦That's correct◦
993		(1.3)
994	Mel	t! That's right (0.4) when you look across the boxes you see
995		that they go: in this order (0.9) square circle (0.8) square
996		circle (0.6) square (1.2) the circle (0.6) goes here^ (2.2)
997		because it would go next (2.6) so we'll be starting o::n (.)
998		num:ber four
999		(12.3)
1000	Mel	Δ Which one here^ (0.4) goes here^
1001	Tom	◦◦five◦◦
1002		(10.4)
1003	Mel	Δ
1004	Tom	◦◦three◦◦
1005		(4.4)
1006	Mel	Δ
1007	Tom	(3.5) ◦◦two◦◦
1008		(4.4)
1009	Mel	Δ
1010	Tom	(8.7) ◦◦So (0.4) I'm sorry (0.3) (what does (0.4) that end up
1011		being?)◦◦
1012	Mel	=Oh sorry um (1.4) so (0.4) yeah which o:ne (0.6) he:re^
1013		goes there^
1014	Tom	(1.4) Mkay (0.6) um (6.5) t! five
1015		(3.1)
1016	Mel	A:nd um: (1.2) u: if it- if its- if its taking like (0.5) longer
1017		on these problems you (0.6) you just (go) ((moves clock on
1018		the table))
1019	Tom	mhm

1020		(1.5)
1021	Tom	Does that affect the score?
1022	Mel	Uh: (0.6) No >but it just means if you-< you would just
1023		guess at that point
1024		(2.6)
1025	Mel	Δ ◦So ya don't (1.6) have ta worry 'bout that◦
1026	Tom	(3.6) Um (0.9) one
1027		(6.3)
1028	Mel	Δ
1029	Tom	(6.4) two
1030		(3.4)
1031	Mel	Yeah seriously you can- (0.4) I mean you can take your
1032		time unless I say
1033		(0.8)
1034	Mel	Δ
1035	Tom	Alright
1036	Mel	Or prompt you for an answer (0.4) yeah (0.4) cause some
1037		of these you're really gonna have to think through
1038	Tom	(13.3) Five
1039		(4.0)
1040	Mel	Δ
1041	Tom	(20.9) Five
1042		(4.7)
1043	Mel	Δ
1044	Tom	(18.3) ◦four◦
1045		(7.1)
1046	Mel	Δ
1047	Tom	(15.5) t! three
1048		(6.3)
1049	Mel	Δ
1050	Tom	(33.0)
1051	Mel	Do ya' have an answer?
1052	Tom	So do I have to provide one right now or can I wait? (0.7[9])
1053		eh four
1054	Mel	◦Two (.) kay◦
1055		(2.2)
1056	Tom	That's not it (0.7) bu::t (.) [I don't- I don't-
1057	Mel	[Kay
1058		(0.8)
1059	Mel	Δ guessing is okay
1060	Tom	(24.8) ◦one◦
1061		(5.6)

[9] Mel may have nodded or made a facial expression during this pause that indicated to Tom that he was supposed to give a response immediately, but because of the angle of the video camera, I cannot tell whether or not this is the case.

1062 Mel Δ
1063 Tom (17.2) ◦four◦
1064 (3.1)
1065 Mel Δ
1066 Tom (7.3) ◦one◦
1067 (3.6)
1068 Mel Δ
1069 Tom (37.1) u:m (2.2) four
1070 (5.3)
1071 Mel Δ
1072 Tom (48.9) ◦three◦
1073 (3.8)
1074 Mel Δ
1075 Tom (46.7) ◦three◦
1076 (7.1)
1077 Mel Δ
1078 Tom (17.9) ◦three◦
1079 (4.6)
1080 Mel Δ
1081 Tom (45.2) ◦three◦
1082 (5.2)
1083 Mel Δ
1084 Tom (16.6) ◦five◦
1085 (5.4)
1086 Mel Δ
1087 Tom (49.6) ◦one◦
1088 (7.8)
1089 Mel Δ
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 Δ
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'?

1108	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
1114		water or somethin' like that?
1115	Tom	Yeah
1116	Mel	Yeah (.) go for it (.) I'll do the same
1117		(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
1119		(.) if you can't stay that's fine (inaudible – both participants
1120		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
1127		(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
1136		never £outside of language£ (0.6) um: (1.1) listen carefully
1137		and tell me what each word means (0.8) just in a- in a
1138		general (.) y'know (.) sort of sense (0.4) and I- I- I'll
1139		prompt it's- (need more for) the answer (1.1)hh u:m t! so:
1140		(.) 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'
1147		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
1153		is solid and durable

