The short-form method has the advantages of taking less time, providing WAIS-R subtest scores used in research, decreasing patient fatigue, and producing gross differentiation of verbal and performance abilities. Three recent studies examined use of WAIS-R short forms with psychiatric inpatient populations and/or individuals with schizophrenia. Generalizability of these results to patients with schizophrenia is limited because the studies: (1) do not provide thorough evaluation of the psychometric properties of the short-forms, (2) do not evaluate more thoroughly validated and popular short forms, or (3) use patients with mixed psychiatric diagnoses. In this study, we address methodological limitations of these previous investigations. Methods: Subjects included 150 male inpatients admitted to the Highland Drive VA Medical Center, Pittsburgh, PA (age = 36.1 ± 7.7; formal education = 12.2 ± 1.8 years). All had confirmed (by the SCID or SADS-L and treatment team consensus) DSM-III-R schizophrenia. Average of psychosis ratings on day of testing was in the mild range. Results: We calculated means, standard deviations, reliability coefficients, the standard error of measure, band widths (95% inclusion), and correlation with actual WAIS-R Full Scale IQ (FSIQ) for each short form. We also examined percentage of short-form predicted FSIQs that fell within + 5, + 10, and + 15 points of actual FSIQs. The Kaufman four subtest short form was the best at estimating actual FSIQ in our patients. For this form, the mean difference between actual and predicted FSIQ was −0.97; this short form correlated with actual FSIQ 0.91 (p < .001). Psychometric properties were excellent. Approximately 75%, 98% and 100% of Kaufman predicted FSIQs fell within + 5, + 10, and + 15 scaled score points of actual FSIQs, respectively. Discussion: Our results suggest that shorter versions of the WAIS-R are effective in predicting IQ in patients with schizophrenia and that some forms are markedly better than others. These results have implications for cost effectiveness, selection and use of short forms as estimators of IQ in schizophrenia by providing more extensive information on the validity and reliability of these methods. Future investigations could focus on more clearly determining factors (e.g., diagnostic subtypes, gender, age, education) that contribute to the validity of various short-forms when used with this population.

Iverson, G. L., Slock, D. J., & Franzen, M. D.
Evaluation of a WMS-R “Malingering Index” in a Non-Litigating Clinical Sample.
The purpose of this study was to examine the prevalence of a Wechsler Memory Scale-Revised “malingering index” in a large sample of non-litigating individuals from an inpatient substance abuse program (N = 332). Past research has demonstrated that experimental-malingers often obtain substantially lower scores on the Attention/Concentration Index than on the General Memory Index. In the present sample, Attention-Concentration Index scores that were substantially below General Memory scores (e.g., greater than 25 points) occurred in approximately 5% of non-malingering, inpatient substance abusers. Importantly, all of these false positive scores (i.e., patients that would be falsely labeled as “malingering”) occurred within a specified range on the GM Index. That is, every patient who had a large difference score (i.e., ≥ 22 points) obtained a GM Index score greater than 85. Therefore, no patient with impaired memory demonstrated an abnormally large difference score. These results provide further support for the validity of this difference score as a marker for non-optimal effort. Additional research is needed to document the base rate of large GM – A/C difference scores in other non-litigating populations, such as patients with head injuries or persons who have been exposed to neurotoxins.

Ivins, R. G., & Gillman, P. B.
A Clinical Comparison of Eight Different Versions of the Category Test.
The purpose of this study was to compare seven commercially available versions, and eight