

BRIEF[®] 2A

Behavior Rating Inventory of
Executive Function[®], Second Edition

ADULT VERSION

Interpretive Report Informant Report Form

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Generated by



Client name: Sample Client

Client ID: 12345

Sex: Female

Gender identity: Girl/Woman

Age: 51

Date of birth: 05/17/1973

Test date: 10/17/2024

Rater name: Sample Rater

Relationship to client: Spouse/Partner

Relationship description: Not Specified

Knows client: Very Well

Has known client for: 15

Language administered: English

This report is intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons.

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Introduction to the BRIEF2A

The BRIEF2A is a standardized rating scale designed to provide a window into everyday behaviors associated with specific domains of executive functioning in adults ages 18 years and older. Ratings of everyday executive functions, or self-regulation, are good predictors of an individual's functioning in many areas, including academic, vocational, social, behavioral, and emotional. As for all measures, the BRIEF2A should not be used in isolation as a diagnostic tool. Instead, it should be used in conjunction with other sources of information, including detailed history, other BRIEF2A and behavior ratings, clinical interviews, performance test results, and, when possible, direct observation in the natural setting. By examining converging evidence, the clinician can confidently arrive at a valid diagnosis and, most importantly, an effective treatment plan. A thorough understanding of the BRIEF2A, including its development and psychometric properties, is a prerequisite to interpretation. As with any clinical method or procedure, appropriate training and supervision are necessary to ensure competent use of the BRIEF2A.

This report is confidential and intended for use by qualified professionals only. This report should not be released to the individual being rated or to informants or others such as family members or caregivers. If the clinician wants to provide a summary of the results specifically written for the rated individual and their informants, the BRIEF2A Feedback Report can be generated and given to the interested parties, preferably in the context of verbal feedback and a review of the Feedback Report by the clinician.

T scores are used to interpret the individual's level of executive functioning as reported on the BRIEF2A rating forms. These scores are transformations of the raw scale scores ($M = 50$, $SD = 10$). *T* scores provide information about an individual's scores relative to the scores of respondents in the standardization sample. Percentiles represent the percentage of individuals in the standardization sample with scores at or below the same value.

For all BRIEF2A clinical scales and indexes:

- *T* scores **below 60** are considered **within normal limits**.
- *T* scores **from 60 to 64** are also **within normal limits**, but there may be subtle, subclinical difficulties.
- *T* scores **from 65 to 69** are considered **mildly elevated**.
- *T* scores **from 70 to 74** are considered **moderately elevated**.
- *T* scores **at or above 75** are considered **highly elevated**.

In the process of interpreting the BRIEF2A, review of individual items within each scale can yield useful information for understanding the specific nature of the individual's elevated score on any given clinical scale. In addition, certain items may be particularly relevant to specific clinical groups. Placing too much interpretive significance on individual items, however, is not recommended because individual items have lower reliability relative to the scales and indexes.

Overview of Results

Sample's respondent completed the Informant Report Form of the Behavior Rating Inventory of Executive Function, Second Edition—Adult Version (BRIEF2A) on 10/17/2024. There are no missing item responses in the protocol. The Inconsistency scale score is elevated, suggesting that ratings on the scales may not be internally consistent and that validity may be compromised. A cautious approach to interpretation is warranted. The respondent's ratings of Sample do not appear overly negative. There was **1** atypical response to infrequently endorsed items. In the context of these validity considerations, ratings of Sample's executive function exhibited in everyday behavior indicate some areas of concern.

The overall index score, the GEC, was **mildly elevated (GEC $T = 69$, %ile = 98)**. The Emotion Regulation Index (ERI) score was **within normal limits (ERI $T = 64$, %ile = 92)**, but the Behavior Regulation Index (BRI) score was **mildly elevated (BRI $T = 68$, %ile = 96)** and the Cognitive Regulation Index (CRI) score was **mildly elevated (CRI $T = 67$, %ile = 97)**.