(9.7)
Mel Uh (.) Sunrise^
Tom (1.4) Start of the daytime
(3.2)
Mel Kay
(6.4)
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
(8.2) Δ
Mel Resemble
Tom (0.8) um (0.7) the word f:or (looking quite similar) (1.7) to appear like one another
(5.5)
Tom To an extent (0.9) to (3.9) to be comparable
(2.8)
Mel Digest
Tom (1.1) It's to (0.9) to e:at (0.5) to- to: (1.0) bring something into oneself (2.5) um (.) often for sustenance
(4.5)
Tom Um (0.6) di- digestion: (1.4) implicitly destroys (2.8) and reconstitutes what is being digested
(7.1)
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
(1.3)
Tom With (0.4) elevators (0.6) (there's also) tedious music
Mel True
(1.2)
Mel Embalm
Tom (1.3) preserve from decay (1.5) um (5.9) uh (.) ◦I could keep going◦
Mel Okay (.) no that's good
(1.3)
Mel Contemplate
Tom (0.9) uh (.) ta think (2.0) uh (.) to think deeply
(11.1)
Mel t!
(5.8)
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)

1200	Tom	Uh (2.0) I wanna say (.) like (0.6) a combination of re-
1201		(0.4) repulsiveness and moral failing
1202		(1.5)
1203	Mel	t! uh (.) Divulge
1204	Tom	(1.1) to: (.) to:: (1.8) entrust a- (1.6) entrust f:aith a:nd
1205		information (.) in someone (0.9) t- (0.4) to share (.) to
1206		sha:re privately (6.3) (tend to divulge information to
1207		someone you like (1.7) trust in them)
1208		(4.1)
1209	Mel	t! (0.3) Penitence
1210	Tom	(1.1) um (2.3) action indicating (1.1) feelings of (.) regret
1211		and sadness
1212		(12.8)
1213	Mel	t! u- uh (.) Bequeath
1214	Tom	(1.2) to:: (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! Me:thodical
1218	Tom	(1.0) uh (.) 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 (.) 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		(.) 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 (.) yeah
1234		(1.2)
1235	Mel	Uh (.) 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◦◦
1242		(2.0)
1243	Mel	Ho:w 'bout tac:tile?
1244	Tom	(0.8) uh (0.8) that which can be: (0.7) be felt (1.1) s'often s-
1245		s-something that's (.) um (1.2) material

1246		(4.2)
1247	Mel	t! (0.4) persist
1248	Tom	(1.1) Um (0.6) it w- comes from to: uh (0.5) to stand (0.5)
1249		but basically it's the concept of the continued existence of
1250		different systems (1.2) en:durance in the face of uh (0.9)
1251		environmental pressures
1252		(3.3)
1253	Tom	But (1.7) in its truest sense uh (1.9) given (0.6) uh (.) not
1254		only (1.1) the physical sense of (0.7) existence over time
1255		(0.4) but also (1.0) kinda (0.4) the humanistic idea of
1256		universality (0.6) (inaudible)
1257		(12.5)
1258	Tom	◦◦Should I go on?◦◦
1259	Mel	=◦No that's good◦
1260		(5.2)
1261	Mel	t! uh (0.2) heterogenous
1262	Tom	(1.1) um (1.7) uh (0.4) having many types (0.7) have- uh
1263		(0.5) demonstrating a variety of (0.8) features o:r (1.3)
1264		constituent parts
1265		(1.6)
1266	Mel	Forbearance
1267	Tom	(1.3) uh (0.6) con:trol (0.6) as well as restraint (1.5) um
1268		(2.8) s- (1.0) feelings of tolerance (or patience) or (0.7) um
1269		it implies (strength)
1270		(9.1)
1271	Mel	hh t! Somnolence
1272	Tom	(2.5) In- Indicating a (1.0) sleepiness (1.0) or prolonged
1273		sleep (0.8) um (0.9) im- imply::ing (1.1) the drowsiness
1274		fatigue or weariness (2.6) or sleepiness in general (1.0)
1275		(◦you have◦) (0.5) somnolence as a symptom of illness or
1276		intoxication
1277		(9.4)
1278	Tom	◦◦Should I give you more?◦◦
1279	Mel	(2.3) that's good
1280		(2.2)
1281	Mel	Um: Vexation
1282	Tom	(0.8) It means t- to be worried (0.8) to:: (1.0) to be
1283		concerned about something (1.3) it's like somebody can be
1284		vexed (0.8) (inaudible)
1285		(2.1)
1286	Mel	◦Turn to the next page◦
1287		Δ (0.5)
1288	Mel	Um: impudent
1289	Tom	(0.3) uh (2.0) demonstrating (1.1) boldness (0.7) um (0.7)
1290		similar to impudence (0.8) i- it's (1.1) um (2.0) a sense of
1291		fearsome willingness to conduct action

