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Altri autori (Persone)	TulskyDavid S
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of the WMS-III; Description of WMS-III; Structure of WMS-III Index and Subtests Scores; Support for the WMS-III Structure; Conclusions; References; PART 2: Reducing Variance When Interpreting WAIS-III and WMS-III Scores: Introduction to Chapters 4-8; Chapter 4. Assessment of Cognitive Functioning with the WAIS-III and WMS-III: Development of a Six-Factor Model; Contemporary Models of Cognitive Functioning; Factor-Analytic Studies of the Wechsler Scales; Joint WAIS-III/WMS-III Factor-Analytic Studies

The Development of New Norms for a Six-Factor Model of Cognitive Functioning Development of New Index Scores; Conclusion; References; Chapter 5. Demographic Effects and Use of Demographically Corrected Norms with the WAIS-III and WMS-III; Demographic Influences and Normative Corrections; Sensitivity of Demographically Corrected WAIS/WMS Factor Scores to Neurocognitive Impairment; Subject Samples; Developing Demographically Corrected T-Score; Age Effects; Education Effects; Sensitivity of WAIS-WMS-Corrected Scores to Neuropsychiatric Disorders; Conclusions; References

Chapter 6. WAIS-III WMS-III Discrepancy Analysis: Six-Factor Model Index Discrepancy Base Rates, Implications, and a Preliminary Consideration of Utility Introduction; Understanding Difference Scores: The Logic of Discrepancy Analysis; Discrepancy Data Provided in This Chapter; Understanding Discrepancy Base Rates: Clinically Informative Trends; Which Index Contrasts Are Most Likely to Be Clinically Useful?; Conventional Contrasts: Within- WAIS-III; Conventional Contrasts: Within WMS-III; WAIS-III-WMS-III Contrasts; Does Discrepancy Analysis Work?; Concluding Comments; References

Chapter 7. Diagnostic Validity

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Sommario/riassunto

This guide to the WAIS-III and WMS-III tests is written to help clinical practitioners achieve efficient and accurate interpretations of test results. The only interpretive guide to be based on data obtained while standardizing the tests, this reference source provides new models for interpreting results, as well as practical information on the diagnostic validity, demographically corrected norms, and accuracy of the tests in measuring intelligence and memory. The focus of information is to allow clinicians to reduce variance in the interpretations of scores, indicating how best

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