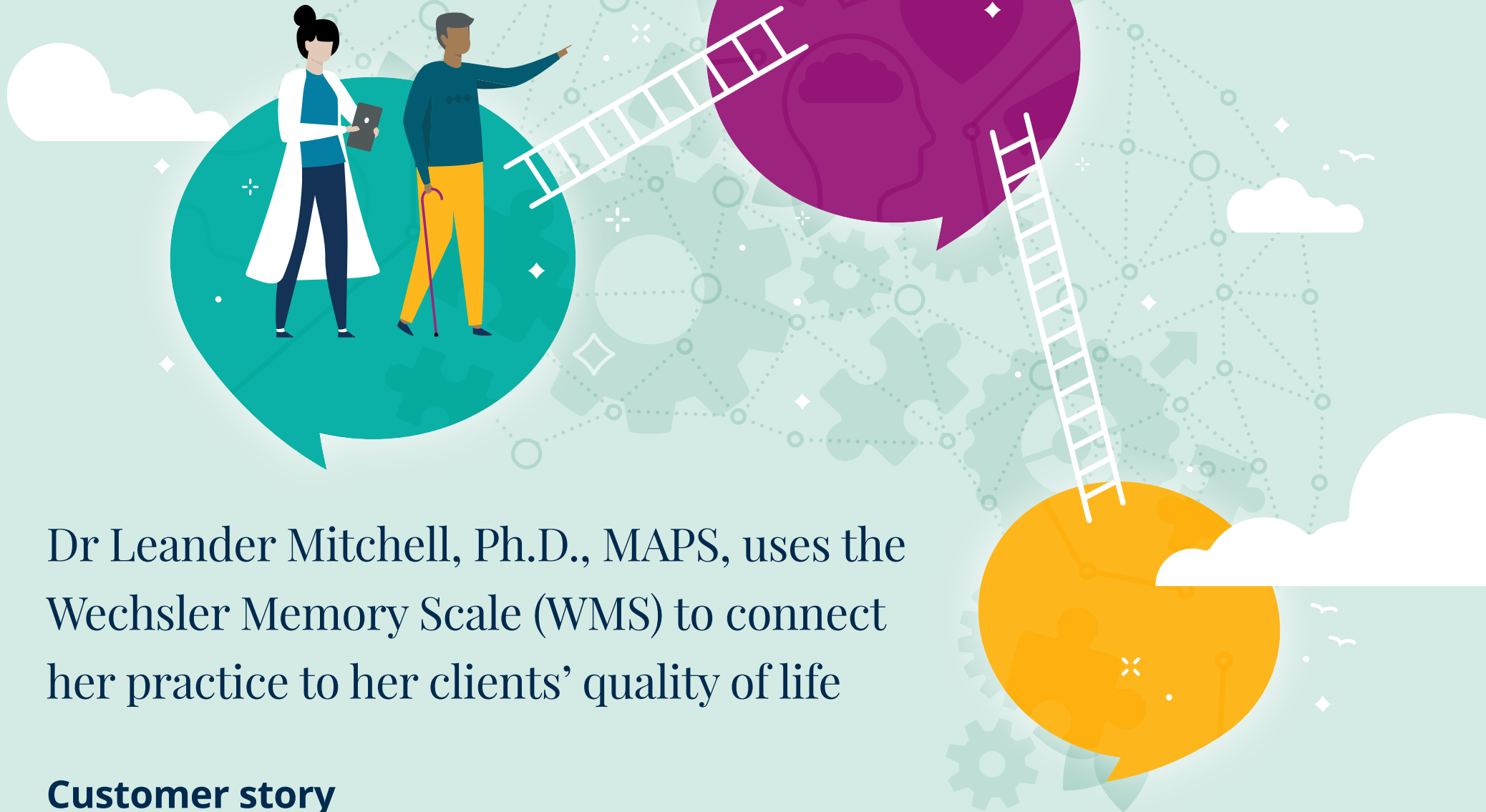




Pearson



Dr Leander Mitchell, Ph.D., MAPS, uses the Wechsler Memory Scale (WMS) to connect her practice to her clients' quality of life

Customer story

Dr Leander Mitchell is a Clinical Psychologist and Neuropsychologist. She's also a Lecturer (Psychology) at the University of Southern Queensland and Clinic Manager at The University of Queensland. She's been working with people with dementia for over 10 years and understands that finding the right tools can be a challenge.