Within these summary indicators, all of the individual scales can be calculated. One or more of the individual BRIEF2A scale T scores were elevated, suggesting that Sample exhibits difficulty with some aspects of executive function. Concerns are noted with her ability to resist impulses, get going on tasks and activities and independently generate ideas, sustain working memory, and plan and organize her approach to problem solving appropriately. Sample's ability to be aware of her functioning in social settings, adjust well to changes, react to events appropriately, be appropriately cautious in her approach to tasks and check for mistakes, and keep materials and belongings reasonably well-organized is not described as problematic.

Sample's elevated scores on scales reflecting problems with fundamental behavioral and/or emotional regulation (Inhibit, Emotional Control, and Shift) suggest that more global problems with self-regulation are having a negative effect on active cognitive problem solving (elevated CRI). Current models of self-regulation suggest that behavior regulation and/or emotion regulation, particularly inhibitory control, emotional control, and flexibility, underlie most other areas of executive function. Essentially, one needs to be appropriately inhibited, flexible, and well-modulated emotionally for efficient, systematic, and organized problem-solving to take place. One must simultaneously consider the influence of the underlying self-regulation issues and her unique problems with cognitive problem-solving skills.

BRIEF2A Informant Report Form Score Summary

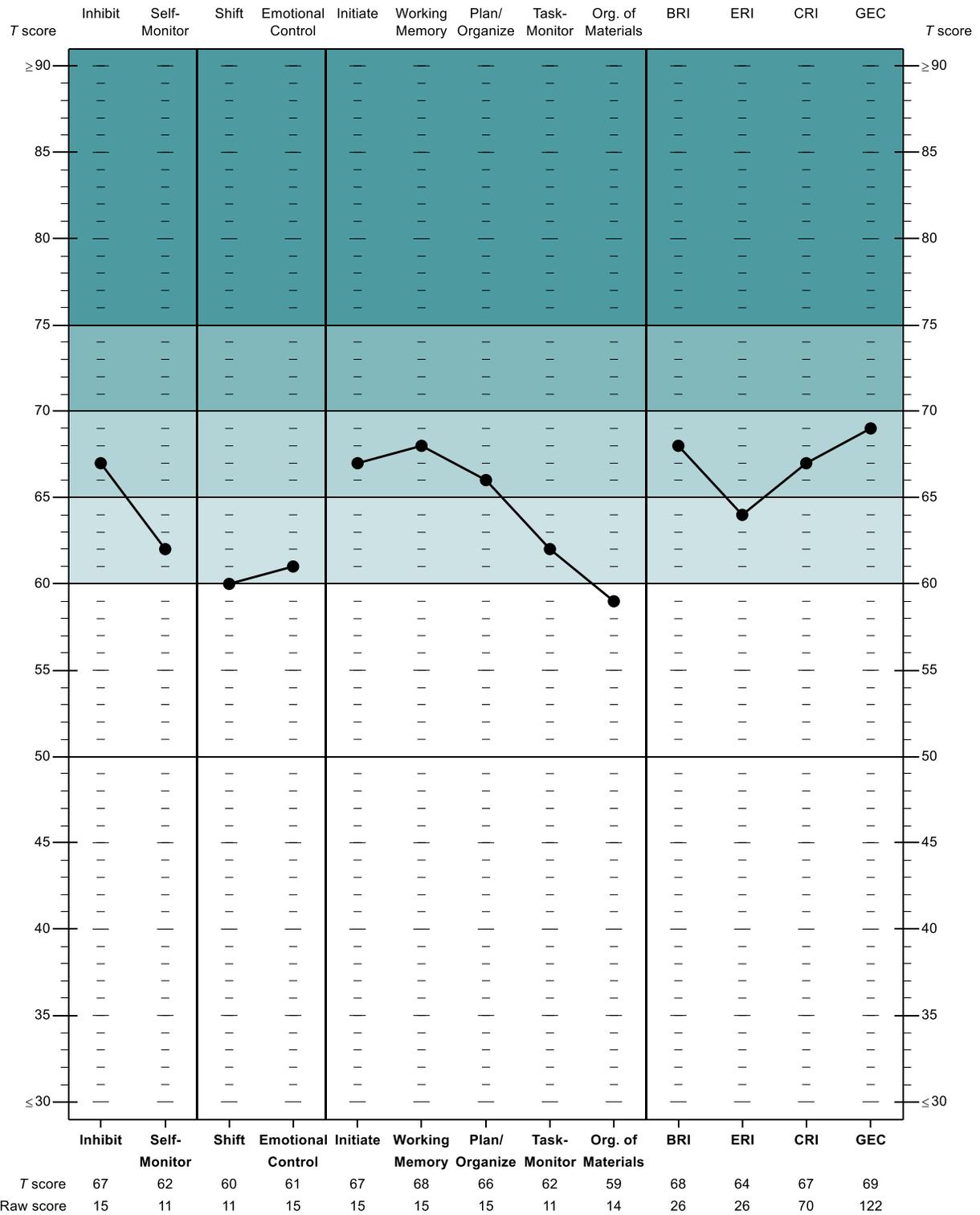
Scale/Index/Composite	Raw score	T score	Percentile	90% CI
Inhibit	15	67	97	58–76
Self-Monitor	11	62	94	55–69
Behavior Regulation Index (BRI)	26	68	96	62–74
Shift	11	60	97	51–69
Emotional Control	15	61	89	57–65
Emotion Regulation Index (ERI)	26	64	92	59–69
Initiate	15	67	98	59–75
Working Memory	15	68	98	60–76
Plan/Organize	15	66	97	59–73
Task-Monitor	11	62	96	54–70
Organization of Materials	14	59	89	54–64
Cognitive Regulation Index (CRI)	70	67	97	63–71
Global Executive Composite (GEC)	122	69	98	66–72

