Investigation of the Factor Structure of the Wechsler Adult Intelligence Scale—Fourth Edition (WAIS–IV): Exploratory and Higher Order Factor Analyses

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The present study examined the factor structure of the Wechsler Adult Intelligence Scale—Fourth Edition (WAIS–IV; D. Wechsler, 2008a) standardization sample using exploratory factor analysis, multiple factor extraction criteria, and higher order exploratory factor analysis (J. Schmid & J. M. Leiman, 1957) not included in the WAIS–IV Technical and Interpretation Manual (D. Wechsler, 2008b). Results indicated that the WAIS–IV subtests were properly associated with the theoretically proposed first-order factors, but all but one factor-extraction criterion recommended extraction of one or two factors. Hierarchical exploratory analyses with the Schmid and Leiman procedure found that the second-order g factor accounted for large portions of total and common variance, whereas the four first-order factors accounted for small portions of total and common variance. It was concluded that the WAIS–IV provides strong measurement of general intelligence, and clinical interpretation should be primarily at that level.

*Keywords:* WAIS–IV, exploratory factor analysis, factor extraction criteria, Schmid-Leiman higher order analysis, structural validity

The Wechsler Adult Intelligence Scale—Fourth Edition (WAIS–IV; Wechsler, 2008a) is the latest version of the most frequently used intelligence test for adults and older adolescents. It includes 15 subtests (10 core and five supplemental), four first-order factor index scores (Verbal Comprehension [VC], Perceptual Reasoning [PR], Working Memory [WM], and Processing Speed [PS]), and the higher order Full Scale score (FSIQ). In addition to deleting the Object Assembly and Picture Arrangement subtests (reducing subtests with manipulative objects); creating and adding Visual Puzzles, Figure Weights, and Cancellation subtests; and increasing item coverage and range; the WAIS–IV theoretical foundation was updated. Like other recently published intelligence tests—such as the Wechsler Intelligence Scale for Children—Fourth Edition (WISC–IV; Wechsler, 2003a), the Stanford-Binet Intelligence Scales—Fifth Edition (SB–5; Roid, 2003a), Kaufman Assessment Battery for Children—Second Edition (KABC-II; Kaufman & Kaufman, 2004); Reynolds Intellectual Assessment Scales (RIAS; Reynolds & Kamphaus, 2003), and Wide Range Intelligence Test (WRIT; Glutting, Adams, & Sheslow, 2000a)—the WAIS–IV content and structure were modified in an attempt to reflect current conceptualizations of intellectual measurement articulated by Carroll, Cattell, and Horn (Carroll, 1993, 2003; Cattell & Horn, 1978; Horn, 1991; Horn & Cattell, 1966). With respect to the WAIS–IV factor index scores, it was noted in the Technical and Interpretive Manual that “analyses of these four index scores is recommended as the primary level of clinical interpretation, especially in cases with considerable variability across the index and or subtest scores” (Wechsler, 2008b, p. 127).

Confirmatory factor analytic (CFA) support for the WAIS–IV hierarchical structure was reported in the WAIS–IV Technical and Interpretive Manual (Wechsler, 2008b), and Figures 5.1, 5.2, and 5.3 in that manual illustrate the final standardized structural models for the 10 core subtests (ages 16–90 years), 15 core and supplementary subtests (ages 16–69 years), and 12 core and supplementary subtests (ages 70–90 years), respectively. These final models allowed the Arithmetic subtest to load on both the WM and VC factors although the standardized coefficients for the VC to Arithmetic paths appeared generally small. Also, although improvements were observed over the model with Arithmetic loading solely on WM, the improvements seemed modest. In general, CFA analyses supported the hierarchical model with general intelligence at the highest level and four first-order factors.

