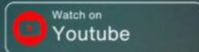


# Moments in Mind

Tune in to hear clinicians share the moments that changed their lives—and the lives of their clients.



## Dr. Renee Testa – Episode 4

Pearson Clinical Assessment

00:33

### **Andy McLean**

Hello and welcome to Moments in Mind – a brand new podcast from Pearson Clinical Assessment in the Asia Pacific region.

My name's Andy McLean. I'm a Podcast Producer based in Australia, and in this series, we're sharing extraordinary stories of professionals who make a difference in people's mental wellbeing every single day. In each episode, a special guest reveals moments that have changed their life and changed the lives of the people who they support.

In today's episode, we're diving into the fascinating world of paediatric neuropsychology, and our guide is a giant in the field, Dr Renee Testa.

Now, Renee is way too modest to describe herself in this way, but I think of her as kind of like “a Jedi Master of standardised assessments”. She primarily works with children aged between three and 16 years of age who present with neurodevelopmental disorders such as developmental delay, autism spectrum disorders, psychiatric conditions, ADHD and language and learning disorders as well as social, emotional and behavioral challenges. And Renee also assesses teenagers and early adults presenting with developmental conditions.

Now, what I really love about Rene's approach is the importance that she places on the emotional and behavioural needs of each of the people she works with. When parents and other health professionals understand those, they can better attend to the cognitive factors that are impacting a child at home or in school.

In our discussion, we cover a lot of ground in a short space of time. That includes several moments that have shaped Rene's life. We also get into the practical stuff too, like explaining how assessments can enable allied health teams to personalise and tailor interventions and treatment plans.

There's so much to discover in this conversation, so let's jump in and take a listen.

**Andy McLean**

Well, hello, Renee, and welcome to moments in mind.

**Dr Renee Testa**

Hello, thank you for having me today.

**Andy McLean**

It's lovely to have you with us. I've been really looking forward to this conversation. Where we're going to start today is actually to go right back before your career, and in fact, talk about the first moments that you can really remember. Can you tell me a little bit about your earliest memories of childhood?

02:46

**Dr Renee Testa**

My first memory of my childhood is probably playing with my brothers. Actually, I have a twin brother and also another younger brother who's quite close in age, and we spent our childhood playing in parks and jumping off sheds and climbing trees, and, yeah, we had great fun together.

**Andy McLean**

Lovely. And where was it you grew up?

**Dr Renee Testa**

I grew up in Melbourne, in a small suburb, and were very, very close to our cousins, so we were surrounded by lots of people, and we would live our lives going down the street and bike riding and having lots of fun together.

03:25

**Andy McLean**

Oh, that's beautiful. And it's interesting. You say that you were so surrounded by people because of you of course, your career choice is *all about* people. So let's talk a little bit about your approach to pediatric neuropsychology. Can you tell me about your field and, in particular, what you're most passionate about.

03:43

**Dr Renee Testa**

So the area of paediatric neuropsychology is quite large in terms of the different types of areas of neuropsychology that you can work within.

My field is predominantly in neurodevelopmental disorders. So we work with children who have conditions such as developmental language disorders, learning difficulties, autism spectrum disorders and other difficulties such as obsessive compulsive disorder or tics and, of course, ADHD, which is very commonly spoken about these days.

My approach to neuropsychology, and I guess the families and children we see, is very much focused on not so much diagnosis, which we know is important in our assessments, but also in trying to gain an understanding of the child and their family and the child's needs.

So often when children do come to see us, there's a lot of concern from Mum and Dad and teachers other doctors around what's going on with this child. And while that's important, we also try to focus on gaining understanding of the child's perspective and what they need. So I think that's really important because often there are missing pieces of the puzzle that aren't well understood. And if we just focus on a diagnosis without actually getting a comprehensive overview of that child and the way they function and the way they think and behave and reasons for that, then it can be really challenging to, I guess, get really good outcomes and know which types of interventions really work, right?

05:21

**Andy McLean**

So what you're really advocating for there is a really kind of 360 degree approach where you really interrogate this from every angle, and put the child's sort of perspective at the centre of that?

