1. Record Nr. UNINA9910780115003321

Titolo	Clinical interpretation of the WAIS III and WMS III [[electronic resource] /] / edited by David S. Tulsky [et al.]
Pubbl/distr/stampa	Amsterdam ; ; Boston, : Academic Press, c2003
ISBN	1-280-92710-0 9786610927104 0-08-049066-2
Descrizione fisica	1 online resource (651 p.)
Collana	Practical resources for the mental health professional
Altri autori (Persone)	TulskyDavid S
Disciplina	153.9/3
Soggetti	Wechsler Adult Intelligence Scale Wechsler Memory Scale
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Front Cover; Clinical Interpretation of the WAIS-III and WMS-III; Copyright Page; Contents; Introduction; Preface; Contributors; PART 1: The Evolution of the Wechsler Scales; Chapter 1. Historical Overview of Intelligence and Memory: Factors Influencing the Wechsler Scales; Introduction; The early 1800's; Galton and Cattell; Spearman's Two-Factor Theory and Thorndike's Multifactorial Theory; Binet and Simon: The Measurement of Intelligence in Children; Yerkes and intelligence tests in the Military; The Wechsler Scales of Intelligence; History of Memory Assessment; Discussion; References Chapter 2. Revising a Standard: An Evaluation of the Origin and Development of the WAIS-III Why a Revision was Necessary; Changing Test Scores and Norms; Revised Test Structure; Goals for the WAIS-III Revision; Deciding What to Change; Changes and Reactions; Emphasis on the Factor Scores; Events Leading up to the WAIS-III; Wechsler's Unrealized Goal: Measurement of Nonintellective Factors; Description of Subtests; Summary; References; Chapter 3. The Wechsler Memory scale, Third Edition: A New Perspective; Historical Factors Leading to the Development of the Wechsler Memory Scale The Wechsler Memory ScaleThe Publication of the WMS-R; Development 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 Neuropsyschiatric 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

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