The WAIS–IV Technical and Interpretive Manual (Wechsler, 2008b) disappointingly presented only CFA results in support of the latent factor structure, albeit supportive of the hierarchical structure. Presenting only CFA, however, is becoming common among test authors and publishers (Elliott, 2007; McCallum & Woodcock, 2002; Roid, 2003b; Wechsler, 2008b) but is in contrast to previous (and some current) practice where exploratory factor analysis (EFA) and CFA results were both reported (Bracken & McCallum, 1998; Elliott, 1990; Glutting, Adams, & Sheslow, 2000b; Kaufman & Kaufman, 1993; Naglieri & Das, 1997; Wechsler, 1991, 2002a, 2002b, 2003b, 2008b; Wechsler & Naglieri, 2006). EFA and CFA are considered by many to be complementary procedures that answer different yet important questions; and
when they are in agreement, there is greater confidence in the latent structure of the test (Gorsuch, 1983). Frazier and Youngstrom (2007) noted that there is cause for concern regarding the disagreement between the number of latent factors reported in contemporary intelligence tests based solely on CFA procedures (or on the most liberal EFA factor-extraction criteria) and the number of factors suggested by EFA procedures that included the most psychometrically sound methods for determining the correct number of factors to extract and retain. Without presentation of EFA procedures with standardization sample data, there is no way for clinicians to consider convergence or divergence of WAIS–IV CFA and EFA results. Such information is important in determining relative importance of various scores for interpretation, although it should be noted that EFA methods typically rely on principal factors extraction, whereas CFA methods typically rely on maximum likelihood extraction.

When independent investigations of intelligence test factor structures have been completed using EFA procedures, there have been serious and substantial challenges to the optimistic conclusions for the latent structures illustrated in test technical manuals. Both DiStefano and Dombrowski (2006) and Canivez (2008), using data from the SB–5 standardization sample, obtained markedly different results for the SB–5 than the CFA results presented in its technical manual (Roid, 2003b) and concluded that the SB–5 measured one fundamental dimension (g). No evidence for five factors in the SB–5 was found. Three investigations of the WISC–IV (Bodin, Pardini, Burns, & Stevens, 2009; Watkins, 2006; Watkins, Wilson, Kotz, Carbone, & Babula, 2006) indicated that most variance was associated with general intelligence (substantially lesser amounts at the factor level) and that interpretation of the WISC–IV should focus on the global FSIQ score because it accounts for most of the common variance and because of additional research showing FSIQ superiority in predictive validity (Glutting, Watkins, Konold, & McDermott, 2006; Glutting, Youngstrom, Ward, Ward, & Hale, 1997). In fact, the limited unique variance captured by the first-order factors may be responsible for the poor incremental predictive validity of the WISC–III and WISC–IV factor scores. Studies of the RIASE have also indicated that fundamental measurement is primarily that of general intelligence (Dombrowski, Watkins, & Brogan, 2009; Nelson, Canivez, Lindstrom, & Hatt, 2007), which was by design its primary goal (Reynolds & Kamphaus, 2003). A recent joint investigation of the WRIT and Wechsler Abbreviated Scale of Intelligence (WASI; Psychological Corporation, 1999) also found that most variability was associated with general intelligence, and smaller portions of variance were apportioned to the first-order factors; supporting primary interpretation of the FSIQ and GIQ (Canivez, Konold, Collins, & Wilson, 2009).

Also missing from the WAIS–IV Technical and Interpretive Manual were proportions of variance accounted for by the higher order g factor and the four first-order factors, subtest g loadings, subtest specificity estimates, and incremental predictive validity estimates of factors and subtests. Thus, clinicians do not have available the necessary information to judge the relative importance of the factor index scores and subtest scores relative to the Full Scale score. If the factor index scores and subtests do not capture meaningful portions of true score variance nor provide important amounts of incremental predictive validity, they will likely be of questionable clinical utility. Major tests of intelligence, including the WAIS–IV, have applied Carroll’s (1993) model of the structure of cognitive abilities to facilitate subtest and factor selection and to aid in interpretations of scores and performance. Carroll’s (1993, 2003) three-stratum theory of cognitive abilities is hierarchical, proposing some 50–60 narrow abilities (Stratum I); 8–10 broad ability factors (Stratum II); and at the apex (Stratum III), the general ability factor (g; Spearman, 1904, 1927). Subtest performance on cognitive ability tests reflects combinations of both first-order (Stratum II) and second-order (Stratum III) factors, and because of this, Carroll argued that variance from the higher order factor must be extracted first to residualize the lower order factors, leaving them orthogonal to the higher order factor. Variability associated with a higher order factor is accounted for before interpreting variability associated with lower order factors. The Schmid and Leiman (1957) procedure is the statistical method to accomplish this, and was recommended by Carroll (1993, 1995, 1997, 2003); McClain (1996); Gustafsson and Snow (1997); Carretta and Ree (2001); Ree, Carretta, and Green (2003); and Thompson (2004). Carroll (1995) noted:

