Author's response to reviews

Title: "You've got to make it relevant": barriers and ways forward for assessing cognition in Aboriginal clients.

Authors:

Kylie M Dingwall (kylie.dingwall@menzies.edu.au)
Melissa A Lindeman (melissa.lindeman@flinders.edu.au)
Sheree Cairney (sheree.cairney@menzies.edu.au)

Version: 2 Date: 2 May 2014

Author's response to reviews: see over
We thank the reviewers for their well considered comments. We have reviewed the manuscript in light of their concerns and responded to each issue raised in turn below, describing how the manuscript has been amended. The changes have also been made using track changes in the Word document.

We have also sought further expert critique from an Aboriginal forensic psychologist for his input from a cultural perspective. He found the paper “informative and very useful” and also suggested including comment on the importance of carefully considering the reason for the referral and the use to which the assessment results will be put. The more specific the referral question the easier it is to shape the assessment process and the “tools” that might be used. We have therefore made highlighted the importance of this in the first paragraph of the discussion.

Reviewer’s comments

Reviewer: Anne Stephens

1. Discretionary Revisions:

I think the paper may benefit from further examination of the concept of appropriate assessment in the discussion. There are phases of assessment and cultural protocols that can be observed, to overcome the barriers to successful engagement identified in the first theme of the findings. Culturally appropriate engagement observance could be included in the discussion/conclusion, as it is not only the absence of an appropriate assessment battery that prevents effective testing, but the degree of culturally competence and sensitivity of the practitioner and the system from which they emerge, that influences such things as time available to undertake assessment; the rapport and relationship one builds with clients and informants (beyond a parent/carer to include community and other service providers), and clear translation of the purpose and outcomes of the assessment.

The reviewer raises a good point here (and below) and we address the issue of staff preparedness to undertake assessments in another paper published in the Australian Journal of Social Issues which discusses the need for cultural competence and cultural safety. We have added comment on this in the discussion with reference to our recently accepted paper. We have also added a statement on this point to the conclusion.

Despite the authors’ noting the importance of taking a strengths-based approach, the qualitative data statements selected on pages 6 – 7 infer a deficit of the client cohort, rather than systematic limitations experienced by the assessor.

The recommendation for taking a strength-based approach comes out of participant statements as reported under the heading of ‘successful approaches’. The comment on page 6-7 also directly report participant responses but in relation to different themes (time, diversity). We are not clear which comments the reviewer is referring to that ‘infer a deficit of the client cohort’ on pages 6-7. If it is about the mention of clients have short concentration spans, then this is interpreted with relation to the relevance and differing concepts of time which may reflect a deficit view or may as discussed infer difference. Similarly, all of the comments in the diversity section are about diversity not deficit. However, if a reader interpreted these comments as relating to deficit rather than difference, then we believe it does not contradict the theme addressed in a different section where participants (who may not necessarily be the same ones commenting on pages 6 & 7) expressed that they had most success with strength based approaches.
I would also recommend the value of cultural awareness and competency training for practitioners, particularly for, but not restricted to, people entering the field, and that this might be discussed in the context of the ontological difference between Western trained non-Indigenous practitioners and Aboriginal clients as a problematic that underlies all aspects of assessment practice, including the search for a culturally appropriate and robust tool/s.

As mentioned above this is a good point and we have included statement in the discussion and conclusion with reference to our recently accepted paper.

P 10: Sentence beginning with “Highly visual…” Revise sentence structure
Sentence structure has been revised

P 16: Line 3: “Impairment limit is current…” Should this be …limits its...
Yes, this has now been changed

P 17: Paragraph 2, line 5. Sentence beginning with “Kerin’s (1976) utilised…” Should this be Kerin (1976)...
This has been amended.

P 19: Suggest revising line’s 3 and 4 to read: “… assessment. The KICA was identified as it includes a…”
This has now been amended as suggested.

P 19: Revise sentence structure of 1st line of paragraph 3. “As epitomised…”
This has now been revised

Reviewer: Dina C LoGiudice

The participants discuss many tools/ scale that are traditionally utilized by neuropsychologists e.g. Rey, WAIS. Therefore it is unclear whether the responses relate to a focus on screening tools or diagnostic tools, as the approaches would differ. Similarly the needs for cognitive assessment in younger vs older people, and ABI vs dementia vary. This makes interpretation of the findings difficult.

The paper focuses on cognitive assessment in general, and clarifies which assessments have been validated for clinical use in this population. It also explores the range of experiences in order to identify a general set of barriers and broad characteristics of tests and test formats that might be useful (or otherwise) in developing or adapting any tests for use with Aboriginal people. Whilst specific approaches may differ, it is assumed that some broad characteristics of test material and testing formats may be more suitable for Aboriginal people to align with their ontological experiences. The generality of focus has now been added as a limitation of the paper.

How did the authors derive the list of scales in Table 2? It seems quite ad hoc, and unless an extensive review of neuropsychological tests is undertaken, does not add value to the paper.
The table has been removed from the paper.

I would be interested in future directions. E.g. If cognitive assessment scales were to be adapted or developed how would they be validated (against what gold standards that are practical) and would there need to be a different approach for different groups of conditions (e.g. ABI compared to dementia; young vs old)
Suggestions for possible ways forward have been added to the manuscript.

**The limitations could be further explored.**

We have now included a limitations section

The authors interviewed 22 clinicians, and some details are given about their backgrounds and experience. Other information that would be interesting includes (i) the proportion of those interviewed who assessed the aged compared to young adults, and/or children; (ii) how many were formally trained in use of neuropsychological tools that were mentioned throughout the paper; and (iii) how often cognitive assessments were part of their clinical practice? (iv) Was there an attempt to approach neuropsychologists (although I realize there are few working in this area).

Information requested at (i) has now been added to the manuscript. Information at (ii) and (iii) was not collected so cannot be presented. The unknown extent of experience and training is noted as a limitation. We attempted to interview neuropsychologists, however we could not identify any practicing in the area at the time of the study.

The KICA is described as an adapted MMSE, but there are few questions that are similar. I think the authors mean it is a screening tool for older people with cognitive impairment.

We mean that it is a tool in the same vein as the MMSE. Terminology has been amended to reflect this.

**Although an interesting paper, I am not sure it adds much more to the paper already published by the authors in BMC 2013**

The previous paper is a description of themes relating to the range of tools in use and clinical practice guidelines for practitioners new to Aboriginal contexts. The current paper reports in-depth on themes relating to barriers to assessment, successful approaches and areas of developmental need. The current paper is particularly intended to assist further developmental work.