05:33

**Dr Renee Testa**

Absolutely, it's very child led, whilst also addressing everyone's else's needs within that assessment. So, and I guess that's why it's so important to do a comprehensive assessment, and that's what we really focus on when we do our traditional neuropsychology tests.

So looking at their thinking skills and their memory and their learning and their literacy skills, but also very much focused on gaining an understanding of their social emotional understanding and how that functions, sort of within the family unit and within school environment as well.

06:04

**Andy McLean**

Now, Renee, when we were first introduced, I couldn't help notice immediately – your surname, which is “Testa”. I'm assuming it wasn't nominative determinism that led you to neuropsychology and standardised assessments and that life that you've that you've made for yourself! So tell me, what do you think *did* lead you towards paediatric neuropsychology?

06:26

**Dr Renee Testa**

I always enjoyed working with children, and I found that I had a good ability to try to understand things from different people's perspectives. And working with children is quite challenging, because often it's hard for a grown up to understand a child's perspective and the way that they're thinking about the world.

Children find it very hard to communicate what they need and what they want for lots of different reasons, and I saw that as a really important factor to try to communicate to people around them what the what their needs were.

I think when I started studying psychology, I was very interested in clinical psychology, but when I started to learn about neuropsychology and how the brain works, I could see that I could not only communicate, or try to communicate, what that child needs and wants, but also how their brain works and how that also contributes to their level of functioning.

So whilst that child may have difficulty communicating their needs because of their age, they may have more so difficulty because they might have a language disorder, or they might struggle to put their words together or to understand what's being asked.

So I could see that there was another factor, or lots of different factors, that would contribute to, I guess, it being really important for having an advocate for that child and trying to communicate to everyone around them what they really need.

07:51

**Andy McLean**

And it's interesting that you've obviously been working in this field for a couple of decades, and during those couple of decades, science has found out so much more about the way the brain works. And you're working in neuropsychology. So what an amazing time to be working in the field!

08:08

**Dr Renee Testa**

It's fantastic. I think we've gained more understanding and more appreciation of, I guess, the strengths and challenges of children and how genetics and biology and environment as well really impact on a child's level of functioning. And sometimes those, I guess, those outcomes may not be noted until later down the track. So it's really an emerging and evolving, I guess, presentation and trying to understand things that people may not even remember but are now affecting the child's level, so it's really important to take that comprehensive approach, which is why we take so much time to look at a child and not just in one point of time, but also really where they've come from, and what environment was like when they grow up growing up.

08:56

**Andy McLean**

Yeah of course. And we'll talk about standardised assessment shortly, but one of the advantages standardised assessments, of course, is that you can track progress and variance over time, right?

09:08

**Dr Renee Testa**

Absolutely. And that's why it's really important, I guess, for us to start with foundational assessments. So we use our assessments to gain, I guess, a base understanding of where that child's coming from and where they've been in the past. If they've had an assessment before, and I think without understanding, for example, their thinking skills using the WISC-V we would not have a good idea around what would be expected for a child, not only of their age, but also of their level of functioning, which is really important, because I think different children have different levels of difficulty, and children who may be sort of at that average or below average level of functioning can have struggles, just the same as kids who are actually functioning at a very high level as well on those types of tests. But it's then understanding the relationship between that test score and their level of functioning in everyday life, and it's all those factors in between that we try to really gain a good understanding of

**Andy McLean** 10:09

Fascinating. Could you perhaps give us one or two examples where you've perhaps applied standardised assessments, and give me an idea of what some of the outcomes or progress that have led from those?

10:24

**Dr Renee Testa**

I can think of one child that was quite young. He was only five or six, and a lot of the children that we see are often deemed “unassessable”, because it can be quite challenging and daunting for a child to do an assessment.

And I spent two sessions just playing with that child and getting them to feel comfortable, because unfortunately, their experience of assessments is often related to school, and school can [sometimes] not be a lovely environment for them. It can be a challenge and a place where they see that they can't actually achieve.

So this child, I spent two sessions just trying my best to make him feel comfortable. And when he did that, he was able to do a whole range of assessments, and he was he could see that he could be successful. And that child had been presumed to be quite low functioning because he had oral motor difficulties, which meant it was really hard for him to communicate and for people to understand him, when in fact, his level of functioning was actually really quite high.