I argue, as many have done, that from the standpoint of analysis and ready interpretation, results should be shown on the basis of orthogonal factors, rather than oblique, correlated factors. I insist, however, that the orthogonal factors should be those produced by the Schmid-Leiman (1957) orthogonalization procedure, and thus include second-stratum and possibly third-stratum factors. (p. 437)

The present study used data from the WAIS–IV standardization sample subtest correlation matrices published in the WAIS–IV Technical and Interpretive Manual (Wechsler, 2008b) to examine the factor structure using EFA procedures. Primary research questions included (a) Using multiple criteria, how many factors are recommended to be extracted and retained from the WAIS–IV standardization sample? and (b) When forcing extraction of four theoretical factors and applying the Schmid and Leiman (1957) procedure, what portions of variance are attributed to the general intelligence (Stratum III) dimension and the four broad ability factors (Stratum II)? Analyses were provided for the three principal test configurations that vary by age—10 core subtests (ages 16:0–90:11, N = 2,200), 10 core and five supplemental subtests (ages 16:0–69:11, N = 1,800), and 10 core and two supplemental subtests (ages 70:0–90:11, N = 400)—and which parallel the final CFA models presented in the Technical and Interpretive Manual. If multiple factors of the WAIS–IV are to be interpreted, particularly factor index scores, it is imperative that clinicians know how variability is apportioned across the first- and second-order dimensions.

**Method**

**Participants**

Participants were members of the WAIS–IV standardization sample and included a total of 2,200 individuals ranging in age from 16–90 years. Demographic characteristics are provided in detail in the WAIS–IV Technical and Interpretive Manual (Wechsler, 2008b). The standardization sample was obtained using stratified proportional sampling across variables of age, sex, race/ethnicity, education level (or parent education level for ages 16–19...
years), and geographic region. Education level was a likely proxy
for socioeconomic status where accurate information about income
is difficult to obtain. Examination of tables in the Technical and
Interpretive Manual revealed a close match to the October 2005
U.S. census across stratification variables.

Instrument
The WAIS–IV is an individual test of general intelligence for
ages 16–90, and it originated with the 1939 Wechsler-Bellevue
Intelligence Scale (Wechsler, 1939b). Consistent with Wechsler’s
definition of intelligence (i.e., “global capacity”; Wechsler, 1939a,
p. 229) and all versions of his tests, the WAIS–IV measures
general intelligence through the administration of numerous
subscales, each of which is an indicator and estimate of intelligence.
The WAIS–IV uses 10 core subscales to produce the FSIQ. The
Verbal Comprehension Index (VCI) and Perceptual Reasoning
Index (PRI) are each composed of two subscales, whereas the
Working Memory Index (WMI) and Processing Speed Index (PSI)
are each composed of three subscales. Supplemental subscales
are provided to substitute for core subscales when necessary (one
each for the VC, WM, and PS scales and two for the PR scale);
however, three of the supplemental subscales (Figure Weights,
Letter-Number Sequencing, and Cancellation) are not available for
70- to 90-year-olds.

