



WISC-IV

Clinical Assessment and Intervention 2e

Edited by Aurelio Prifitera, Donald H. Saklofske and Lawrence G. Weiss



WISC-IV CLINICAL ASSESSMENT AND INTERVENTION

SECOND EDITION

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WISC-IV CLINICAL ASSESSMENT AND INTERVENTION

THE EDITORS OF THIS BOOK WISH TO SPECIALLY HONOR:

Dr. Adam Wechsler, son of David Wechsler, for his unwavering support and devotion to the Wechsler scales and their improvement.

The staff of The Psychological Corporation, whose careful stewardship of the Wechsler scales is an invaluable service to our profession.

DEDICATIONS:

To my wife Loretta and daughter Sarah whose love and support allow me to pursue professional pursuits such as this book. A.P.

To Lukas and Milla, my beautiful grandchildren. D.H.S.

To my wife, Judy. L.G.W.

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PREFACE

This is the third edited volume on the WISC-IV that we have co-authored or co-edited. The first volume published in 2005 focused on the use of the WISC-IV with different clinical groups and the second book published in 2006 presented an advanced interpretation of this test. The main theme to date has been on the WISC-IV as an assessment tool that is used in the context of psychological and educational diagnostic and assessment activities. In all the volumes, including this one, we have asked contributors to take a scientist-practitioner perspective in presenting information in their respective chapter. Tests and assessment measures must be used in the context of a clinical perspective which includes and integrates objective test information, biographical data, and clinical judgment and experience.

In this current volume, we asked the contributors to focus less on the mechanics of test interpretation of the WISC-IV, which are now widely known and written about, and more on how this information on a child's cognitive abilities, together with other test and clinical information, can help to inform interventions. In addition we have included chapters that are not covered in the previous WISC-IV books including, for example, autism and medical disorders. As well there are new chapters addressing cross-cultural factors, general interpretive principles, as well as a chapter on the nature and continued relevance and importance of measuring "g" or general intelligence. Other chapters have been revised to include both new material (e.g., extended norms for gifted children) and a focus on intervention planning.

Unlike the WISC-IV which has strong empirical support and validation as an assessment tool, many psychoeducational interventions, while possessing some empirical validation, are quite often more based on clinical judgment, case studies, and the experience of clinicians who use them with their clients and patients. Also unlike tests which can more easily be given in a standardized

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manner, often times interventions need to be modified to fit with the uniqueness of a particular client (multiple client characteristics or aptitudes interacting with various treatments). Therefore empirical validation of interventions may be less robust. There are some interventions discussed in this volume with strong empirical validation (e.g., see Berninger's chapter) but many have less rigorous scientific support. This spectrum from "some to strong" empirical validation should not necessarily be viewed as negative. Rather, this breadth allows for exploring new and potentially more effective approaches to interventions, especially when there are not empirically based interventions available or those that are often used don't "work" for a particular case. If a scientist/practitioner perspective is applied throughout the clinical process (from assessment to intervention), then one will apply sound, informed, and critical judgment, grounded in best and ethical practices, in the selection and monitoring of therapeutic effectiveness. In the long run, more evidence-based psychoeducational interventions will also become the norm as the science of interventions progresses as we have seen with interventions for psychological disorders (e.g., Childhood Mental Health Disorders, Brown et al., 2008; American Psychological Association; also see Canadian Psychological Association website Your Health "Psychology Works" Fact Sheets). Similar approaches are being tried for academic interventions (e.g., see APA Division 16 website).

The need for empirical validation of interventions will become even more important as RTI becomes commonplace in the schools in the identification and treatment of learning disabilities. Ideally the clinician will have available evidence-based treatments to determine whether or not there truly is a response to the intervention. Tests like the WISC-IV may or may not be directly linked to treatments since they were not originally intended to do that. Rather cognitive ability tests measure important traits and abilities in supporting the diagnosis of an individual and that, in turn, can have implications for treatment and outcomes. Testing and assessment, as always, is a part of a complex clinician activity whose orchestrator and leader is still the clinician who practices their art and science in an ethical manner. The editors of this volume hope this series of articles helps in that endeavor.

We are most grateful to many people who have contributed to this book. First, the authors have provided a wealth of psychological knowledge and clinical expertise to the chapters contained in this volume. To each of you we are indebted; thank you. Special thanks to Nikki Levy and Barbara Makinster at Elsevier for their continued support and superb advice in bringing this book to completion. Our appreciation is also extended to the project manager, Mageswaran BabuSivakumar, who has overseen all of the editorial and printing aspects of this book.

Aurelio Prifitera Don Saklofske Larry Weiss

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