BRIEF®2A

Behavior Rating Inventory of Executive Function®, Second Edition

ADULT VERSION

Interpretive Report

Self-Report Form

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PARiConnect

Client name:	Sample Client
Client ID:	12345
Sex:	Male
Gender identity:	Boy/Man
Age:	51
Date of birth:	05/17/1973
Education (years):	Not Specified
Education level:	Not Specified
Test date:	10/17/2024
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 completed the Self-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. Responses are reasonably consistent. Sample's ratings of himself 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* = 67, %ile = 96)**. The Cognitive Regulation Index (CRI) score was **within normal limits (CRI *T* = 63, %ile = 89)**, but the Behavior Regulation Index (BRI) score was **mildly elevated (BRI *T* = 69, %ile = 98)** and the Emotion Regulation Index (ERI) score was **mildly elevated (ERI *T* = 66, %ile = 91).**

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 his ability to resist impulses, be aware of his functioning in social settings, react to events appropriately, plan and organize his approach to problem solving appropriately, and keep materials and belongings reasonably well-organized. Sample's ability to adjust well to changes, get going on tasks and activities and independently generate ideas, sustain working memory, and be appropriately cautious in his approach to tasks and check for mistakes is not described as problematic.

Sample's scores on the Emotional Control and Inhibit scales are elevated. In the absence of other substantial BRIEF2A scale elevations, clinical information, or test data, this pattern suggests the presence of a primary behavioral or emotional disorder rather than executive dysfunction. Other sources of data regarding Sample's social–emotional functioning should be examined.

BRIEF2A Self-Report Form Score Summary

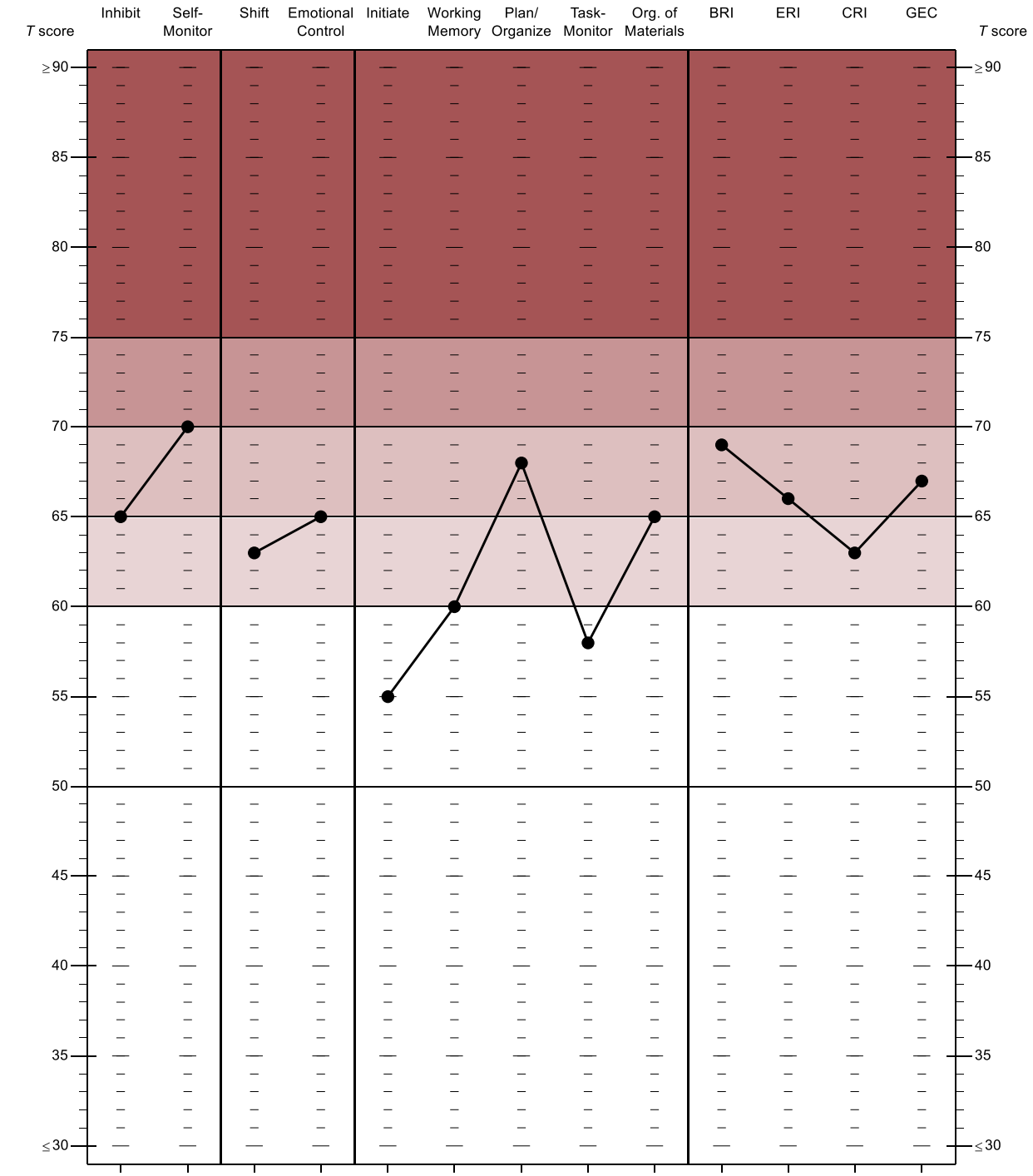
Scale/Index/Composite	Raw score	*T* score	Percentile	90% CI
Inhibit	14	65	98	55–75
Self-Monitor	12	70	99	62–78
Behavior Regulation Index (BRI)	26	69	98	62–76
Shift	11	63	92	56–70
Emotional Control	15	65	92	60–70
Emotion Regulation Index (ERI)	26	66	91	61–71
Initiate	12	55	74	48–62
Working Memory	13	60	86	53–67
Plan/Organize	16	68	97	62–74
Task-Monitor	10	58	86	50–66
Organization of Materials	16	65	94	59–71
Cognitive Regulation Index (CRI)	67	63	89	59–67
Global Executive Composite (GEC)	119	67	96	64–70