Procedure
WAIS–IV subtest correlation matrices for the different age
groups in the standardization sample were obtained from the
Technical and Interpretive Manual (Wechsler, 2008b) and com-
bined by averaging correlations through Fisher transformations.
Three correlation matrices were created to represent the three
WAIS–IV subtest configurations examined with CFA in the
WAIS–IV Technical and Interpretive Manual: 10 core subscales
for the total sample (ages 16–90; N = 2,200), 15 (core and supple-
mentary) subscales for total sample (ages 16–69; N = 1,800), and
12 (core and supplementary) subscales for the total elderly sample
(ages 70–90; N = 400). Specifically, for the WAIS–IV 10 core
subtest EFA, the two correlation matrices for the 100 participants
in each of the 70–74 and 75–79 age groups were first averaged, as
were the two correlation matrices for the 100 participants in each
of the 80–84 and 85–90 age groups, and then those two resulting
correlation matrices (n = 200 each) were averaged with the
correlation matrices of the 10 core subscales from the nine 200-
participant age groups for the 16- to 69-year-olds. For the EFA
of the 12 WAIS–IV core and supplemental subscales among the 70-
to 90-year-olds, the four 100-participant age-group correlation
matrices were averaged, and for the EFA of the 15 WAIS–IV core
and supplemental subscales among the 16- to 69-year-olds, the nine
200-participant age-group correlation matrices were averaged.

Analyses
Principal axis EFAs (Cudeck, 2000; Fabrigar, Wegener,
MacCallum, & Strahan, 1999; Tabachnick & Fidel, 2007) were
used to analyze reliable common variance from each of the three
WAIS–IV standardization sample correlation matrices represent-
ing the three primary configurations (10 subtests [ages 16–90], 15
subtests [ages 16–69], 12 subtests [ages 70–90]) using SPSS 17.0
for Macintosh OSX. Multiple criteria, as recommended by Gor-
such (1983), were used to determine the number of factors to retain
and included eigenvalues > 1 (Guttman, 1954), the scree test
(Cattell, 1966), standard error of scree (SE_scree; Zoski & Jurs,
1996), Horn’s parallel analysis (HPA; Horn, 1965), and minimum
average partials (MAP; O’Connor, 2000; Velicer, 1976). The scree
test was used to determine visually the optimum number of factors
to retain but is a subjective criterion. The SE_scree was used as
programmed by Watkins (2007), as it was reported to be the most
accurate objective scree method (Nasser, Benson, & Wisenbaker,
2002). HPA and MAP were included as they are typically more
accurate and are helpful so as not to overfactor (Frazier & Young-
strom, 2007; Thompson & Daniel, 1996; Velicer, Eaton, & Fava,
2000; Zwick & Velicer, 1986). HPA indicated meaningful factors
when eigenvalues from the WAIS–IV standardization sample data
were larger than eigenvalues produced by random data containing
the same number of participants and factors (Lautenschlager, 1989).
Random data and resulting eigenvalues for HPA were
produced using the Monte Carlo PCA for Parallel Analysis com-
puter program (Watkins, 2000) with 100 replications to provide
stable eigenvalue estimates.

For higher order exploratory analyses, the present study limited
iterations in first-order principal axis factor extraction to two in
estimating final communality estimates (Gorsuch, 2003), balanc-
ing sampling error and measurement error in estimating commu-
nality. Gorsuch noted that “Snook and Gorsuch (1989) found the
resulting communalities to not differ significantly from the com-
munalities designed into the study. This is a good procedure”
(Gorsuch, 2003, p. 148). Each correlation matrix for the three
WAIS–IV configurations was subjected to EFA (principal axis
extraction of four factors), followed by promax (oblique) rotation
(k = 4; Gorsuch, 2003). The resulting first-order factors were
orthogonalized by removing all variance associated with the
second-order dimension using the Schmid and Leiman (1957)
procedure as programmed in the MacOrtho computer program
(Watkins, 2004). This transforms “an oblique factor analysis so-
lution containing a hierarchy of higher order factors into an or-
thogonal solution which not only preserves the desired interpreta-
tion characteristics of the oblique solution, but also discloses the
hierarchical structuring of the variables” (Schmid & Leiman, 1957,
p. 53).