How do you find a test that's easy to use with clients and supplies data that can be turned into real, practical actions that improve quality of life?

"I want [clients] to be able to take the information forward. I want them to be able to take something really practical away," says Mitchell.

Choosing the WMS

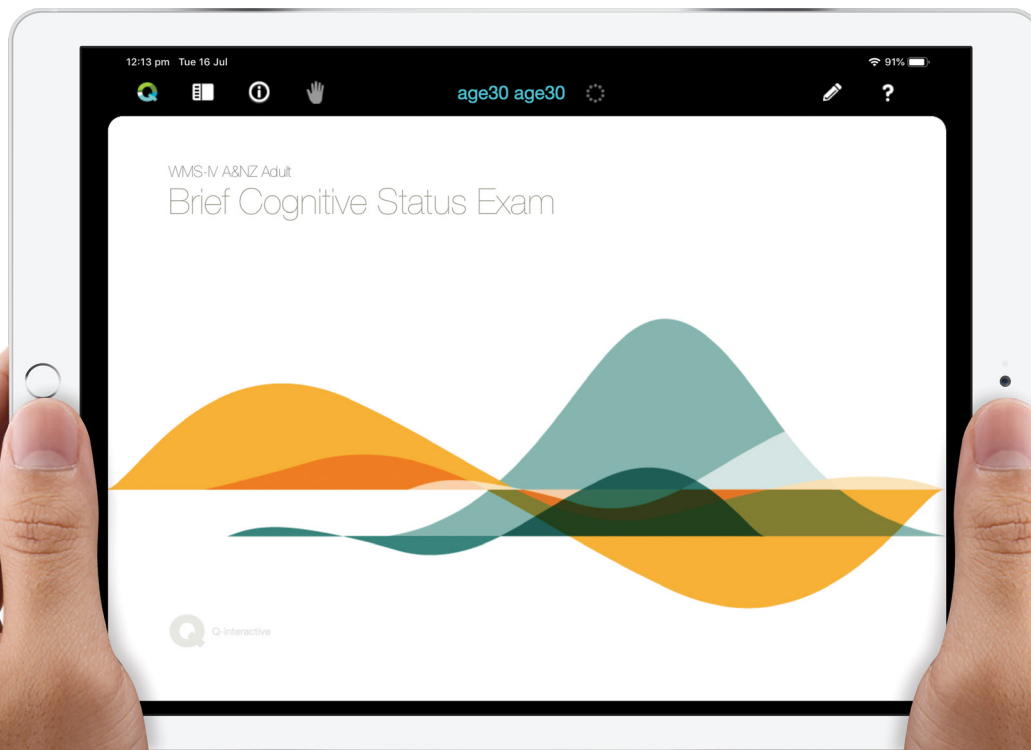
Dr Leander Mitchell started using the WMS in 2009. She needed a test that complemented her way of working with clients and that she could use with her other tests and tools.

The WMS assesses memory in adults, including geriatric patients and those with brain dysfunction. It's suitable for ages 16 to 92 and includes a brief version of the test for older adults. The whole test takes 45–60 minutes, but it can be split out into sub-tests depending on the clients' needs. Mitchell uses the pen and paper version of the WMS with her clients and also to train university students.

"The WMS is a really nice starting point because it's a battery, it does test a range of different areas of memory in different kinds of formats," says Mitchell. But the biggest advantage, according to Mitchell, is that "it tests logical memory".

“ I’ve always found the story and the remembering of the story, and different lengths of stories, so valuable in terms of teasing out just where people’s abilities lie.”

