<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Behavior Rating Inventory of Executive Function - Adult Version (BRIEF-A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity to change</td>
<td>Yes</td>
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<tr>
<td>Population</td>
<td>Adult</td>
</tr>
<tr>
<td>Domain</td>
<td>Neuropsychological Impairment</td>
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<tr>
<td>Type of Measure</td>
<td>Informant and/or Self-ratings</td>
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<tr>
<td>ICF-Code/s</td>
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</table>
| Description | 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. 

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.

The BRIEF-A can be completed by an informant who has good knowledge of the person or as a self-rating.

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).

The BRIEF-A takes approximately 10-15 minutes to administer.

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. |
| Properties | The following information is reported in the manual: |
|             | Inter-rater reliability: 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 >2 SD higher), whereas only approximately 7% of |
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 ($\eta^2 = .22$).
### Advantages
- Is a reasonably brief measure of self-reported and informant-reported EF difficulties.
- Covers various aspects of EF and provides T scores for each scale.
- Strong psychometric properties for each scale, as well as indexes and GEC.
- Reasonably well priced.
- Can be administered and scored by individuals who do not have formal training.

### Disadvantages
- Must score by hand unless purchase computer scoring program.
- Validated in U.S. normative sample.

### Additional Information

### Reviewers
Skye McDonald

### References