WMS®–IV Flexible Approach Case Study 2

Psychiatric Disorder

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Brief Evaluation Using OAA Configuration

Ms. W. is a 23-year-old single white female hospitalized secondary to a psychotic episode. She has been in the hospital 6 months and has shown general improvement in her symptoms. This is her second hospitalization in the past 3 years. She was diagnosed with schizophrenia at the age of 20 when she was a sophomore in college.

Subsequent to her diagnosis, after she was released from the hospital, she returned to live with her mother and maintained part-time employment at a grocery store. Currently, her mother is receiving treatment for cancer and is not able to work. Ms. W. will be able to return to live with her mother after her release, but she will need to be able to support herself.

The psychologist working with Ms. W. at the psychiatric hospital was concerned about Ms. W.'s ability to maintain steady employment and support herself upon her release from the hospital. The psychologist believed that Ms. W. should be placed on disability after her release from the hospital. As part of the disability application, she was referred for a psychological evaluation, which was completed by another psychologist in the psychiatric hospital.

The psychologist observed that Ms. W. had difficulties with sustained attention, cognitive slowing, and difficulties putting forth effort for a long period of time. She also appeared to fatigue easily. The psychologist completed the WAIS–IV and the OAA configuration of the WMS–IV Flexible Approach. The examiner did not believe that the full WMS–IV would be necessary because she expected to find general memory deficits rather than modality-specific difficulties; additionally, she did not feel that a longer test session would be tolerated.

The results of the WAIS–IV indicated borderline intellectual functioning (FSIQ = 76). Specifically, Ms. W. had average verbal problem-solving skills (VCI = 93), low-average visual–perceptual reasoning (PRI = 84), borderline auditory working memory (WMI = 71), and extremely low processing speed (PSI = 62). Her memory scores were LM I = 5, LM II = 7, VPA I = 3, VPA II = 4, VR I = 6, VR II = 5. These scores yielded the following index scores: IMI (OAA) = 67, DMI (OAA) = 71, AMI = 69, and VMI (VR) = 76. Her overall memory functioning was in the extremely low to borderline range. The index scores were not significantly different from one another. Compared to the WAIS–IV GAI of 87, Ms. W. showed a relative weakness in immediate memory ($p < .05$, base rate = 6.9%), delayed memory ($p < .05$, base rate = 13.4%), auditory memory ($p < .05$, base rate = 12.5%), and visual memory ($p < .05$, base rate = 21.2%). The base rate of the differences was atypical except for the visual memory score.

The psychologist reported that Ms. W. had cognitive deficits in the domains of processing speed, working memory, and memory. She observed that, because of her cognitive deficits and ongoing symptoms of schizophrenia, Ms. W. may have difficulty with aspects of daily living despite her average verbal abilities.