Objectives

- Provide a brief description of WAIS-IV, WMS-IV, and ACS for WAIS-IV and WMS-IV.
- Use sample information to describe use of WAIS-IV, WMS-IV and ACS to answer a specific clinical question.

Three Batteries

- WAIS-IV, WMS-IV, and ACS were developed to be used together.
- Decisions made in the development of one instrument affected the development of other components.
- Each instrument provides unique information about the examinee.
Applications of Batteries

WAIS-IV, WMS-IV, ACS used for
- School based evaluations
- Disability evaluations
- Psychiatric evaluations
- Neuropsychological evaluations
- Forensic evaluations
- Medical/legal evaluations
- Competency evaluations
- Vocational Rehabilitation evaluations
  etc., etc.

Wechsler Adult Intelligence Scale – Fourth Edition

WAIS-IV Content and Structure

Ages 16-90
WMS-IV Memory and Learning

- Encoding: External information is transformed into mental representations or memories and stored in STM.
- Consolidation: Information from immediate memory is solidified into long-term memory stores.
- Retrieval: Information is brought into conscious awareness.

WMS-IV Test Battery

Index Scores
- Auditory Memory
- Visual Memory
- Visual Working Memory
- Immediate Memory
- Delayed Memory
WMS-IV Test Battery

Seven subtests:
- Logical Memory, Verbal Paired Associates, and Visual Reproduction - retained from WMS-III.
- Brief Cognitive Status Exam, Designs, Spatial Addition, and Symbol Span - NEW.

WMS-IV Test Battery

Logical Memory, Verbal Paired Associates, Designs, and Visual Reproduction have two conditions: the immediate condition (I) and the delayed condition (II), which are administered about 20-30 minutes apart.

WMS-IV Batteries

Adult Battery Ages 16-69
Older Adult Battery Ages 65-90

[Also, WMS-IV Flexible Approach]
Types of Scores

- Primary Subtest Scaled Scores (mean=10, sd = 3)
- Index Scores (mean=100, sd = 15)
- Process Scores (Scaled Score or Cumulative Percentage)
- Contrast Scaled Scores

Advanced Clinical Solutions for WAIS-IV and WMS-IV

ACS for WAIS-IV/WMS-IV

Advanced Clinical Solutions for WAIS-IV and WMS-IV is an individually administered array of tests, procedures, and scores addressing specific clinical questions and needs.
Primary Goal of ACS

To expand and enhance the clinical utility of WAIS-IV and/or WMS-IV through . . .
  — Additional assessments, and
  — Software.

Applications of ACS

additional assessments of:
  — premorbid functioning
  — effort
  — social cognition
  — executive function

A separate instrument, Texas Functional Living Scale, linked with the WAIS-IV and WMS-IV, can be used to assess daily living skills.

Applications of ACS

and software that delivers:
  — Demographically Adjusted Norms
  — Additional scores for WAIS-IV and WMS-IV
  — Reliable Change scores
Components of ACS

- Memory Grid
- Cards
- Word Choice Stimulus Book
- Record Forms/Booklets

Clinical Applications
Traumatic Brain Injury
Blake Sample 23

Remember! Many Factors can Influence Performance
- Acuity
- Attention
- Executive Functioning
- Global Intellectual Functioning
- Working Memory
- Language Impairment (Auditory Memory subtests)
- Visual-Spatial Processing (Visual Memory subtests)
- Fatigue
- Poor Effort
- Impulsivity
Background Information

- Blake is a 23 year old, single, white male, with a bachelor’s degree in political science.
- In 2009, he was working as an assistant store manager when he sustained a moderate TBI as a result of a motor vehicle accident.
- Upon admission to the hospital, his Glasgow Coma Scale was 7.

- He sustained hemorrhagic contusions with depressed skull fracture in right frontal area.
- Blood was noted in anterior temporal tip.

