

<b>Outcome Measure</b>	<b>Behavior Rating Inventory of Executive Function - Adult Version (BRIEF-A)</b>
<b>Sensitivity to change</b>	Yes
<b>Population</b>	Adult
<b>Domain</b>	Neuropsychological Impairment
<b>Type of Measure</b>	Informant and/or Self-ratings
<b>ICF-Code/s</b>	B1
<b>Description</b>	<p>The BRIEF-A is a standardised measure that captures views of an adult's executive functions or self-regulation in his or her everyday environment. Two formats are used: a Self-report and an Informant report.</p> <p>The Self-report Form is completed by adults 18-90 years of age, including adults with a wide variety of developmental, systemic, neurological, and psychiatric disorders such as attention disorders, learning disabilities, autism spectrum disorders, traumatic brain injury, multiple sclerosis, depression, mild cognitive impairment, dementias, and schizophrenia.</p> <p>The BRIEF-A can be completed by an informant who has good knowledge of the person or as a self-rating.</p> <p>The BRIEF-A is composed of 75 items within nine theoretically and empirically derived clinical scales that measure various aspects of executive functioning; Inhibit, Self-Monitor, Plan/Organise, Shift, Initiate,, Task Monitor, Emotional Control, Working Memory, Organisation of Materials. The clinical scales form two broader indexes: Behavioral Regulation (BRI) and Metacognition (MI), and these indexes form the overall summary score, the Global Executive Composite (GEC). The BRIEF-A also includes three validity scales (Negativity, Inconsistency, and Infrequency).</p> <p>The BRIEF-A takes approximately 10-15 minutes to administer.</p> <p>All 75 items are rated in terms of frequency on a 3-point scale: 0 (never), 1 (sometimes), 2 (often). Raw scores for each scale are summed and T scores (M = 50, SD = 10) are used to interpret the individual's level of executive functioning.</p>
<b>Properties</b>	<p><i>The following information is reported in the manual:</i></p> <p><u>Inter-rater reliability:</u> The correlation between Self-Report and Informant Report forms were moderate (.44-.68). Approximately 50-70% of individuals and their informants reported t-scores within one standard deviation of each other. A number of individuals rated themselves as having more difficulties than their informant (22.2% were between 1-2 SD higher, 6.7% were &gt;2 SD higher), whereas only approximately 7% of</p>

individuals reported lower T-scores on the overall scale than their informants.

Internal consistency: Cronbach's alpha for the self-report form was moderate to high for the clinical scales (.73-.90) and high for the indexes and overall score (.93-.96). For the Informant Report, internal consistency was high, ranging from .80-.98 for the clinical scales, indexes and overall score.

Test-retest reliability: Test re-test correlations for the Self-Report form ranged from .82-.94 for the clinical scales, indexes and overall score, with an average interval of 4.22 weeks. For the Informant Report, correlations ranged from .91-.94 for the clinical scales and correlations for the indexes and overall score were .96.

Construct validity: Adults with clinical diagnoses (n=18) and a subset of informants (n=9) completed the BRIEF-A and the FrSBe. Moderate to strong correlations were obtained for the majority of scales and indexes. Importantly, the BRIEF-A indexes correlated significantly with the executive dysfunction scale of the FrSBe for both the self-report form (.63-.67) and informant-report form (.68-.74). 40 adults from a mixed healthy/clinical population completed the BRIEF-A and the DEX. Total score on the DEX correlated significantly with BRI (.84), MI (.73) and GEC (.84).

Factor analysis of Self-Report Form data yielded a 2-factor solution (i.e., Behavioral Regulation, Metacognition) for normative and mixed clinical/healthy adult samples, accounting for 73% and 76% of the variance, respectively. Factor analysis of Informant Report Form data also yielded a similar 2-factor solution for the normative and mixed clinical/healthy adult samples, accounting for 81% and 78% of the variance, respectively.

Concurrent validity: BRIEF-A Self-Report forms for 23 patients with TBI (60% mild, 10% moderate, 30% severe) were compared to 23 healthy individuals. Significant group differences were found for the GEC ( $\eta^2 = .19$ ), BRI ( $\eta^2 = .23$ ) and MI ( $\eta^2 = .08$ ), as well as the individual scales Shift ( $\eta^2 = .14$ ), Initiate ( $\eta^2 = .17$ ), Working Memory ( $\eta^2 = .26$ ), Plan/Organise ( $\eta^2 = .22$ ), and Task Monitor ( $\eta^2 = .22$ ).

<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Is a reasonably brief measure of self-reported and informant-reported EF difficulties.</li> <li>• Covers various aspects of EF and provides T scores for each scale.</li> <li>• Strong psychometric properties for each scale, as well as indexes and GEC.</li> <li>• Reasonably well priced.</li> <li>• Can be administered and scored by individuals who do not have formal training.</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Must score by hand unless purchase computer scoring program.</li> <li>• Validated in U.S. normative sample.</li> </ul>
<b>Additional Information</b>	
<b>Reviewers</b>	Skye McDonald

### References

Roth, R. M., Isquith, P. K., & Gioia, G. A. (2005). *BRIEF-A: Behavior Rating Inventory of Executive Function--adult Version: Professional Manual*: Psychological Assessment Resources