(3.9)
Mel hhh You said bold a:nd?
Tom (1.2) um (1.4) uh (0.4) courage is often implied [as well
Mel [Yeah sure
(6.0)
Tom t! C- commonly used by conservatives (1.0) to talk about the President
Mel Hhh (0.8) I hear that
Tom mhm
Mel poor guy
(0.8)
Mel Um (1.1) Harangue
Tom Whatever £happened to him?£
Mel Yeah (0.9) huh huh
Tom Well: it's an appropriate (0.6) segue to harangue um:
Mel [Huh huh
Tom [Um (1.3) um (0.8) an ex- an extended (1.4) often monologue (0.5) on (0.8) um (0.6) a subject (1.3) o:f: derision contempt or: (0.8) a negative assessment
(7.1)
Tom t! Often one it im- it im- it implies uh (2.5) not only select severity in extent of th- the (0.7) wh- what is being said but also (1.5) uh (1.2) implicitly igno:ring (1.2) or (0.6) um alternative viewpoints (1.1) with a certain narrowness of perspective (1.7) implied there (1.2) (as well)
(6.4)
Mel U:h utilitarian
Tom (1.2) uh (1.1) exhibiting or having a- (0.5) a practical approaches to matters (0.7) um (1.2) with a focus on (3.0) processes of action (.) a:nd the successful accomplishment of (0.7) designated goals
Mel ↑Kay (1.2) and u:h (1.1) let's see: (0.5) enculturate
Tom Can you spell that for me (.) <or is it> [on the sheet
Mel [U:h shou- (1.2)
You're right
Δ
Tom Um (0.7) It's to make something (0.6) um (1.5) mo:re (0.8) more encultured (0.5) it's to m:ake something (0.5) something into (0.8) um (0.9) dev- developed or- or grown into a culture (0.6) for either research or material consumption
(20.8)
Tom Biologists enculturate bacteria and other organisms in their labs
(10.2)
Mel Alright (2.3) hhh .hhh okay .hhh

(12.2 – Mel is reading test instructions)
Mel (mumbles inaudibly to himself)
(12.3 – Mel is reading test instructions)
Mel t! 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>
Tom ◦kay◦
Mel Hernando has six cupcakes (0.9) he eats one (0.7) how many cupcakes does he have left?
Tom (1.1) t! 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>
(3.2)
Tom And there will be no visual (0.6) presenation?
Mel There are for so:m:e of: the::se (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) a:fter these fi::rst two:: (.) let's see (.) yeah (.) I give you thirty seconds (.) that's right
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
Tom (5.4)◦◦I'm just resting◦◦
Mel Wh(h)at(h)?
Tom I'm just resting
Mel Huh huh huh huh huh
(1.1)
Tom Five mugs
Mel (inaudible) okay
(5.6)
Mel Scott has nine pens (0.9) he loses three (1.1) how many pens does Scott have left?
(2.0)

1384	Tom	He has six pens left
1385		(6.4)
1386	Mel	Bill has <five employees and thirty pieces of work> (1.2) if
1387		each employee gets an equal amount of work (1.0) how
1388		many pieces of work should each employee get?
1389		(4.6)
1390	Tom	What are the quality of the employees and of the work (1.0)
1391		six pieces of work
1392	Mel	Six pieces of work
1393	Tom	I'm sorry (.) uh
1394	Mel	That's alright
1395	Tom	I'm terribly (beat)
1396		(9.3)
1397	Mel	Sue has thirty-five dollars (0.9) Rob has sixteen dollars
1398		(0.5) How many more dollars does Sue have?
1399		(9.7)
1400	Tom	Could you repeat the question please?
1401	Mel	Sure
1402		(1.0)
1403	Mel	Su:e has thirty-five dollars (0.8) Rob has sixteen dollars
1404		(0.6) How many more dollars does Sue have?
1405		(1.9)
1406	Tom	Nineteen
1407		(6.8)
1408	Tom	(I just got the-) the names ((waves finger in the air))
1409	Mel	ah
1410	Tom	(I thought- I thought it was (0.5) makin' something)
1411		(3.0)
1412	Mel	t! Jon has forty-eight fishing lures (0.8) he sells half of
1413		them to a friend (.) and buys nine more (0.9) How many
1414		fishing lures does he have in the end
1415		(1.4)
1416	Tom	Uh: thirty three
1417		(7.5)
1418	Mel	t! (0.8) Juan has sixty-three tickets: (0.8) he gives seven
1419		people eight tickets each (0.9) how many tickets does he
1420		have left?
1421	Tom	(0.9) Seven
1422		(5.1)
1423	Mel	There are twenty-five matches in each pack (0.6) how
1424		many matches are in ten packs
1425	Tom	(3.1) Two hundred and fifty
1426		(6.3)
1427	Mel	George gives <seven people (.) si:x coupons each> (0.9) he
1428		has six coupons left for tomorrow (0.9) how many coupons
1429		did he have altogether

(3.0)
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
Tom (1.3) forty eight
(8.3)
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
Tom (6.5) a hundred an’ seventy
(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)
Mel [Oh >yeah yeah< (.) go ahead
(0.5) >yeah yeah< (0.4) yeah (0.4) just tell me your answer
Tom Okay
(4.4)
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
Tom (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
Tom (0.7) Twenty four
(7.6)
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?
(9.2)
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
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 e:qual 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-ei::ght (.) 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 (0.7) how many clients did he speak with (0.7) each week
Tom (15.5) Um (1.2) I'm sorry (.) I'm (0.6) uh two hundred an' twenty-eighty (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
Mel Uh (0.4) you can correct it if you want
Tom Okay (0.4) so (0.6) um (1.1) a hundred divided by three i:s (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