Results
Factor-Extraction Criteria Comparisons
Figures 1, 2, and 3 illustrate scree plots from HPA for the three
WAIS–IV configurations. Table 1 summarizes results from the
multiple criteria (eigenvalues > 1, scree test, standard error of
scree, HPA, and MAP) for determining the number of factors to
extract and retain in each of the WAIS–IV configurations. As
illustrated in Table 1, only the SE_scree for the 15-subtest WAIS–IV
configuration supported extraction of four factors. All other crite-
ria across the three WAIS–IV configurations recommended ex-
traction of only one or two factors.
Higher Order Factor Analyses

**WAIS–IV 10 core subtests (ages 16–90).** Results for the 10 WAIS–IV core subtests with the total standardization sample ages 16–90 (N = 2,200) are presented in Table 2. All subtests were properly associated with their theoretically proposed factor. Correlations between the four first-order factors ranged from .54 to .76, based on the promax rotation (k = 4), and indicated the presence of a higher order factor. The second-order g factor accounted for 42.9% of the total variance and 67.0% of the common variance. The general factor also accounted for between 29% and 55% (Mdn = 44%) of individual subtest variability. At the first-order level, VC accounted for an additional 8.0% of the total variance and 12.4% of the common variance, PR accounted for an additional 4.3% of the total variance and 6.8% of the common variance, WM accounted for an additional 6.3% of the total variance and 9.9% of the common variance. The first- and second-order factors combined to measure 64.0% of the variance in WAIS–IV scores, resulting in 36.0% unique variance (combination of specific and error variance). Subtest specificity (variance unique to the subtest) estimates ranged from .11 to .37.

**WAIS–IV 15 subtests (ages 16–69).** Results for the 15 WAIS–IV core and supplemental subtests with the total standardization sample ages 16–69 (N = 1,800) are presented in Table 3, and all subtests were properly associated with the theoretically proposed factor. Correlations between the four first-order factors ranged from .49 to .71, based on the promax rotation (k = 4), indicating the presence of a higher order factor. The second-order g factor accounted for 40.6% of the total variance and 68.1% of the common variance. The general factor also accounted for between 18% and 52% (Mdn = 44%) of individual subtest variability. At the first-order level, VC accounted for an additional 7.1% of the total variance and 11.8% of the common variance, PR accounted for an additional 3.8% of the total variance and 6.3% of the common variance, WM accounted for an additional 2.8% of the total variance and 4.8% of the common variance, and PS accounted for an additional 5.3% of the total variance and 8.9% of the common variance. The first- and second-order factors combined to measure 59.6% of the variance in WAIS–IV scores, resulting in 40.4% unique variance (combination of specific and error variance). Subtest specificity (variance unique to the subtest) estimates ranged from .14 to .46.

**WAIS–IV 12 subtests (ages 70–90).** Results for the 12 WAIS–IV core and supplemental subtests with the total standardization sample ages 70–90 (N = 400) are presented in Table 4. As with the other analyses, all subtests were properly associated with their theoretically proposed factor. Correlations between the four...
First-order factors ranged from .55 to .72, based on the promax rotation \((k = 4)\), and indicated a higher order factor. The second-order \(g\) factor accounted for 44.7% of the total variance and 69.1% of the common variance. The general factor also accounted for between 35% and 53% \((\text{Mdn} = 45.5\%)\) of individual subtest variability. At the first-order level, VC accounted for an additional 7.8% of the total variance and 12.1% of the common variance, PR accounted for an additional 3.7% of the total variance and 5.7% of the common variance, WM accounted for an additional 3.0% of the total variance and 4.7% of the common variance, and PS accounted for an additional 5.4% of the total variance and 8.4% of the common variance. The first- and second-order factors combined to measure 61.7% of the variance in WAIS–IV scores resulting in 35.3% unique variance (combination of specific and error variance). Subtest specificity (variance unique to the subtest) estimates ranged from .07 to .42.