Scale T score elevation	Number of clinical scales elevated	Base rate in normative sample	Base rate in mixed clinical sample
≥65	4	6	59
≥70	0	>99	>99
≥75	0	>99	>99

Validity scale	Raw score	Percentile	Protocol classification
Inconsistency	11	>99	Inconsistent
Negativity	5	≤98	Acceptable
Infrequency	1	≤98	Acceptable

Note. Age-specific norms have been used to generate these scores. For additional interpretive information, refer to the BRIEF2A Professional Manual.

Profile of BRIEF2A T Scores



Note. Age-specific norms have been used to generate this profile.

Validity

Sample Client’s respondent completed the Informant Report Form of the Behavior Rating Inventory of Executive Function, Second Edition–Adult Version (BRIEF2A) on 10/17/2024.

Before examining the BRIEF2A Informant Report Form profile, it is essential to carefully consider the validity of the data provided. The first step is to examine the protocol for missing data. The BRIEF2A Inconsistency, Negativity, and Infrequency scales provide additional information about the validity of the protocol.

Missing Items

The respondent completed 70 of a possible 70 BRIEF2A items. For reference purposes, the summary table for each scale provides the respondent's actual rating for each item. This protocol has no missing item responses, providing a complete data set for interpretation.

Inconsistency

Scores on the Inconsistency scale indicate the extent to which the respondent answered similar BRIEF2A items in an inconsistent manner compared to individuals in the combined normative and clinical samples. For example, a high Inconsistency score might be associated with the combination of responding Never to the item “Overreacts to small problems” and Often to the item “Gets upset quickly or easily over little things.” Item pairs composing the Inconsistency scale are shown in the following summary table. *T* scores are not generated for the Inconsistency scale. Instead, the absolute value of the raw difference scores for the ten paired items are summed, and the total difference score (i.e., the Inconsistency score) is compared with the cumulative percentile of similar scores in the combined normative and clinical samples and used to classify the protocol as either Acceptable or Inconsistent. The Inconsistency score of **11 is above the 99th percentile**, suggesting a high likelihood that the respondent rated BRIEF2A items inconsistently and bringing the overall validity of the BRIEF2A into question. The respondent's ratings should be carefully reviewed. Due to minor content differences between paired Inconsistency items, it is possible there is a reasonable explanation for the Inconsistency score other than response inconsistency. It may be helpful to interview the respondent about the seemingly inconsistent responses. If most of the inconsistent responses have logical explanations, then the protocol should be considered valid. However, because the inconsistency threshold on this scale is quite high, such adjustments are rare.

