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| Outcome Measure | Behavior Rating Inventory of Executive Function - Adult Version (BRIEF-A) |
| Sensitivity to Change | No information available |
| Population | Adult |
| How to obtain | Available from https://paa.com.au/product/brief-a/ for purchase |
| Domain | Behavioural Function |
| Type of Measure | Informant and/or Self-ratings |
| Time to administer | 10-15 minutes |
| Description | <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>Available from https://paa.com.au/product/brief-a/</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> |
| Properties | <p><i>The following information is reported in the manual:</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> |

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| | <p>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.</p> <p><u>Concurrent validity:</u> 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 ($\eta^2 = .22$).</p> |
| Advantages | <ul style="list-style-type: none"> • It 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 | <ul style="list-style-type: none"> • Must score by hand unless purchase computer scoring program. • Validated in U.S. normative sample. |

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.