**Discussion**

Although the WAIS–IV Technical and Interpretive Manual presented CFA support of the hierarchical structure with \(g\) at the apex and four first-order factors, the absence of EFA procedures and results does not allow for consideration of convergence or divergence of CFA and EFA results. Frazier and Youngstrom (2007) illustrated the growing problem of CFA and EFA divergence when there is overreliance on CFA and/or not considering HPA and MAP procedures for recommending the number of latent factors to extract and retain. The present study examined the WAIS–IV factor structure using EFA methods to answer two main research questions: (a) How many factors should be extracted and retained using multiple criteria? and (b) When four factors are extracted and orthogonalized using the Schmid and Leiman (1957) procedure, how was variance apportioned to the first- and second-order dimensions? Multiple criteria for determining the number of factors to extract and retain included HPA and MAP because of superior accuracy (Thompson & Daniel, 1996; Velicer, Eaton, & Fava, 2000; Zwick & Velicer, 1986). The Schmid and Leiman procedure was used to examine the hierarchical structure and to apportion variance to the first- and second-order factors, as recommended by Carretta and Ree (2001); Carroll (1993, 1995, 1997, 2003); Gustafsson and Snow (1997); McClain (1996); Ree et al. (2003); and Thompson (2004). These analyses were necessary for test users to consider the adequacy of different available WAIS–IV scores as well as convergence or divergence of CFA and EFA results. These analyses were also necessary to help determine
whether the factor index scores should be the primary level of clinical interpretation, as claimed in the WAIS–IV Technical and Interpretive Manual.

The present study found that when considering multiple factor-extraction criteria across the three principal WAIS–IV configurations (10, 12, and 15 subtests), only the SE_{scree} for the 15-subtest configuration supported extraction of four factors. All other criteria and configurations suggested only one or two factors, which is consistent with results obtained by Frazier and Youngstrom (2007) and illustrated divergence from CFA results presented in the WAIS–IV Technical and Interpretive Manual. Consistent with studies of the WISC–IV (Bodin et al., 2009; Watkins, 2006; Watkins et al., 2006), RIAS (Dombrowski et al., 2009; Nelson et al., 2007), and WRIT and WASI (Canivez et al., 2009), the present study also found that although WAIS–IV subtests were properly aligned with the theoretically proposed factors, the second-order g factor accounted for the greatest portions of total and common variance. The modest portions of variance apportioned to the

Table 1

<table>
<thead>
<tr>
<th>Extraction criterion</th>
<th>Number of WAIS–IV factors suggested</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>10 subtests ages 16–90</td>
</tr>
<tr>
<td>Eigenvalue &gt; 1</td>
<td>2</td>
</tr>
<tr>
<td>Visual scree test</td>
<td>1</td>
</tr>
<tr>
<td>Standard error of scree (SE_{scree})</td>
<td>2</td>
</tr>
<tr>
<td>Horn’s parallel analysis (HPA)</td>
<td>1</td>
</tr>
<tr>
<td>Minimum average partials (MAP)</td>
<td>1</td>
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</tbody>
</table>

WAIS–IV first-order factors may be too small to be of clinical importance despite their CFA support. Present results also closely parallel those of Watkins (2006) and Watkins et al. (2006) with the WISC–IV, where among the first-order factors, the VC factor accounted for the most additional variance to be of clinical importance remains to be seen and should be the focus of future research. The WAIS–IV appears to be an excellent measure of general intelligence with exemplary norms, but divergence was observed in the present EFA results and CFA results reported in the Technical and Interpretive Manual. Canivez et al. (2009) noted that

Table 2
Sources of Variance in the WAIS–IV Normative Sample (Ages 16:0–90:11; N = 2,200) 10 Core Subtests According to an Orthogonalized Higher Order Factor Model