Item #	Inconsistency item	Response	Difference
1	Makes careless errors when completing tasks	Never	2
38	Makes careless mistakes	Often	
23	<i>Remaining item content redacted for sample report</i>	Sometimes	0
46		Sometimes	
26		Sometimes	1
39		Often	
31		Often	2

Item #	Inconsistency item	Response	Difference
67	<i>Remaining item content redacted for sample report</i>	Never	
32		Often	1
58		Sometimes	
41		Often	1
56		Sometimes	
43		Often	1
52		Sometimes	
48		Sometimes	1
70		Never	
55		Sometimes	1
69		Never	
59		Sometimes	1
65		Never	

Negativity

The Negativity scale measures the extent to which the respondent answered certain BRIEF2A items in an unusually negative manner (i.e., marking Often) relative to individuals in the clinical sample. Items composing the Negativity scale are shown in the following summary table. The Negativity raw score is the count of Negativity items endorsed as Often. A higher raw score on this scale indicates a greater degree of negativity, with less than 3% of respondents ages 50 years and older scoring 6 or above in the clinical sample.

As with the Inconsistency scale, *T* scores are not generated for this scale. The Negativity score of **5** is **within the acceptable range** for Sample's age, suggesting that the respondent's view of Sample is not overly negative.

Item #	Negativity item	Response
18	Has emotional outbursts for little reason	Sometimes
21	<i>Remaining item content redacted for sample report</i>	Sometimes
27		Sometimes
34		Often
35		Often
37		Often
38		Often
40		Often
53		Sometimes
59		Sometimes

Infrequency

The Infrequency scale measures the extent to which the respondent endorsed items in an atypical fashion. The scale includes four items that are likely to be endorsed in one direction by most

respondents. Marking Often to the items “Forgets his/her name” or “Has trouble counting to three” is highly unusual, even in cases of severe impairment. Marking Never to the items “Gets tired” or “Makes mistakes” is also unusual, except in some respondents who deny any problems with executive functioning. Items composing the Infrequency scale are shown in the following summary table. The raw score is the count of Infrequency items endorsed with the most uncommon response. A higher raw score on this scale indicates a greater degree of infrequency. As with the Inconsistency and Negativity scales, *T* scores are not generated. The cutoff for Infrequency varies by overall rating level (i.e., Global Executive Composite [GEC] *T*-score level), with 1% of respondents with GEC *T* < 57 scoring 3 or above, and 1% of respondents with GEC *T* ≥ 57 scoring 2 or above. The Infrequency scale score of **1 is within the acceptable range**, indicating low likelihood of an atypical response pattern.

Item #	Infrequency item	Response
9	Forgets his/her name	Never
25	<i>Remaining item content redacted for sample report</i>	Sometimes
36		Often
45		Often

Clinical Scales

The BRIEF2A clinical scales measure the extent to which the respondent reports problems with different types of behavior related to the nine domains of executive functioning. The following sections describe the scores obtained on the clinical scales and the suggested interpretation for each clinical scale.

Inhibit

The Inhibit scale assesses inhibitory control and impulsivity. This can be described as the ability to resist impulses and the ability to stop one’s own behavior at the appropriate time. Sample’s score on the Inhibit scale is **mildly elevated (T = 67, %ile = 97)**. She typically has difficulty resisting impulses and considering consequences before acting. She is often perceived as being less in control of herself than her peers, interrupting others frequently, saying inappropriate things, and/or being restless or unable to sit still for appropriate lengths of time. Others may be concerned about her verbal and social intrusiveness or lack of personal safety.

Examining responses to the individual items that compose the Inhibit scale may help guide interpretation and intervention.