1520 Mel Alright (.) that's at ten thirty we'll give you that um
1521 Tom Okay
1522 (3.0)
1523 Mel Um
1524 (3.0)
1525 Mel Pam usually runs (1.2) <fifty laps> (1.6) around a track
1526 (1.0) she runs thirty percent fewer laps today (1.2) how
1527 many laps does she run today?
1528 (7.2)
1529 Tom Can you repeat the question?
1530 (1.7)
1531 Mel Pam usually runs (0.5) fifty laps (0.4) around a track (0.9)
1532 she runs thirty percent fewer laps today (0.7) how many
1533 laps does she run today?
1534 Tom (1.4) seven and a half
1535 (2.1)
1536 Tom Wait (0.3) wait (2.6) I'm sorry (0.6) please (proceed with)
1537 the timer (0.4) It's thirty percent fewer (0.6) so um (0.9) hh
1538 it's forty-two and a half
1539 (7.5)
1540 Mel If eight machines can construct a complete ca:r (0.7) in four
1541 days (0.9) how many machines are needed to complete a
1542 car (0.4) in half of a day
1543 Tom (10.8) Sixty-four
1544 (4.3)
1545 Tom (assuming some) really weird scaling (inaudible)
1546 (2.9)
1547 Mel A farm produces thirty thousand bushels of corn in one
1548 year (1.2) the following year (.) their production increases
1549 five percent (1.1) The year after that production increased
1550 by another ten percent (1.1) how many bushels of corn are
1551 produced a:fter both increases
1552 (18.0)
1553 Tom Can you repeat the question?
1554 Mel mhm
1555 (1.7)
1556 Mel A farm produces thirty thousand bushels of corn in one
1557 year (1.0) hhhhh the following year (.) their production
1558 increases five percent (1.0) The year after that production
1559 increased by another ten percent (0.8) how many bushels of
1560 corn are produced a:fter both increases
1561 (2.7)
1562 Tom Um (1.3) thirty- (0.6) thirty:: e- eight thousand
1563 (7.6)
1564 Mel Alright
1565 (2.5)

1566	Mel	(Let’s do something different)
1567		(12.7)
1568	Mel	Let’s see:: (1.4) (inaudible)
1569		(5.6 - Mel gets up and puts stop watch on neck)
1570	Mel	Feel like a track coach
1571	Tom	mm
1572		(50.3)
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
1577		sheet) just like that
1578		(3.0)
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	Mel	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 (1.6) so if you look
1586		at these right here^ (1.0) t! uh (0.6) none of these actually
1587		match what’s over here^ (0.8) so I draw a line through no
1588		(0.8) You just do the same old diagonal line in any
1589		direction you want
1590	Tom	Okay
1591	Mel	If you see a shape over here^ (0.9) t! (0.7) um that’s the
1592		same as one of the shapes over there^ (0.8) draw a line
1593		through the shape (0.4) If you do not see a shape over there
1594		(0.7) that’s the same as the one over there^ (0.8) draw a
1595		line through the no box
1596	Tom	Mkay
1597		(1.9)
1598	Mel	t! (0.9) let’s see:: (0.5) Now you go ahead and do those
1599		(1.8) (◦and just stop when you’re done◦)
1600		(8.2)
1601	Mel	That’s right (0.5) >now ya know how to do ‘em<
1602	Tom	mm
1603		(8.9)
1604	Mel	Try to do ‘em in order (0.7) actually you have to do them in
1605		order
1606	Tom	Okay
1607		(1.7)
1608	Mel	So when I say go (0.5) do all these the same way (0.9) >I’ll
1609		just read the rest of the instructions aloud<
1610	Tom	Okay