So it was lovely to be able to, I guess, allow everyone to see that this child had great capacity, but had difficulty communicating and understanding how to really show his needs without it being a behavioural outburst. And I guess I could also explain to people the level of frustration that he felt because he was so upset, because people assumed that he couldn't do things, or people didn't know how to scaffold or support him so that he could be his best. So that was a really good outcome.

11:57

**Andy McLean**

Yeah, and it's interesting, because what's really coming through when you tell me about that is obviously your level of professional expertise and, you know, all the qualifications and the hard work that's got into all of this. I can see the technical appreciation that you have for all of this, but there's *also* such a human element to this too. How does it *feel* for you when you get those moments where there's a light bulb moment, and you see a child in the example you just gave there, who had been underestimated and frustrated suddenly, kind of not suddenly, but gradually over time, breaking through.

12:33

**Dr Renee Testa**

It's great, and I guess it's a large part of why I do what I do every single day. Because we, we really try to, as I said, gain the child's perspective. And to do that, we have to get on their level.

We can't be – or our assessment can't be – determined by the time that we have, or a busy day, or what we need to do at one o'clock. It really has to be determined by where the child is at, and where the child is at may be that you need to spend a session or two just waiting and making them feel comfy, or you may need to be a bit silly, or you may need to allow them to walk around the room when they're doing a verbal task, because they need to move their body, and I think that's really important.

And when they see that *you see them* and that they are heard and that you will respond to them – then they start to relax, because they know then if they're tired or hungry or thirsty, you will respond to that. And it's not just about the assessment. It's about gaining an understanding of them. And I will often say to them, your job is to try your best. My job is to help everyone around you understand what you need. And that's where I have to work hard to understand how to best help you.

13:50

**Andy McLean**

Yeah, there's some great tips in there, actually, for anybody who's perhaps new to standardised assessments and learning how to approach those and use them for the first time. That you know, putting the children at ease is so important, isn't it, if you can make it enjoyable for them, even then even better.

14:06

**Dr Renee Testa**

And that's always a goal. So every child that comes to do an assessment, we want them to enjoy it, and we use the assessment as a way to really empower them. So they'll often come in feeling quite disheartened, scared, sometimes because of our name, "neuropsychologists". They think they're getting a brain scan. There's all of these amazing things.

But I think when it is child led, we will ensure that the child will have fun. We will ensure, of course, there's games and stickers, but I really try to empower the child by showing them success, not necessarily at getting something right, but success at *trying something* that they never thought that they could try before, or success at *trying to be their best* and not needing to hold back or be fearful of holding back. So I think when they feel that sense of achievement that really empowers them to continue through the assessment task when they're feeling that they can't do something well.

15:07

**Andy McLean**

Thank you for that so far. We will be right back after this short break

15:15

**Promotional Message**

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To find out more about the Pearson resources that Renee and her colleagues use at the Can Group – from the Wechsler Intelligence Scale for Children and the Weschler Individuals Achievement Test to the Wide Range Assessment of Memory and Learning and many more – just Google "Pearson Clinical Assessment" and check out the Pearson website.

16:01

**Andy McLean**

Welcome back to the podcast.

I often think, Renee, that people in your role are a little bit like kind of “Jedi Masters” of standardised assessments, because you're so au fait with using them. It's a really impressive skill that you've honed over the years. I'm interested in something that somebody said to me about the WIAT and the WISC. They described the WIAT as telling clinicians about achievement and the WISC is telling clinicians about potential. Does that resonate with you? And if so, how?

16:32

**Dr Renee Testa**

When children are doing assessments, I always say to the parents that we really want to see them do their best or be their best. So I really want to see what their potential is, and that's why, if a child is fatigued or hungry or tired or nervous, if we can't shift that and it's really affecting the assessment results will stop and continue at another time.

I think parents are often worried that we won't see the challenges that they experience in everyday life in our assessment room, but we always do.

We're able to adapt and modify the assessment by giving them lots of encouragement or cueing or prompting to ensure that they will be their best.

The WIAT is really important because it looks at reading, spelling and math skills, and it does allow us to look at a child's academic skills at one point in time. I think with academic skills, they are very much open to intervention and improvement.

