

<b>Outcome Measure</b>	<b>The FAVRES – Student Version (SFAVRES)</b>
<b>Sensitivity to Change</b>	Yes
<b>Population</b>	Adolescent
<b>How to obtain</b>	<a href="http://www.ccdpublishing.com/sfavres.aspx">http://www.ccdpublishing.com/sfavres.aspx</a>
<b>Domain</b>	Language and Communication
<b>Type of Measure</b>	Objective performance test
<b>Time to administer</b>	<b>50 minutes</b>
<b>Description</b>	<p>Age range: 12-19 years</p> <p>Administration time: approx. 50mins</p> <p>Four tasks – designed to represent complex, real life scenarios.</p> <ul style="list-style-type: none"> <li>• Planning an event</li> <li>• Making a decision</li> <li>• Scheduling</li> <li>• Building a case</li> </ul> <p>Types of scoring:</p> <ul style="list-style-type: none"> <li>• Accuracy</li> <li>• Time</li> <li>• Rationale</li> <li>• Reasoning subskills</li> </ul> <p>Designed by speech-language pathologists, adolescents, teachers, &amp; experts in adolescent development and brain injury.</p> <p>Features considered to be:</p> <ul style="list-style-type: none"> <li>• Functional tasks</li> <li>• Real life amounts of information (text, discourse, multiple factors)</li> <li>• Context</li> <li>• Roles/perspectives/points of view</li> <li>• Multiple stimuli</li> <li>• Integrative functions</li> <li>• Novel tasks</li> <li>• Emotional content</li> </ul>
<b>Properties</b>	<p>Standardised on 182 typically developing (TD) adolescents/students (aged 12-19) and 57 individuals of similar age with acquired brain injuries (ABI) (MacDonald, 2016)</p> <p>Inter-rater reliability: Accuracy: .98; Rationale: .74; Time: .99</p> <p>Test-retest (10 participants 14-38 days apart): Accuracy: .58; Rationale: .6; Time, .65</p> <p>Construct Validity: Adolescents with ABI performed below TD peers on S-FAVRES as a group (Newsome et al., 2010) and also when broken down into different age levels (12-13, 14-15, 16-17, 18-19) (MacDonald, 2016). Reasoning sub-skills score was associated with increasing age in the TD adolescents but not the ABI (MacDonald, 2016).</p> <p>Internal Consistency (across all 4 tasks): For Reasoning Subskills <math>\alpha = .85</math> indicative of the need for these skills regardless of task: Alpha was lower for Accuracy (0.5) and Rationale (.61) consistent with the idea the subtests assess other different skills</p> <p>Sensitivity and Specificity: Combined Accuracy and Rationale Scores: .85</p> <p>Accuracy alone: .82; Rationale alone: .79</p> <p>S-FAVRES recommended as a higher-level assessment for adolescents with executive functions deficits (Turkstra &amp; Byom, 2010).</p> <p>The S-FAVRES is based on research evidence that has identified the need for an adolescent measure that:</p>

	<ul style="list-style-type: none"> <li>• Challenges the cognitive-communication skills that are under development during adolescence</li> <li>• Evaluates aspects of complex comprehension (sarcasm, humour, intent, gist or central theme) discourse, social communication, verbal reasoning, problem solving, meta-cognition, executive functions</li> <li>• Examines the interplay between cognitive, communication, and emotional regulation skills in real life, integrative tasks</li> <li>• Is sensitive to higher order cognitive-communication deficits that emerge in adolescents</li> <li>• Is sensitive to subtle deficits of mTBI</li> <li>• Assesses integrative functions or activities in which combined skills or processes are required</li> <li>• Includes timed scores to evaluate speed of processing</li> </ul>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Doesn't need to be administered in full – can administer individual targeted subtests</li> <li>• Looks at higher level cognitive linguistic skills that aren't captured using other standardized tests</li> <li>• Good accessibility &amp; availability</li> <li>• Also normed on brain injury population</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Very small normative sample</li> <li>• Long administration time (20 min limit per subtest)</li> <li>• Interpretation can be difficult for novice clinicians and students</li> <li>• A certain level of skill is required to use the information to guide intervention</li> <li>• Minimal chance to look at natural discourse</li> <li>• An experienced skill set is required to complete the observational components</li> <li>• A large proportion of time is taken up with observing the client complete the written sections, which can make the client feel uncomfortable.</li> <li>• There are a number of printed resources that are required to complete the assessment.</li> <li>• Print can be problematic for clients with visual impairments</li> </ul>

### References

- Turkstra, L. S. & Byom, L. J. (2010). Executive Functions and Communication in Adolescents. *The ASHA Leader* (December 21).
- Newsome, M. R., Scheibel, R. S., Hanten, G., Chu, Z., Steinberg, J. L., Hunter, J. V, ... Levin, H. S. (2010). Brain activation while thinking about the self from another person's perspective after traumatic brain injury in adolescents. *Neuropsychology*, 24(2), 139–47.
- MacDonald, S. (2016). Assessment of higher level cognitive-communication functions in adolescents with ABI: Standardization of the student version of the functional assessment of verbal reasoning and executive strategies (S-FAVRES). *Brain Injury*, 30(3), 295-310.