Frontal Lobe

Damage associated primarily with executive dysfunction - possible impaired flexibility in problem-solving or in adaptability (Lezak, et al., 2004).

http://www.neuroskills.com/tbi/bfrontal.shtml
Background Information

- Blake’s orientation and language functions returned to normal after 3-4 hours.
- He experienced on-going headaches, sleepiness, and fatigue for several days.
- He was released from the hospital after 3 days.

Background Information

- Blake continued to struggle with fatigue.
- He struggled to concentrate especially when reading.
- He returned to work after 3 weeks but had to leave early because of headaches and difficulty focusing and sustaining his attention.

Background Information

- His parents encouraged Blake to seek legal counsel regarding the accident because the accident had been caused by a car whose driver had failed to stop at the red light.
- The lawyer observed that they had a good chance of winning a claim against the company given the on-going difficulties Blake was experiencing after the accident.
Background Information
- As part of the legal case, Blake was sent for neuropsychological evaluation of ongoing attention problems.
- The evaluation was conducted 12 months post-injury.

Traumatic Brain Injury
- Acquired brain injury caused by external physical force
- May lead to temporary or permanent impairment of
  - cognitive,
  - physical, and
  - psychosocial functions.

Moderate TBI - Clinical Concepts
TBI associated with deficits in
- memory (including working memory)
- attention/executive functioning
- processing speed
- theory of mind and social perception (more recently)
- language problems
- perceptual problems

See TBI special group studies in WAIS-IV and WMS-IV Technical and Interpretive manual.
Moderate TBI - Clinical Concepts

- Higher-level cognitive skills, commonly referred to as executive functions, have been ascribed primarily to dorsolateral prefrontal regions.
- Emotional and behavioral regulation and control have been attributed primarily to ventromedial prefrontal cortex.

Moderate TBI - Clinical Concepts

- Loss of cognitive functioning from a previous level.
- Secondary gain introduced by the medical-legal case against the company responsible for the accident.
- Medical evidence for the presence of a moderate TBI.

Procedures Utilized

- Record Review
- Clinical Interview
- WAIS-IV
- WMS-IV
- ACS: Demographically Adjusted Norms
- D-KEFS: Trail Making, Verbal Fluency
- ACS: Social Perception
- ACS: Suboptimal Effort
Moderate TBI and Cognition

- Is there evidence of impairment in general cognitive functioning?
- Is there evidence of a deficit in memory?

TBI and WAIS-IV

<table>
<thead>
<tr>
<th>Composite</th>
<th>Clinical Mean</th>
<th>Control Mean</th>
<th>Mean Diff.</th>
<th>p value</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCI</td>
<td>92.1</td>
<td>100.8</td>
<td>8.73</td>
<td>.03</td>
<td>.52</td>
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<tr>
<td>PRI</td>
<td>86.1</td>
<td>100.7</td>
<td>14.64</td>
<td>&lt;.01</td>
<td>.94</td>
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<tr>
<td>WMI</td>
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<td>12.59</td>
<td>&lt;.01</td>
<td>.78</td>
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<tr>
<td>PSI</td>
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<td>97.6</td>
<td>17.09</td>
<td>&lt;.01</td>
<td>.97</td>
</tr>
<tr>
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<td>83.9</td>
<td>99.4</td>
<td>15.50</td>
<td>&lt;.01</td>
<td>.93</td>
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n = 22

WAIS-IV Scores

<table>
<thead>
<tr>
<th>Index/Subtest</th>
<th>Composite Score/ Scaled Score</th>
<th>Composite Score/ Scaled Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Comprehension</td>
<td>114</td>
<td>Perceptual Reasoning</td>
</tr>
<tr>
<td>Similarities</td>
<td>13</td>
<td>Block Design</td>
</tr>
<tr>
<td>Vocabulary</td>
<td>13</td>
<td>Matrix Reasoning</td>
</tr>
<tr>
<td>Information</td>
<td>12</td>
<td>Visual Puzzles</td>
</tr>
<tr>
<td>Working Memory</td>
<td>100</td>
<td>Processing Speed</td>
</tr>
<tr>
<td>Digit Span</td>
<td>10</td>
<td>Coding</td>
</tr>
<tr>
<td>Arithmetic</td>
<td>10</td>
<td>Symbol Search</td>
</tr>
</tbody>
</table>