<table>
<thead>
<tr>
<th>WAIS–IV subtest</th>
<th>General</th>
<th>VC</th>
<th>PR</th>
<th>WM</th>
<th>PS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>%S²</td>
<td>b</td>
<td>%S²</td>
<td>b</td>
</tr>
<tr>
<td>SI</td>
<td>0.67</td>
<td>45</td>
<td>0.49</td>
<td>24</td>
<td>0.02</td>
</tr>
<tr>
<td>VO</td>
<td>0.70</td>
<td>49</td>
<td>0.56</td>
<td>31</td>
<td>-0.05</td>
</tr>
<tr>
<td>IN</td>
<td>0.65</td>
<td>42</td>
<td>0.46</td>
<td>21</td>
<td>0.05</td>
</tr>
<tr>
<td>BD</td>
<td>0.66</td>
<td>44</td>
<td>-0.01</td>
<td>1</td>
<td>0.42</td>
</tr>
<tr>
<td>MR</td>
<td>0.66</td>
<td>44</td>
<td>0.08</td>
<td>1</td>
<td>0.22</td>
</tr>
<tr>
<td>VP</td>
<td>0.64</td>
<td>41</td>
<td>-0.01</td>
<td>0</td>
<td>0.24</td>
</tr>
<tr>
<td>DS</td>
<td>0.68</td>
<td>46</td>
<td>-0.02</td>
<td>0</td>
<td>-0.04</td>
</tr>
<tr>
<td>AR</td>
<td>0.74</td>
<td>55</td>
<td>0.14</td>
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</tr>
<tr>
<td>SS</td>
<td>0.54</td>
<td>29</td>
<td>0.00</td>
<td>0</td>
<td>-0.02</td>
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<tr>
<td>CD</td>
<td>0.58</td>
<td>34</td>
<td>0.06</td>
<td>0</td>
<td>-0.05</td>
</tr>
<tr>
<td>% Total S²</td>
<td>42.9</td>
<td>8.0</td>
<td>4.3</td>
<td>2.5</td>
<td>6.3</td>
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<tr>
<td>% Common S²</td>
<td>67.0</td>
<td>12.4</td>
<td>6.8</td>
<td>3.9</td>
<td>9.9</td>
</tr>
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</table>

Note. WAIS–IV = Wechsler Adult Intelligence Scale—Fourth Edition (Wechsler, 2008a); b = loading of subtest on factor; S² = variance explained; h² = communality; u² = uniqueness; VC = Verbal Comprehension factor; PR = Perceptual Reasoning factor; WM = Working Memory factor; PS = Processing Speed factor; SI = Similarities; VO = Vocabulary; IN = Information; BD = Block Design; MR = Matrix Reasoning; VP = Visual Puzzles; DS = Digit Span; AR = Arithmetic; SS = Symbol Search; CD = Coding. Bold type indicates coefficients and variance estimates consistent with the theoretically proposed factor.

Figure Weights; PCm

Table 3
Sources of Variance in the WAIS–IV Normative Sample (Ages 16:0–69:11; N = 1,800) 10 Core and Five Supplemental Subtests According to an Orthogonalized Higher Order Factor Model