So whilst a level of intellectual functioning does not determine someone's academic level, what it shows us is that whether the child has the potential or the underlying thinking skills required to develop those skills. So then we can start to look at whether we might be looking at a specific learning difficulty, or whether that child actually needs more one on one help, or the child needs help to focus and attend in order to develop those skills. So we can look at the underlying components required to develop those important skills which children and grown ups often don't quite understand.

18:21

**Andy McLean**

Now, I must confess, I do love hearing stories about some of the children that you've worked with. They're always amazing to hear. I just wondered, are there any clients that really stand out for you, or maybe have impacted you personally down the years?

18:41

**Dr Renee Testa**

I think there's been quite a few. And when I think about specific children, actually a whole bunch of cases coming to mind.

I think because the ones that do come into mind are the ones where we could allow parents, teachers, clinicians and doctors to understand the child's perspective, which really added, I guess, a major component to understanding where that child was coming from – whether it was the child was extremely worried or concerned about a component of their life, or whether that child had underlying symptoms of a specific neurodevelopmental disorder that people didn't realise.

So, for example, they may have been struggling with reading and spelling, but it was actually an underlying attentional difficulty that they had, or the child was refusing to do schoolwork, and we gave understanding as to why they were refusing.



I think with children, there's often lots of assumptions that are made, and although we don't mean to, we can often say that a child may "not be trying hard enough", or is "not motivated enough", or is "not interested". But I think the biggest sort of light bulb moments, or I guess the biggest cases that I guess resonate with me are the ones where I can give understanding.

Finding out the reasons why, and that there is hope, because there is interventions and ways that we can improve those outcomes by actually targeting the specific reason *why* they can't do what everyone wants them to do.

And I think that being understood is the biggest light bulb moment, and we see it when we give feedback to mums and dads, that all of a sudden there's a different perspective that they have of their child, and that's probably the most empowering thing that really makes me continue to do this job, is that they sort of their perspective shift, and they start thinking about their child in a different way, which immediately changes the interaction between the child and mum and dad. And that is, yeah, a powerful thing.

20:41

**Andy McLean**

Yeah, it sure is. Briefly you mentioned earlier on mentoring, and I now want to put you in the chair of the mentor, if you like. I just wondered if you had any advice for anyone who's at a moment in their early career and they're thinking that maybe paediatric neuropsychology is the path they want to follow. What advice would you have for them?

21:02

**Dr Renee Testa**

I think you have to really enjoy a challenge. I think children are difficult to understand because they can't necessarily communicate their needs and their wants. And I see the assessment of a child as trying to put the pieces of a puzzle together, but we don't know what those pieces are. We don't know what the puzzle is meant to look like. So it's up to us to be really flexible and adaptable and understand that child from lots of different perspectives and areas of functioning.

I think unless we ask specific questions and we understand what needs to be reviewed or assessed to we're more prone to miss important pieces. And if we miss those important pieces, we've got an incomplete understanding of that child. And when that happens, we find that outcomes and interventions don't really work well. So I think you have to be able to step back, take your time, look at the child in a very holistic and comprehensive view, and ask questions which is so important. Ask questions of the child, which we will often forget, but also mum and dad and school and other people that work with them.

22:15

**Andy McLean**

That's some great advice there. Thank you for sharing that. The time has flown, and we're almost at the end of the interview, but before we go, I'm also interested in one final thing, which is: when you are sitting back in your old age and you're looking back over your career many, many years from now, what will be the moments do you think that you'll remember most?

22:36



**Dr Renee Testa**

I think the joy that children can experience doing a neuropsychological assessment, and I think the joy that they see it being successful and achieving something; when they came into that assessment thinking that it was going to be awful and testing and like school, but they actually walk out wanting to come back time and time again.

And that's probably the thing that puts the biggest smile on my face, because we got to shift that child's viewpoint of their own skill set, and that's a small step towards, I guess shifting, I guess a poor self esteem or a poor self identity. So that's probably the best thing.

23:12

**Andy McLean**

Renee, that's a beautiful moment to end on. It's just been so enjoyable listening to you today and hearing all about your career and your highlights and the children that you work with. Thank you so very much.

23:22

**Dr Renee Testa**

Thank you for having me.

23:29

**Andy McLean**

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In the meantime, thanks again for listening, and goodbye for now you.

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