

Outcome Measure	Behavior Rating Inventory of Executive Function (BRIEF) – Children’s Version
Sensitivity to Change	Yes
Population	Paediatrics
Domain	Neuropsychological Impairment (will be removed from this domain) Behavioural Function
Type of Measure	Parent-report, teacher-report
ICF-Code/s	B1
Description	<p>Overview: Designed to assess the abilities of a broad range of children and adolescents, the BRIEF-C is useful when working with children who have learning disabilities and attention disorders, traumatic brain injuries, lead exposure, pervasive developmental disorders, depression, and other developmental, neurological, psychiatric, and medical conditions. It a questionnaire developed for parents and teachers of school-age children to assess executive function behaviors in the school and home environments.</p> <p>Key Features:</p> <ol style="list-style-type: none"> 1) Provides multiple perspectives. The Parent and Teacher Forms of the BRIEF each contain 86 items that measure different aspects of executive function. 2) Specific normative data based on age and gender. Separate normative tables for parent and teacher forms provide <i>T</i> scores, percentiles, and 90% confidence intervals for four developmental age groups by gender of the child. 3) Non-overlapping scales. Theoretically and statistically derived scales measure different aspects of a child or adolescent’s behaviour, such as his or her ability to control impulses, move freely from one situation to the next, modulate responses, anticipate future events, and keep track of the effect of his or her behaviour on others. <p>Test Structure:</p> <ol style="list-style-type: none"> 1) Eight clinical scales (Inhibit, Shift, Emotional Control, Initiate, Working Memory, Plan/Organise, Organisation of Materials, Monitor) and two validity scales (Inconsistency and Negativity) give the clinician a well-rounded picture of the behaviour of the child or adolescent being rated. 2) The clinical scales form two broader Indexes (Behavioural Regulation and Metacognition) and an overall score, the Global Executive Composite. 3) The Working Memory and Inhibit scales differentiate among ADHD subtypes.
Properties	<p>Ages: 5 to 18</p> <p>Administration: Individual, 86 items</p>

	<p>Parent Form: is filled out by a parent (preferably by both parents) and parent must have recent and extensive contact with the child over the past 6 months.</p> <p>Teacher Form: can be filled out by an adult with extended contact with the child in an academic setting; typically a teacher, but in an academic setting; minimum familiarity is 1 month; multiple ratings across classrooms may be useful for comparison purposes.</p> <p>Time: 10 to 15 minutes to administer; 15 to 20 minutes to hand score; software available for scoring and interpretation.</p> <p>Psychometric Properties:</p> <ol style="list-style-type: none"> 1) High internal consistency (alpha = .80 to .98) 2) Test-retest reliability $r_s = .82$ for parents and $.88$ for teachers; moderate correlations between teacher and parent ratings ($r_s = .32$ to $.34$) 3) Convergent validity established with other measures: inattention, impulsivity, and learning skills 4) Working Memory and Inhibit scales differentiate among ADHD subtypes 5) Normative data based on child ratings from 1419 parents and 720 teachers from rural, suburban, and urban areas, reflecting 1999 U.S. Census estimates for SES, ethnicity, and gender distribution 6) Clinical sample included children with developmental disorders or acquired neurological disorders E.g., reading disorder, ADHD subtypes, TBI, Tourette's disorder, mental retardation, localised brain lesions, high functioning autism.
Advantages	<ol style="list-style-type: none"> 1) Psychometrically sound 2) Sensitive to developmental changes 3) High in ecological validity 4) Sufficiently broad to serve as a screen 5) Comprehensive in sampling content 6) Theoretically coherent 7) Useful in targeting treatment
Disadvantages	<p>Data collected on the BRIEF-C should not be interpreted alone but must be viewed in the context of a complete evaluation I.e., Clinical information gathered from the BRIEF-C is best interpreted within the context of a full assessment that includes a description of the history of the child and the family and observations of the child's behavior. Therefore, high scores obtained on the BRIEF do not indicate a "disorder of executive function" but rather suggest a higher level of dysfunction in a specific domain of executive functions.</p> <p>Particular attention should also be paid to the Inconsistency scale given that score equal or higher than 7 is indicative of a high degree of inconsistency in rater response.</p>
Additional Information	<p>In the process of interpreting the BRIEF, review of individual items within each scale can yield useful information for understanding the specific nature of the child's elevated score on any given clinical scale. In addition,</p>

	certain items may be particularly relevant to specific clinical groups. Placing too much interpretive significance on individual items, however, is not recommended due to lower reliability of individual items relative to the scales and indexes.
Reviewers	Vicki Anderson Cathy Catroppa

References

- Anderson, P. (2002). Assessment and development of executive function (EF) during childhood. *Child Neuropsychology*, 8(2), 71-82.
- Anderson, V. A., Anderson, P., Northam, E., Jacobs, R., & Mikiewicz, O. (2002). Relationships between cognitive and behavioral measures of executive function in children with brain disease. *Child Neuropsychology*. Special Issue: Behavior Rating Inventory of Executive Function (BRIEF), 8(4), 231-240.
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- McCandless, Stephen; Liz O' Laughlin (2007). "The Clinical Utility of the Behavior Rating Inventory of Executive Function (BRIEF) in the Diagnosis of ADHD". *Journal of Attention Disorders* **10** (4): 381-389