Full Scale IQ = 105  General Ability Index = 106
Index-Level Discrepancy Comparisons

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Difference</th>
<th>Critical Value</th>
<th>Significant Difference</th>
<th>Y/N</th>
<th>Base Rate Overall Sample</th>
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<tbody>
<tr>
<td>VCI - PRI</td>
<td>114</td>
<td>98</td>
<td>16</td>
<td>9.29</td>
<td>Y</td>
<td>12.2</td>
<td></td>
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<tr>
<td>VCI - WWI</td>
<td>114</td>
<td>100</td>
<td>14</td>
<td>10.18</td>
<td>Y</td>
<td>14.1</td>
<td></td>
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<tr>
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<td>102</td>
<td>12</td>
<td>10.99</td>
<td>Y</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>PRI - WMI</td>
<td>98</td>
<td>100</td>
<td>-2</td>
<td>10.99</td>
<td>N</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>PRI - PSI</td>
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<td>102</td>
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<td>11.75</td>
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<td>---</td>
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</tr>
<tr>
<td>WMI - PSI</td>
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<td>-2</td>
<td>12.46</td>
<td>N</td>
<td>---</td>
<td></td>
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<tr>
<td>FSIQ - GAI</td>
<td>105</td>
<td>106</td>
<td>-1</td>
<td>3.5</td>
<td>N</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

What is the GAI?

- The WAIS-IV GAI provides the practitioner with a summary score that is less sensitive than the FSIQ to the influence of working memory and processing speed.
- GAI = sum of scaled scores for VCI subtests and PRI subtests

What is the GAI?

- WAIS-IV GAI should be used for discrepancy comparisons
  - Ability and Memory
  - Ability and achievement
- GAI is NOT a replacement for FSIQ
General Ability Index

*Consider* using the GAI if a significant and unusual discrepancy exists between
- VCI and WMI; or
- PRI and PSI; or
- WMI and PSI; or
- between subtests within WMI and/or PSI.

*Note:* The FSIQ is the most valid measure of overall cognitive ability and WM and PS are vital to comprehensive evaluation of cognitive ability.

General Ability Index - Note!

- The GAI is used when neuropsychological deficits adversely impact performance on WM and PS.
- Impaired performance on WM and/or PS may mask actual differences between general cognitive ability (FSIQ) and other cognitive functions (e.g., memory).
- The GAI does not replace the FSIQ. Report and interpret GAI along with FSIQ.

[see WAIS-IV Technical Manual]

Moderate TBI and Ability (WAIS-IV)

- Relative to others his age, Blake's intellectual functioning is within the Average range.
- Verbal comprehension is a strength relative to perceptual reasoning, working memory, and processing speed.
Conducting TBI Evaluations: Using Data from WAIS-IV, WMS-IV, and ACS for WAIS-IV and WMS-IV

Gloria Maccow, Ph.D., Assessment Training Consultant

### TBI and WMS-IV

<table>
<thead>
<tr>
<th>Index</th>
<th>Clinical Mean</th>
<th>Control Mean</th>
<th>Mean Diff.</th>
<th>p value</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI</td>
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<td>101.0</td>
<td>21.00</td>
<td>&lt;.01</td>
<td>1.25</td>
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<tr>
<td>VMI</td>
<td>82.5</td>
<td>101.2</td>
<td>18.64</td>
<td>&lt;.01</td>
<td>1.07</td>
</tr>
<tr>
<td>VWMII</td>
<td>85.5</td>
<td>104.6</td>
<td>19.06</td>
<td>&lt;.01</td>
<td>1.26</td>
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<tr>
<td>IMI</td>
<td>80.7</td>
<td>102.2</td>
<td>21.53</td>
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<td>1.24</td>
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<tr>
<td>DMI</td>
<td>77.8</td>
<td>100.4</td>
<td>22.64</td>
<td>&lt;.01</td>
<td>1.24</td>
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<tr>
<td>GAI</td>
<td>92.2</td>
<td>104.8</td>
<td>12.65</td>
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<td>.92</td>
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</table>