1611 Mel um (0.4) before you go (0.9) We'll put that up here ((moves
1612 response booklet))
1613 Tom So that's^ where I'll start
1614 Mel Yup
1615 Tom ah
1616 Mel Yup (0.4) I'll tell you when to start
1617 Tom Okay
1618 (0.6)
1619 Mel Um (1.2) when I say go (.) do these the same way (0.9)
1620 start there^ (0.7) uh the top (0.4) yeah right up here (0.5)
1621 um (0.9) uh (0.4) go in order (.) and don't skip any (0.7)
1622 work as fast as you can without making mistakes until I tell
1623 you to stop (0.7) when you finish the first page (.) go to the
1624 second page (.) and the following pages (.) are you ready?
1625 Tom Yes
1626 Mel ↑Okay (0.4) go
1627 {56.3}
1628 Tom Turn it like this ((turns to a new page in the response
1629 booklet))
1630 Mel mhm
1631 {64.9}
1632 Mel stop
1633 (12.9)
1634 Tom ((hands Mel a pencil))
1635 Mel Thanks
1636 (17.7)
1637 Mel So there's um (4.4) there's like ten (1.0) like subtests (0.8)
1638 for this test
1639 Tom Okay
1640 Mel We're doing the eighth one now (0.3) So (we're nearing the
1641 end if you) (0.3) work on it
1642 Tom okay
1643 Mel Um (1.4) well over half way done (1.2) hang in there
1644 Tom mhm
1645 (2.0)
1646 Tom I'm very curious about the scoring of that (.) just because I
1647 don't – I don't know if (I was) (0.8)
1648 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 that
1662		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
1679	Mel	Um (0.7) t! (3.0) that's interesting (0.4) I wonder why:
1680		(0.7) they wouldn't include that in directions (0.7) um (0.9)
1681		so the way these manuals are set up for these Wechsler
1682		tests (0.4) they have every:thing (0.6) that they want you to
1683		read aloud (0.7) [(essentially it's all)
1684	Tom	[It's (inaudible) (.) yeah
1685	Mel	So (0.9) um
1686		(1.6)
1687	Tom	But that >cou- th- th- I-< I- think there's a range for like
1688		(0.5) cultures and (different presentations) and like
1689	Mel	Sure
1690	Tom	I took a more conservative approach
1691		(1.4)
1692	Mel	↑Ye::ah (.) that's actually a good way to think about it (0.4)
1693		um (1.6) t!
1694		(1.0)
1695	Tom	Like i- if it was a um (2.4) if you were talking to someone
1696		who was raised to like (0.9) <make fewer errors?> (.) >as
1697		o- opposed to< (.) b- b- basically risk averse (0.3) as
1698		opposed to (1.5)
1699	Mel	Do you feel that's how you did it?
1700	Tom	>Yeah I di- I- made a- I did< like a highly risk averse (2.4)
1701		selection (0.4) if I had (0.5) you had told me like (1.6) the

cost fo:r: (1.6) an error (0.6) was simply equal to that of: (1.2) a correct answer

Mel mhm

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)

Mel Δ Imagine (0.6) that (1.1) this picture is a puzzle

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:ive◦ (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 (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 (6.4)
1796 Mel Δ
1797 Tom (9.1) uh four two n’ six?
1798 (5.9)
1799 Mel Δ
1800 Tom (16.7) <o:ne fo:ur 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 (.) three: (.) 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
1819 two
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 (.) f::ive (.) 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 (.) one four an’ two

1840		(11.3)
1841	Mel	Δ
1842	Tom	(10.5) uh: five four an' three
1843		(6.9)
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
1866		time (0.8) um (1.5) a:nd (1.1) spent (0.4) >the majority of
1867		my childhood< (0.5) uh (0.7) >testing exceptionally well
1868		on standardized tests<
1869	Mel	Mhm
1870	Tom	So (0.6) that's like powerfully correlated with (1.7) my
1871		sense of self-worth
1872	Mel	Hhhh well the truth is you don't really know how you're
1873		doing right now anyway (0.4) but as long as you're putting
1874		in some effort you're [doing fine
1875	Tom	[But I'm- I'm recalling errors (0.4)
1876		that's the issue
1877	Mel	Oh okay
1878	Tom	A:nd um (0.9) like I'm confident that I got some of my
1879		answers wrong
1880	Mel	This is a different kind of standardized test
1881	Tom	=I mean (.) like (.) I understand that
1882	Mel	Yeah
1883	Tom	It's just (.) it's an emotional response to something that I
1884		rationally know is not (0.9) equivalent (1.7- shrugs) so
1885	Mel	[ah

1886 Tom [(>that's really what it is right now<)
1887 (22.5)
1888 Mel t! (0.4) So I'm just gonna ask you some questions about
1889 basic information
1890 Tom Sure
1891 Mel Hhhh What's a watch used for?
1892 Tom To measure the passage of time
1893 (10.2)
1894 Mel How many hours are there in one day?
1895 Tom (0.8) t! twenty four
1896 (4.7)
1897 Mel t! Who was Frederick Douglass?
1898 Tom (0.9) He was an ab- a:bolitionist (1.3) um (0.5) highly
1899 influential
1900 Mel =kay
1901 (3.2)
1902 Tom An excellent composer of (0.5) short (.) inspirational
1903 pi↑eces (0.9) hh (fascinating) (inaudible)
1904 (1.6)
1905 Mel What's the imaginary circle that surrounds the co- (0.6) er
1906 coldest parts of the earth?
1907 Tom (1.4) t! uh the Arctic Circle
1908 (5.2)
1909 Mel What is air made of?
1910 Tom (1.6) um (1.8) oxygen and nitrogen
1911 (2.1)
1912 Mel Who wrote Romeo and Juliet
1913 Tom (0.9) t! (0.9) Well that's a complex question but the maj-
1914 Mel [Huh huh huh huh
1915 Tom [Consensus (0.5) consensus reality i::s (0.8) (Yes (.) it was)
1916 William Shakespeare
1917 (8.1)
1918 Mel Who may have been a woman?
1919 Tom Huh huh
1920 Mel £W(h)e d(h)on't kn(h)ow!£ (.) huh huh [alright
1921 Tom [Yeah (.) ◦yeah◦
1922 Mel =So (0.9) what- what con- on what continent is Portugal?
1923 Tom (1.2) t! (0.4) Europe
1924 (4.6)
1925 Tom For now (0.9) Pangea (0.6) (things could change)
1926 Mel Do you ever hear of u:h (.) Charles C Mann (0.4) The guy
1927 who wrote- (.) >he wrote a book called< fourteen ninety
1928 one (0.7) an' fourteen ninety three (.) [you mentioned the
1929 Tom [I know about them
1930 Mel Mayan Calendar there was some appendix in there (.) and I
1931 remember just trying to make sense of that