Item #	Inhibit item	Response
4	Taps fingers or bounces legs	Never
15	<i>Remaining item content redacted for sample report</i>	Never
27		Sometimes
34		Often
40		Often
51		Sometimes
54		Sometimes
68		Never

Self-Monitor

The Self-Monitor scale assesses awareness of the impact of one’s own behavior on other people and outcomes. It captures the degree to which an individual is aware of the effect that their behavior has on others and how it compares with standards or expectations for behavior. Sample’s score on the Self-Monitor scale is **within normal limits (T = 62, %ile = 94)** but indicates subtle difficulty monitoring her behavior in social settings. She may have subtle difficulty being aware of her behavior and the impact it has on her social interactions with others.

Item #	Self-Monitor item	Response
12	Doesn’t notice when he/she causes others to feel bad or get mad until it is too late	Never
21	<i>Remaining item content redacted for sample report</i>	Sometimes
35		Often
47		Sometimes
59		Sometimes
65		Never

Shift

The Shift scale assesses the ability to move freely from one situation, activity, or aspect of a problem to another as the circumstances demand. Key aspects of shifting include the ability to make transitions, tolerate change, problem solve flexibly, switch or alternate attention between tasks, and change focus from one task or topic to another. Mild deficits may compromise efficiency of problem solving and result in a tendency to get stuck or focused on a topic or problem, whereas more severe difficulties can be reflected in perseverative behaviors and substantial resistance to change. Sample's score on the Shift scale is **within normal limits (T = 60, %ile = 97)**. She may have subtle difficulties flexibly adjusting to changes such as those in environment, plans, place, or demands.

Item #	Shift item	Response
7	Has trouble changing from one activity or task to another	Never
20	<i>Remaining item content redacted for sample report</i>	Sometimes
30		Sometimes
41		Often
56		Sometimes
62		Never

Emotional Control

The Emotional Control scale measures the impact of executive function problems on emotional expression and assesses an individual's ability to modulate or regulate their emotional responses. Sample's score on the Emotional Control scale is **within normal limits (T = 61, %ile = 89)**. She may have subtle difficulties with modulation of emotions but is generally described as reacting to events appropriately.

Item #	Emotional Control item	Response
11	Overreacts emotionally	Never
18	<i>Remaining item content redacted for sample report</i>	Sometimes
26		Sometimes
31		Often
39		Often
53		Sometimes
64		Never
67		Never

Initiate

The Initiate scale reflects an individual's ability to begin a task or activity and to independently generate ideas, responses, or problem-solving strategies. Sample's score on the Initiate scale is **mildly elevated (T = 67, %ile = 98)**. She has difficulties getting going on tasks, activities, and problem-solving approaches. Poor initiation typically does not reflect noncompliance or disinterest in a specific task; instead, individuals with initiation problems usually want to complete and succeed at a task but have trouble getting started. Sample may have difficulties getting started on schoolwork, chores, or work tasks, and she may need prompts or cues to begin a task or activity. As a result, she may be viewed as unmotivated.

Item #	Initiate item	Response
5	Needs to be reminded to begin a task even when willing	Never
13	<i>Remaining item content redacted for sample report</i>	Never
19		Sometimes
23		Sometimes
42		Often
46		Sometimes
49		Sometimes
57		Sometimes

Working Memory

The Working Memory scale measures online representational memory—that is, the capacity to hold information in mind for the purpose of completing a task; encode information; or generate goals, plans, and sequential steps to achieve goals. Working memory is essential to carrying out multistep activities, completing mental manipulations such as mental arithmetic, and following complex instructions. It also supports the ability to sustain attention and concentration. Sample’s score on the Working Memory scale is **mildly elevated (T = 68, %ile = 98)**. She has difficulty holding an appropriate amount of information in mind or in active memory for further processing, encoding, and/or mental manipulation. Further, Sample’s score suggests difficulties maintaining working memory, which has a negative impact on her ability to remain attentive and focused for appropriate lengths of time. She may have trouble remembering things (e.g., phone numbers, instructions) for even a few seconds, keeping track of what she is doing at work, or remembering what she is supposed to retrieve when sent on an errand. She may miss information, such as directions or instructions, when the amount of information exceeds her working memory capacity.