– **Dr Leander Mitchell,**
Ph.D., MAPS



Putting the test, to the test

Being able to use logical memory and stories to test a client's memory gives Mitchell the type of data that she can easily relate to everyday life, and turn into everyday actions to improve her clients' wellbeing and independence. But sometimes it's not always that simple.

There are lots of different clinical scenarios, clients, tests and data types out there, and Mitchell admits that it can be overwhelming. Although she's found that the WMS "captures so much data in a relatively short period of time", it's not always a one-size-fits-all solution.

In her 10-year career as a Clinical Psychologist and Neuropsychologist, Mitchell has found some tools need to be paired with others to get the delivery or data that she needs.

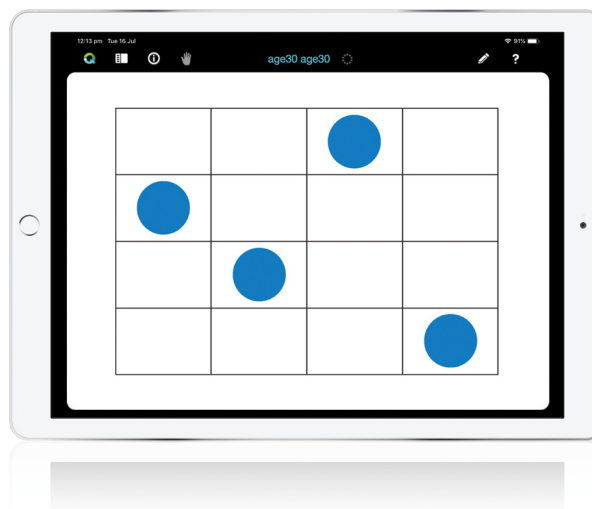
If she wants to capture someone who has a lower level of visual memory functioning, for example, she complements the WMS with different tests. Or if another test is "just a little clunky in their language," she uses the WMS for a smoother delivery.

"I don't want [clients] to freak out because of the instructions," says Mitchell.

"I want to have a nice way of assessing and the WMS allows for that. It's nicely structured and the instructions are well laid out. So whenever I'm administering this particular test I don't feel like I want to explain more to the client as to what I want them to do."

“ I’m much more confident in measures that I know I can give and that the client will be able to understand, because you want the best for the client, right? ”

- Dr Leander Mitchell, Ph.D., MAPS



Connecting the results with action

But what's the best way to turn the test's results into actions for the client?

For Mitchell, this is done on a case-by-case basis, in a way that suits her style of practice.

"I'm very much a strengths-based clinician. And so whenever I'm assessing I'm always looking for the strengths," she says. "I'm always looking for ways the person can still maintain independence so that their wellbeing is at a good level."

Once Mitchell knows where her clients' strengths lie, she translates that into action.

"I had a patient whose visual memory was just really, really bad, but the auditory memory was okay. And so we sat down and we worked out strategies as to how they could really benefit from that in their day-to-day lives."

Being able to collect data, look at it, understand it and turn it into actions in her clients' day-to-day lives is where Mitchell sees the value of her work come to light.

“ Having that kind of data and that kind of information is just so helpful to empower the clients going forward. ”

- Dr Leander Mitchell, Ph.D., MAPS

The end result

“The great part is to be able to feedback the results, and then in terms of recommendations, really sit down and talk with the person about how they can use the results in their day-to-day life,” says Michell.

It’s here that the connection between the WMS, the clinician and the client’s wellbeing comes in.

“You can sit down with someone for half an hour, or an hour and go through what they do in a week, and what they’d like to improve, and you embed the test results in there, and that helps them maintain independence,” she says.

“It’s usually just such a positive experience, and a lot of the time it won’t just be the patient in the room. They’ll have their partner. Sometimes their whole family is there.”

Having a test that’s not only easy to use with clients but one that offers data that can be turned into real, tangible actions to improve wellbeing and quality of life is invaluable for Mitchell, and for her clients.

“ Most of the people I’m testing think they have dementia. So when you sit down and tell them they have dementia, but here are some things you can still do to help yourself, it’s just awesome.”

- **Dr Leander Mitchell,**
Ph.D., MAPS



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