1932 Tom Yeah (.) I read that- [(inaudible)
1933 Mel [great stuff (0.3) huh?
1934 Tom Awesome stuff
1935 Mel Yeah
1936 (1.5)
1937 Mel Uh (0.8) t! (0.6) who was Anne Boleyn?
1938 Tom (1.1) um (1.3) po::werful (0.8) leader in (.) English: (0.5)
1939 politics (0.5) um (0.9) for her (0.5) marriage to Henry the
1940 Eighth and (0.4) she was executed for treason
1941 (3.9)
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
1960 Tom There's some visual issues too (.) like (.) they assume (0.9)
1961 uh that you (0.5) your native reading (0.9) direction is left
1962 to right
1963 (0.9)
1964 Mel mhm
1965 Tom And that's also like the logical (.) [>the way logical
1966 processes< go
1967 Mel [hhhh
1968 Tom but there's tons of people (0.8) whose first language is (0.7)
1969 Japanese (.) for example (.) and the- they would like read
1970 right to left
1971 Mel Yeah [or like
1972 Tom [and that- that affects-
1973 Mel Arabic (0.6) or [whatever
1974 Tom [Exactly (0.4) [yeah
1975 Mel [So (0.7) (good thing to
1976 know)
1977 (1.5)

1978	Mel	t! On what continent are the Andes Mountains?
1979	Tom	(1.1) It's in South America
1980		(2.6)
1981	Mel	What is the capital of England?
1982	Tom	(1.2) Um (1.0) t! (1.3) London
1983		(1.7)
1984	Mel	Hh In what country was Hoplite Warfare invented?
1985	Tom	(2.0) Well (0.5) it wasn't a country (0.5) it was a federation
1986		of- (0.5) of Nation-States (0.4) but it was Greece
1987	Mel	Huh huh huh none(h)the(h)less (.) okay
1988	Tom	I mean that- that- [that's a bullshit question
1989	Mel	[Yeah (1.0) it's true
1990	Tom	(inaudible)
1991		(1.1)
1992	Mel	Who's name is usually associated with the theory of the
1993		Oedipus Complex?
1994	Tom	(1.3) Sigmund Freud
1995		(3.1)
1996	Mel	Who was Cesar Chavez
1997	Tom	(0.8) uh (0.5) awesome (0.4) excellent question (0.4) uh
1998		leader .hhhhhh of the civil rights movement fo:r for l- (0.6)
1999		Latinos and workers (0.9) and uh (1.4) he was specifically
2000		for peaceful (0.4) civil disobedience
2001		(6.3)
2002	Tom	(spiritual) fasts (0.8) personal fasting
2003		(6.0)
2004	Mel	What does the term <half-life> mean?
2005	Tom	(1.8) t! um (0.7) the (0.5) the amount of time a su-
2006		<substance> takes to:: (0.6) >decay to half of its original
2007		value<
2008		(8.9)
2009	Mel	Who was Tecumseh?
2010	Tom	(2.7) Um (1.2) the subject of much historical re↑visionism
2011		(0.6) but um (1.6) most notably (1.1) the (1.5) a Native
2012		American leader who opposed the English
2013		(9.2)
2014	Mel	Tell me the names (.) of three types of water formations
2015		(0.7) other than Oceans
2016	Tom	(1.9) t! um (2.8) uh (1.2) lakes (0.9) streams (0.7) rivers
2017		(2.3) (I'm trying to remember) (0.8) there- there's (0.9)
2018		aquifers (1.9) (but they're underground)
2019		(1.2)
2020	Mel	What religion has the most (0.5) followers
2021	Tom	(6.5) That's an (.) excellent question (0.3) I do:n't (12.2)
2022		>It depends on how you define follower I guess< bu:t (0.9)
2023		I'm gonna say (1.0) (for the sake of this) (2.6) but I think