Item #	Working Memory item	Response
3	Has trouble concentrating on tasks (such as chores, reading, or work)	Never
10	<i>Remaining item content redacted for sample report</i>	Never
16		Sometimes
24		Sometimes
33		Often
43		Often
52		Sometimes
63		Never

Plan/Organize

The Plan/Organize scale measures an individual’s ability to manage current and future-oriented task demands. The scale has two components: Plan and Organize. The Plan component captures the ability to anticipate future events, to set goals, and to develop appropriate sequential steps ahead of time to carry out a task or activity. The Organize component refers to the ability to bring order to information and to appreciate main ideas or key concepts when learning or communicating information. Organization also plays an important role in memory and recall. Individuals with difficulties in this area may report that they are poor test takers or have poor memory. How they organize new information

when learning or memorizing impacts their ability to retrieve the materials, especially during testing. Sample's score on the Plan/Organize scale is **mildly elevated (T = 66, %ile = 97)**. She has difficulty with planning and organizing information, which has a negative impact on her approach to problem solving. Planning involves developing a goal or end state and then strategically determining the most effective method or steps to attain that goal. Sample may underestimate the time required to complete tasks or the level of difficulty inherent in a task. She may often wait until the last minute to begin a long-term project or assignment for school or work and may have trouble carrying out the actions needed to reach her goals.

Organization involves the ability to bring order to oral and written expression and to understand the main points expressed in presentations or written material. Organization also has a clerical component that is demonstrated, for example, in the ability to efficiently scan a visual array or to keep track of a homework or work assignment. Sample may approach tasks in a haphazard fashion, getting caught up in the details and missing the big picture. She may have good ideas that she has difficulty expressing on written assignments. She may often feel overwhelmed by large amounts of information and may have difficulty retrieving material spontaneously or in response to open-ended questions. She may, however, exhibit better performance with recognition (e.g., multiple-choice) questions.

Item #	Plan/Organize item	Response
8	Gets overwhelmed by large tasks	Never
14	<i>Remaining item content redacted for sample report</i>	Never
32		Often
44		Often
50		Sometimes
58		Sometimes
61		Sometimes
66		Never

Task-Monitor

The Task-Monitor scale assesses the ability to keep track of one's own problem-solving successes and failures and to identify and correct mistakes. The scale captures whether an individual assesses their own performance during or shortly after finishing a task to ensure accuracy or appropriate attainment of a goal. Sample's score on the Task-Monitor scale is **within normal limits (T = 62, %ile = 96)**. She may not always notice and/or check for mistakes. She may have subtle difficulty keeping track of her work and monitoring her own progress toward goals.

Item #	Task-Monitor item	Response
1	Makes careless errors when completing tasks	Never
17	<i>Remaining item content redacted for sample report</i>	Sometimes
22		Sometimes
38		Often
48		Sometimes
70		Never

Organization of Materials

The Organization of Materials scale measures orderliness of work, living, and storage spaces (e.g., desks, rooms). Sample's score on the Organization of Materials scale is **within normal limits (T = 59, %ile = 89)**. She is able to keep materials and belongings reasonably well-organized, has her materials readily available for projects or assignments, and is able to find her belongings when needed.

Item #	Organization of Materials item	Response
2	Is disorganized	Never
6	<i>Remaining item content redacted for sample report</i>	Never
28		Sometimes
29		Sometimes
37		Often
55		Sometimes
60		Sometimes
69		Never

Indexes and Global Executive Composite

Behavior Regulation, Emotion Regulation, and Cognitive Regulation Indexes

The Behavior Regulation Index (BRI) captures an individual's ability to regulate and monitor behavior effectively. It is composed of the Inhibit and Self-Monitor scales. Appropriate behavior regulation is likely a precursor to appropriate cognitive regulation. It enables the cognitive regulatory processes to successfully guide active, systematic problem solving and more generally supports appropriate self-regulation.