### WMS-IV Scores

<table>
<thead>
<tr>
<th>Index/Subtest</th>
<th>Index Score/Scaled Score</th>
<th>Index/Subtest</th>
<th>Index Score/Scaled Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory Memory</td>
<td>105</td>
<td>Visual Memory</td>
<td>96</td>
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<tr>
<td>Logical Memory I</td>
<td>13</td>
<td>Visual Reproduction</td>
<td>10</td>
</tr>
<tr>
<td>Logical Memory II</td>
<td>16(S)</td>
<td>Visual Reproduction II</td>
<td>10</td>
</tr>
<tr>
<td>Verbal Paired Associates I</td>
<td>7(W)</td>
<td>Designs I</td>
<td>8</td>
</tr>
<tr>
<td>Verbal Paired Associates II</td>
<td>8(W)</td>
<td>Designs II</td>
<td>10</td>
</tr>
<tr>
<td>Visual Reproduction</td>
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<td>Visual Working Memory</td>
<td>100</td>
</tr>
<tr>
<td>Spatial Addition</td>
<td>12</td>
<td>Symbol Span</td>
<td>8</td>
</tr>
<tr>
<td>Immediate Memory</td>
<td>96</td>
<td>Delayed Memory</td>
<td>107</td>
</tr>
<tr>
<td>Logical Memory I</td>
<td>13</td>
<td>Logical Memory II</td>
<td>16</td>
</tr>
<tr>
<td>Verbal Paired Associates I</td>
<td>7</td>
<td>Verbal Paired Associates II</td>
<td>8</td>
</tr>
<tr>
<td>Visual Reproduction I</td>
<td>10</td>
<td>Visual Reproduction II</td>
<td>10</td>
</tr>
</tbody>
</table>
Moderate TBI and Memory

- On WMS-IV, all index scores are in the average range.
- Delayed memory is a strength relative to Immediate Memory (contrast scaled score = 14).
- Scores on memory indexes are average relative to general ability.
- Note relative weakness for VPA I and VPA II and relative strength for LM II.

Ability-Memory Analysis

<table>
<thead>
<tr>
<th>Index</th>
<th>Predicted WMS-IV Index Score</th>
<th>Actual WMS-IV Index Score</th>
<th>Diff.</th>
<th>Critical Value</th>
<th>Sign. Diff.</th>
<th>Y / N</th>
<th>Base Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI</td>
<td>103</td>
<td>105</td>
<td>-2</td>
<td>9.35</td>
<td>N</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>VMI</td>
<td>104</td>
<td>96</td>
<td>8</td>
<td>8.95</td>
<td>N</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>WM/MI</td>
<td>104</td>
<td>100</td>
<td>4</td>
<td>10.61</td>
<td>N</td>
<td>—</td>
<td>—</td>
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<tr>
<td>IMI</td>
<td>104</td>
<td>96</td>
<td>8</td>
<td>9.78</td>
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<td>—</td>
<td>—</td>
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<tr>
<td>DMI</td>
<td>103</td>
<td>107</td>
<td>-4</td>
<td>9.57</td>
<td>N</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Predicted Difference Method: GAI = 106

Moderate TBI

- Is this profile atypical for Blake’s education level?
- Is there evidence for loss of cognitive functioning.