2024 that (0.8) by most conventional definitions of follower (0.5)
2025 the Abrahamic religions
2026 Mel Which one (.) is it?
2027 Tom (1.9) I think (0.6) .hhhh (0.8) if you (0.5) like (2.7) >It's
2028 tricky (.) because like if you're just assuming like< (0.5)
2029 What we call a follo:wer (0.9) is a follower (0.6) but if it's
2030 (0.4) um (2.5) but if it's people who w- gre:w up
2031 wor::shiping in a tradition (2.4) even if it's just like a local
2032 tradition (.) a na::tive (0.6) tradition (2.2) and (0.8) what we
2033 call a follower (0.9) can't really be understood between
2034 (0.7) different (0.5) regional practitioners of these
2035 Abrahamic religions
2036 (2.5)
2037 Mel [So
2038 Tom [Like like religion is like a glob[al concept
2039 Mel [So you're saying
2040 (inaudible)
2041 Tom Sure (shrugs)
2042 Mel =okay
2043 Tom £Sure£
2044 Mel Um w(h)here are the smallest bones in the human body
2045 Tom (2.2) Um (2.3) Do they provide any clarification like (0.5)
2046 um by mass (0.4) or by (1.1) [um
2047 Mel [Nope
2048 (2.1)
2049 Mel £That's all I got£ (0.5) huh huh (0.4) Where are the
2050 smallest bones in the human body
2051 Tom (1.1) Um (2.4) th- the ear
2052 (2.0)
2053 Mel Who was Ivan the Terrible?
2054 Tom (1.5) t! uh (0.6) a ru- ru:ler (0.5) of (1.8) um (0.4) of- of
2055 Russia
2056 (3.9)
2057 Tom Uh (1.0) During the mi::ddle:: century? (0.9) Am I getting
2058 that right?
2059 (3.0)
2060 Tom ◦I dunno◦
2061 (3.5)
2062 Tom Um
2063 Mel =uh (.) who created (0.3) the character (.) Mickey mouse?
2064 Tom (1.3) t! um (0.6) Walt Disney
2065 (12.0)
2066 Mel What element makes up most of the sun?
2067 Tom (11.2) hhh .hhh (0.6) helium?
2068 (3.1)
2069 Tom Why do I think that?

(1.5)
Mel Uh (.) who wrote The Idiot?
Tom (1.8) uh (0.7) Dostoyevsky
(8.0)
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
(1.9)
Tom Why do I think that?
(6.0)
Mel t! Alright (.) last part (0.5) um::
(7.0)
Tom Th- That was by far the weirdest section
Mel =I agree
Tom Yeah
Mel Um
(2.6)
Tom I mean (.) [yeah
Mel [I me:an (.) well .hhhhh y'know .hh it's like some of those personality tests (.) you probably took one with your therapist (0.5) uh: (0.5) where (1.5) I mean th- th- the question sometimes seem arbitrary (0.4) I mean I guess at- at s- some level they're not arbitrary (0.3) but (0.3) I mean (0.4) um
Tom Those are pretty arbitrary (0.7) like I (0.5) I took (1.6) high level physics in- (0.6) in college (0.6) and an- Astronomy (.) and I don't remember that (even being like in it)
Mel Yeah (Yawns)
Tom (mumbles and waves hands)
Mel I think it's just (0.6) I mean it (0.6) the um (1.3) it's 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
(7.1)
Mel t! (1.0) okay
(7.7)
Mel So .hhhhhhhh um (0.4) look at these boxes (0.6) each box (0.6) 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 (1.0) 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 (0.5) for sure (0.3) (I'm not too- very worried about that) (0.4) um (2.3) ↑um (5.2) I would say that (0.7) m- mo:st problematic wa:s (0.4) the: (1.2) the- (0.7) general understanding an- and (knowledge of) facts (0.4) section (.) I don't like that se- (0.7) um (2.3) I think th- that's very (0.6) problematic to no:rm: (2.5) even (0.6) in a (0.9) 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 (.1) .hhhhhh (0.8) ↑um (3.2) I guess (0.9)my other anxieties and concerns are related to like my- my- my personal (1.6) <in:volvement> in the idea of (0.7) 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- I- walk away with a real sense that it would be very possible to train fo:r (.) this (.) test (0.5) not (0.7) like the specific answers (.) but the process of taking a test (1.2) in a way that would shift the:: (1.1) th- the re- results substantially

Mel t! Are you worried that you did bad?

Tom (1.2) Yeah (0.3) like I- 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 uh- 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:tty (0.3) you put a lot of pressure on yourself throu[ghout 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 ability on these sort of basic (0.7)
Tom 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

(1.5)
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
Tom [yeah
Mel 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<
Tom Yeah
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
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 W- Well like none of this corresponds to the coursework except may:be the vocabulary and [may- maybe: the capacity for intuitive leaps as a result of pattern recognition

Mel [Okay (5.6) Okay

Tom 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 mhm

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?