The Emotion Regulation Index (ERI) represents an individual's ability to regulate emotional responses and to shift set or adjust to changes in environment, people, plans, or demands. It is composed of the Shift and Emotional Control scales. Appropriate emotion regulation and flexibility are also precursors to effective cognitive regulation.

The Cognitive Regulation Index (CRI) reflects an individual's ability to control and manage cognitive processes and to problem solve effectively. It is composed of the Initiate, Working Memory, Plan/Organize, Task-Monitor, and Organization of Materials scales and relates directly to the ability to actively problem solve in a variety of contexts and to complete tasks for school, work, and daily living.

Examination of the indexes reveals that the BRI score is **mildly elevated (T = 68, %ile = 96)** and the CRI score is **mildly elevated (T = 67, %ile = 97)**, but the ERI score is **within normal limits (T = 64, %ile = 92)**. This suggests Sample has more global difficulties with self-regulation, including the fundamental ability to inhibit impulses and monitor the impact of behavior on others. These global difficulties extend to cognitive aspects of executive function, including the ability to hold information in working memory and to initiate, plan, organize, and monitor problem-solving approaches. Sample is described as able to manage emotions and adapt to changes flexibly.

Global Executive Composite

The Global Executive Composite (GEC) is an overarching summary score that incorporates all of the BRIEF2A clinical scales. Although review of the BRI, ERI, CRI, and individual scale scores is strongly recommended for all BRIEF2A profiles, the GEC can sometimes be useful as a summary measure. In this case, the three summary index scores are not substantially different from one another, with differences between T scores for each seen in 90% of the standardization sample. Thus, the GEC adequately captures the elevation or severity of the overall profile. With this in mind, Sample's **T score of 69 (%ile = 98)** on the GEC is **mildly elevated**, suggesting she has significant difficulty in one or more areas of executive function.

General Approach to Enhancing Executive Functioning

Introduction

Executive functions play a central role in guiding and regulating behavior, emotion, and thought, including attention and problem solving. Their importance in the everyday lives of individuals across the life span is increasingly recognized, prompting substantial interest in developing and testing new approaches to address weaknesses and build strengths and resiliencies in everyday executive functioning. Building on the seminal work of early pioneers in executive function intervention such as Mark Ylvisaker and Tim Feeny's (1998) coaching model and McKay Sohlberg and Catherine Mateer's (1989) cognitive remediation model, the literature since 2000 now boasts more than 1,000 treatment/intervention studies, including more than 500 clinical trials. These studies provide varying degrees of support for medication interventions, direct cognitive training, metacognitive strategy training, cognitive-behavioral therapies, mindfulness-based therapies, and executive function coaching. The approach or combination of approaches likely to be most helpful for a given individual will depend on several factors, such as the nature and severity of the executive difficulty; the extent to which other cognitive processes, as well as motor and sensory functions, are intact and can be recruited to aid in remediation efforts; self-awareness (i.e., whether the individual recognizes that they have cognitive problems); and more general characteristics such as intrinsic motivation, attitude, growth mindset, and availability of external supports, such as others to help the individual manage their executive dysfunction, if needed.

Remaining interpretive content redacted for sample report

Executive Function Interventions for Sample

Ratings of Sample's everyday functioning revealed some areas of concern. Recommendations for interventions, accommodations, and functional goals are offered according to the identified concerns. The majority of supports and accommodations described here are common and likely familiar to clinicians and intervention teams, though they vary in the amount of empirical support.

These recommendations are general and intended as suggestions or ideas that may be tailored to suit Sample's needs. *As with any intervention, using clinical judgment is paramount.* Selecting the most appropriate recommendations for Sample should take into account all other clinical data, including rater characteristics and perspectives, ratings on other measures (e.g., mood and anxiety), cognitive and educational test performance, observations, and clinical history.

Remaining interpretive content redacted for sample report

End of Report