Use Demographically Adjusted Norms
Demographically Adjusted Norms

- Enable clinician to refine hypothesis about the degree to which a specific score is unexpected when compared to individuals of similar background characteristics (e.g., education level).
- Norms approximate the unique demographic subgroup of an individual.

Demographically Adjusted Norms

Available for WAIS-IV and WMS-IV subtest and index scores.
- Education-only adjusted t-scores.
- Full Demographically adjusted t-scores.

Use of Demographically Adjusted Norms

- Meant to minimize the impact of psychosocial variables on the diagnosis of cognitive impairment, such as estimating the degree of cognitive impairment after a brain injury or insult.
- “... most appropriately applied in the context of a neuro-diagnostic assessment.”
### WAIS-IV DAN

**WAIS-IV Education Adjusted Composite Score Summary**

<table>
<thead>
<tr>
<th>Composite</th>
<th>Age Adjusted</th>
<th>Education Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Composite</td>
<td>Percentile Rank</td>
</tr>
<tr>
<td>VCI</td>
<td>114</td>
<td>82</td>
</tr>
<tr>
<td>PRI</td>
<td>98</td>
<td>45</td>
</tr>
<tr>
<td>WMI</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>PSI</td>
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<td>55</td>
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<td>63</td>
</tr>
<tr>
<td>GAI</td>
<td>106</td>
<td>66</td>
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</table>

### WAIS-IV DAN

**WAIS-IV Education Adjusted Subtest Score Summary**

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<th>Subtest</th>
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<td>Similarities</td>
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<td>Vocabulary</td>
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<td>Information</td>
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<td>75</td>
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<td>Block Design</td>
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<td>50</td>
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<td>Matrix Reasoning</td>
<td>9</td>
<td>37</td>
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<td>Visual Puzzles</td>
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<td>50</td>
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<tr>
<td>Digit Span</td>
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<td>50</td>
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<tr>
<td>Arithmetic</td>
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<tr>
<td>Coding</td>
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### WMS-IV DAN

**WMS-IV Education Adjusted Index Score Summary**

<table>
<thead>
<tr>
<th>Index</th>
<th>Age Adjusted</th>
<th>Education Adjusted</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Composite</td>
<td>Percentile Rank</td>
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<tr>
<td>AMI</td>
<td>105</td>
<td>63</td>
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<tr>
<td>VHI</td>
<td>96</td>
<td>39</td>
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<td>IMI</td>
<td>96</td>
<td>39</td>
</tr>
<tr>
<td>DMI</td>
<td>107</td>
<td>68</td>
</tr>
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</table>
What do we know about Moderate to Severe TBI and WAIS-IV/WMS-IV/ACS

Executive Functioning
D-KEFS Trail Making Test
- Trail Making Letter and Number Sequencing 6.5
- Number-Letter Switching Time 7.1
- Number-Letter Switching Errors 11.0

Also see

Trail Making
D-KEFS Trail Making - Blake
- Visual Scanning SS = 10
- Number Sequencing SS = 7
- Letter Sequencing SS = 8
- Number-Letter Switching SS = 6
- Number-Letter Switching Errors SS = 10
- Motor Planning SS = 9
What do we know about Moderate to Severe TBI and WAIS-IV/WMS-IV/ACS

- Executive Functioning
  - D-KEFS Verbal Fluency
    - Letter Fluency 7.6
    - Category Fluency 6.7
    - Category Switching Total Correct 7.0
    - Category Switching Total Accuracy 8.1

Verbal Fluency

- D-KEFS Verbal Fluency - Blake
  - Letter Fluency SS = 11
  - Category Fluency SS = 9
  - Category Switching SS = 8
  - Category Switching Accuracy SS = 8
  - Set Loss Error SS = 10
  - Repetitions SS = 9

Moderate TBI - Executive Functioning

- Are there deficits in executive functioning?
  - Trail Making: low-average scores for number sequencing and switching.
    - Cannot determine if the problem is executive functioning or slow processing speed.
  - Verbal Fluency: scores in the average range.
Moderate TBI - Social Perception

Is there a deficit in social perception?