<table>
<thead>
<tr>
<th>WAIS–IV subtest</th>
<th>General</th>
<th>VC</th>
<th>PR</th>
<th>WM</th>
<th>PS</th>
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<tr>
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<td>b</td>
<td>%S²</td>
<td>b</td>
<td>%S²</td>
<td>b</td>
</tr>
<tr>
<td>SI</td>
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<td>44</td>
<td>0.49</td>
<td>24</td>
<td>0.02</td>
</tr>
<tr>
<td>VO</td>
<td>0.69</td>
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</tr>
<tr>
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<td>0.46</td>
<td>21</td>
<td>0.05</td>
</tr>
<tr>
<td>CO</td>
<td>0.67</td>
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<td>25</td>
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</tr>
<tr>
<td>MR</td>
<td>0.68</td>
<td>46</td>
<td>-0.01</td>
<td>0</td>
<td>0.42</td>
</tr>
<tr>
<td>VP</td>
<td>0.66</td>
<td>44</td>
<td>-0.01</td>
<td>0</td>
<td>0.22</td>
</tr>
<tr>
<td>FW</td>
<td>0.71</td>
<td>50</td>
<td>0.09</td>
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<tr>
<td>PCm</td>
<td>0.54</td>
<td>29</td>
<td>0.05</td>
<td>0</td>
<td>0.25</td>
</tr>
<tr>
<td>DS</td>
<td>0.70</td>
<td>49</td>
<td>-0.02</td>
<td>0</td>
<td>-0.04</td>
</tr>
<tr>
<td>AR</td>
<td>0.72</td>
<td>52</td>
<td>0.14</td>
<td>2</td>
<td>0.07</td>
</tr>
<tr>
<td>LN</td>
<td>0.67</td>
<td>45</td>
<td>0.00</td>
<td>0</td>
<td>-0.01</td>
</tr>
<tr>
<td>SS</td>
<td>0.52</td>
<td>27</td>
<td>0.00</td>
<td>0</td>
<td>0.02</td>
</tr>
<tr>
<td>CD</td>
<td>0.54</td>
<td>29</td>
<td>0.06</td>
<td>0</td>
<td>-0.05</td>
</tr>
<tr>
<td>CA</td>
<td>0.42</td>
<td>18</td>
<td>-0.08</td>
<td>1</td>
<td>0.08</td>
</tr>
<tr>
<td>% Total S²</td>
<td>40.6</td>
<td>7.1</td>
<td>3.8</td>
<td>2.8</td>
<td>5.3</td>
</tr>
<tr>
<td>% Common S²</td>
<td>68.1</td>
<td>11.8</td>
<td>6.3</td>
<td>4.8</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Note. WAIS–IV = Wechsler Adult Intelligence Scale—Fourth Edition (Wechsler, 2008a); b = loading of subtest on factor; S² = variance explained; h² = communality; u² = uniqueness; VC = Verbal Comprehension factor; PR = Perceptual Reasoning factor; WM = Working Memory factor; PS = Processing Speed factor; SI = Similarities; VO = Vocabulary; IN = Information; BD = Block Design; MR = Matrix Reasoning; VP = Visual Puzzles; DS = Digit Span; AR = Arithmetic; SS = Symbol Search; CD = Coding; CA = Cancellation. Bold type indicates coefficients and variance estimates consistent with the theoretically proposed factor.
factor analytic methods (CFA and EFA) cannot fully answer questions regarding validity, and because the latent constructs from CFA are not directly observable, and latent construct scores are difficult to calculate and not readily available, they offer no direct practical clinical application (Oh, Glutting, Watkins, Youngstrom, & McDermott, 2004). Additional methods are required to assess the relative importance of higher order versus lower order interpretation. For example, studies of WAIS–IV incremental predictive validity (Hunsley, 2003; Hunsley & Meyer, 2003) would be particularly informative and should be examined to determine if first-order factor scores provide important prediction of external criteria such as academic achievement, training success, and job performance beyond that predicted by the second-order Full Scale score. When academic achievement was the criterion, the incremental predictive validity of the WISC–III (Glutting et al., 1997) and WISC–IV (Glutting et al., 2006) were not favorable, but at present, no such incremental validity studies of the WAIS–IV are available. Another useful method of investigation would be to examine the diagnostic utility of factor index scores versus the second-order Full Scale score in correctly identifying individuals from different independently created diagnostic groups. If the small amounts of apportioned variance of WAIS–IV first-order factors observed in the present Schmid and Leiman (1957) analyses are able to account for meaningful portions of achievement variance beyond the second-order g factor or correctly differentiate individuals within different diagnostic groups beyond that provided by the Full Scale score, then the WAIS–IV factor scores may have clinical utility. Until then, interpretation of WAIS–IV scores should focus primarily on the Full Scale score, and extreme caution should be applied if moving to interpretations beyond the FSIQ.

One final comment regarding interpretation of WAIS–IV scores seems relevant in the present context and relates to the 15- and 12-subtest configurations. Although CFA (Wechsler, 2008b) and present EFA procedures examined these configurations, clinicians do not typically use 15- or 12-subtest WAIS–IV configurations. The five supplemental subtests for 16- to 69-year-olds and the two supplemental subtests for 70- to 90-year-olds are generally used only when replacing core subtests. Thus, although theoretical support is claimed for CFA results of the 15- and 12-subtest configurations, there is no provision for analysis and interpretation when all available subtests are administered (Wechsler, 2008b). Thus, results from the 10 core subtests seem most germane to clinical application and present results suggest interpretation focus on the FSIQ.

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