Tom Yeah

Mel Okay

(1.0)

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

Tom Mhm

Mel And things like it (0.4) is just the way that you approach (0.4) like a cognitive task or a problem

Tom 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

Tom 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

Tom Yup

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

Tom 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

2344 Tom [mm
2345 (2.6)
2346 Mel I mean it seems like you really honed in on it
2347 Tom Mhm
2348 Mel I mean (0.3) once you wanted to (0.3) but
2349 Tom Right
2350 Mel Also (0.7) y'know (0.7) e:ven if you approached (0.4)
2351 e:very one of these wi:th a certain amount of trepidation
2352 (0.6) hhh once you were trying to do it (0.3) you were kind
2353 of (0.3) A hundred percent into it (1.0) ◦I mean◦
2354 Tom Right
2355 Mel Or invested (0.4) I guess
2356 Tom Right
2357 (1.3)
2358 Mel That might be the: (0.3) operative word (0.4) I guess
2359 Tom mm
2360 Mel I- y'know it's just like (0.5) y'know (0.6) hhhhh how much
2361 you have invested
2362 (1.3)
2363 Mel I mean (0.5) in:: (0.5) performing on this sort of task
2364 Tom Right
2365 (2.6)
2366 Mel Hhhhh (0.6) Um (0.8) I guess (0.4) yeah (0.4) um (2.9) I
2367 guess this is sort of a broader: (0.6) question to take into the
2368 therapy that you already have
2369 Tom mhm
2370 Mel But I mean er- (0.4) which is maybe why you (0.5) y'know
2371 (.) you guys (.) >why you wanted to do this<
2372 Tom =Yeah
2373 Mel What is at stake for you in ac- I mean in academic
2374 performance (0.4) or (0.3) performing on standardized tests
2375 (0.6) ◦I mean◦
2376 Tom (0.8) U:m: (2.6) I:t's (0.5) >it was like a very- (0.3) like
2377 (1.0) it was (0.2) I'm describing this< historically cause it's
2378 like a (0.5) I think a (0.7) (a narrative) (0.6) like identity
2379 (0.4) like strongly associated wi:th (1.0) a sense of self (.)
2380 a:nd (1.2) um (0.5) like feeling (0.4) good about myself
2381 (0.6) um (2.3) a:nd (2.6) I: uh (0.4) I hesitate to say this (.)
2382 but basically: (0.9) I was placed at a very: (.) at like (1.6)
2383 the far periphery of the bell curve and:
2384 Mel Mhm
2385 Tom To:: shift off of that (0.4) is to:: (0.7) i- is to (0.8) I have to
2386 reconcile that (.) without (0.4) seeing that as some sort of
2387 like (.) decline or loss on my part
2388 (2.0)
2389 Tom That's what's at stake

(4.2)
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
(1.4)
Mel Uh
(0.7)
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) ◦◦I forget when I'm gonna be here◦◦ (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

2436 Mel Or or- [shifts
2437 Tom [It's- It's pretty (0.4) my work schedule's pretty
2438 stable (.) it's the uh (0.4) appointments (1.3) a::nd the: (3.7)
2439 Mel I mean I guess it'd be nice if we could meet (0.7) before
2440 you had a session with your therapist
2441 (1.3)
2442 Tom Uh (0.5) that's Tuesday
2443 Mel That's Tuesday?
2444 Tom Yeah (0.3) ◦so◦ (1.0) I mean (0.6) >I'm available Monday<
2445 (0.5) but
2446 Mel Oh >no no no< I mean uh (0.3) I mean like (0.5) like say
2447 two we[eks or something (.) like like an hour (.) I mean if it
2448 wouldn't be for a half hour or something like before: (0.5)
2449 prior to your session
2450 Tom [in two weeks (3.3) sh-
2451 (0.6)
2452 Tom Sure (0.5) [um
2453 Mel [I mean (0.4) >I mean I'm just thinking like it
2454 seems like there is< so much (0.7) that you have invested
2455 (0.6) like psychologically
2456 Tom Right
2457 Mel In this (0.4) it would make sense in a way (0.4) to sort of
2458 (0.5) to come from just talking about (0.8) the way you
2459 went through this test (0.6) t[o: translating it into therapy
2460 Tom [To tra- (1.2) okay (0.5) um
2461 (2.1) sure (0.4) so
2462 Mel What time do you meet on: (0.4 – packing up test supplies)
2463 Wednesday (0.6) or on Thursday (0.3) usually
2464 Tom Normally on Thur:sdays (1.2) um (2.2) [at- at- at- five (0.4)
2465 but um (.) and I can get here earlier
2466 Mel [This might be
2467 idealistic
2468 (0.5)
2469 Mel ◦Thursday at five ↑um:◦ (2.2) man that may work out (0.3)
2470 lemme grab my calendar
2471 (4.9)
2472 Mel I mean does that- (0.5) how does that sound though (0.5)
2473 like
2474 Tom Sounds good
2475 Mel Okay
2476 Tom Sounds good
2477 Mel I'll be right back
2478 (49.8)
2479 Mel .hhhhhh (0.5) God (.) this almost never works (0.5) Um
2480 (1.1) yeah (0.4) It looks- (0.4) do you wanna (.) 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
(both walk away from the room)