**Social Perception** has 3 tasks:
- Affect Naming (Happy, Sad, Angry, Surprise, Disgust, Fear, and Neutral)
- Prosody-Face Matching (includes Sarcasm)
- Prosody-Pairs Matching

What do we know about Moderate to Severe TBI and WAIS-IV/WMS-IV/ACS


Moderate TBI - Social Perception

Is there a deficit in social perception?

- Scores range from low average to average with 3 of 4 scores at 1sd below mean.
- Compared to intellectual functioning, social perception scores were low average.
- Observationally, he made errors mostly on incongruent items, particularly sarcasm.
Symptom Exaggeration?

- What if the test results were exaggerated in order to gain an advantage in the law suit?
- Use ACS effort assessment to help determine if suboptimal effort issues should be considered.

Suboptimal Effort

Criteria for definite malingering, neurocognitive deficit:
- Presence of substantial external incentive,
- Definitive negative response bias, and
- The response bias is not accounted for by psychiatric, neurological, or developmental factors (Slick, Sherman, and Iverson, 1999).

Assessing Suboptimal Effort

- ACS Word Choice
- WAIS-IV Reliable Digit Span
- WMS-IV
  - Logical Memory Delayed Recognition
  - Verbal Paired Associates Delayed Recognition
  - Visual Reproduction Delayed Recognition
  [Available for ages 16-69]
Word Choice

1. Examinee sees and hears 50 words in succession.
2. Examinee identifies each word as either man-made or natural.
3. Examinee sees card with 50 pairs of words and selects word that was previously presented from each pair.

Suboptimal Effort

- Use at least 3 indicators.
- Require at least 2 indicators at or below cut-off when using low cut-offs (e.g. 10%).

See Effort Assessment Score Report Blake Sample 23.

Moderate TBI - Conclusions

- Is this protocol indicative of suboptimal effort? No
- Overall conclusions
  - Blake suffered a moderate/severe TBI as documented by medical records.
  - Relative to his verbal comprehension abilities, he demonstrated a weakness on measures of perceptual reasoning, working memory, and processing speed.
Moderate TBI - Conclusions

- Overall conclusions
  - His memory abilities are average compared to his general ability.
  - Interpretation of Blake’s performance on the Auditory Memory index should account for the variability of the subtest scores.

AMI - Score Variability

The clinical relevance of the score variability on the AMI should be addressed in terms of Blake’s
- premorbid abilities,
- demands in his current environment,
- other co-occurring physical factors (e.g., recent onset of auditory acuity difficulties or physical impairments), or
- emotional status (e.g., depression, anxiety).

Moderate - TBI Conclusions

Overall conclusions
- Acquired brain injury as a result of a MVA.
- Demonstrated weaknesses in switching mental set (executive function) and in social perception. These characteristics are consistent with known effects of brain injury.
  - Frontal lobe damage can impair cognitive flexibility.
  - Injury to anterior temporal region can produce deficits in affect labeling, recognition of emotion, theory of mind.
Recommendations

- It may be necessary to give Blake very specific routines for work completion. For example, he should be told where to put materials, what to do if he does not understand the assignment, and what to do with the assignment once complete.
- Blake should be set well-defined time limits for task completion, so that tasks are completed in a timely manner. Blake should be allowed to monitor his own progress with a timing device.

Recommendations

- Blake should be taught to use a problem-solving approach to behavioral situations. Steps should involve Blake determining the best possible option for his behavior, choosing a problem-solving strategy, and evaluating the outcome.
- Concrete examples should be used to teach the approach (e.g., “What should you do if you are trying to concentrate on your work and another person begins talking to you?”).

References


Conducting TBI Evaluations: Using Data from WAIS-IV, WMS-IV, and ACS for WAIS-IV and WMS-IV
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References

Comments or Questions
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