Scale *T* score elevation	Number of clinical scales elevated	Base rate in normative sample	Base rate in mixed clinical sample
≥65	5	6	47
≥70	1	18	68
≥75	0	>99	>99

Validity scale	Raw score	Percentile	Protocol classification
Inconsistency	6	≤98	Acceptable
Negativity	1	≤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



	Inhibit	Self-Monitor	Shift	Emotional Control	Initiate	Working Memory	Plan/ Organize	Task-Monitor	Org. of Materials	BRI	ERI	CRI	GEC
T score	65	70	63	65	55	60	68	58	65	69	66	63	67
Raw score	14	12	11	15	12	13	16	10	16	26	26	67	119

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

Validity

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

Before examining the BRIEF2A Self-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

Sample completed 70 of a possible 70 BRIEF2A items. For reference purposes, the summary table for each scale provides Sample'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 "I overreact to small problems" and Often to the item "I get 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 **6 is within the acceptable range**, suggesting that Sample was reasonably consistent in rating BRIEF2A items.

Item #	Inconsistency item	Response	Difference
1	I make careless errors when completing tasks	Never	1
38	I make careless mistakes	Sometimes	
23	***Remaining item content redacted for sample report***	Never	1
46		Sometimes	
26		Never	1
39		Sometimes	
31		Sometimes	1
67		Often	
32		Sometimes	0
58		Sometimes	
41		Sometimes	0
56		Sometimes	
43		Sometimes	0

Item #	Inconsistency item	Response	Difference
52	***Remaining item content redacted for sample report***	Sometimes	
48		Sometimes	1
70		Often	
55		Sometimes	1
69		Often	
59		Often	0
65		Often	

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 4 or above in the clinical sample.

As with the Inconsistency scale, *T* scores are not generated for this scale. The Negativity score of **1 is within the acceptable range** for Sample's age, suggesting that Sample's view of himself is not overly negative.

Item #	Negativity item	Response
18	I have emotional outbursts for little reason	Never
21	***Remaining item content redacted for sample report***	Never
27		Never
34		Sometimes
35		Sometimes
37		Sometimes
38		Sometimes
40		Sometimes
53		Sometimes
59		Often

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 "I forget my name" or "I have trouble counting to three" is highly unusual, even in cases of severe impairment. Marking Never to the items "I get tired" or "I make mistakes" is also unusual, except in some individuals 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	I forget my name	Never
25	***Remaining item content redacted for sample report***	Never
36		Sometimes
45		Sometimes

Clinical Scales

The BRIEF2A clinical scales measure the extent to which Sample 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* = 65, %ile = 98)**. He typically has difficulty resisting impulses and considering consequences before acting. He is often perceived as being less in control of himself than his 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 his 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	I tap my fingers or bounce my legs	Never
15	***Remaining item content redacted for sample report***	Never
27		Never
34		Sometimes
40		Sometimes
51		Sometimes
54		Sometimes
68		Often

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 **moderately elevated (*T* = 70, %ile = 99)**, suggesting substantial difficulty monitoring his behavior in social settings. He tends to show limited awareness of his behavior and the impact it has on his social interactions with others.

Item #	Self-Monitor item	Response
12	I don't notice when I cause others to feel bad or get mad until it is too late	Never
21	***Remaining item content redacted for sample report***	Never
35		Sometimes
47		Sometimes
59		Often
65		Often

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* = 63, %ile = 92)**. He may have subtle difficulties flexibly adjusting to changes such as those in environment, plans, place, or demands.

Item #	Shift item	Response
7	I have trouble changing from one activity or task to another	Never
20	***Remaining item content redacted for sample report***	Never
30		Sometimes
41		Sometimes
56		Sometimes
62		Often

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 **mildly elevated (*T* = 65, %ile = 92)**. He has problems with regulation or modulation of emotions. Sample likely overreacts to events and demonstrates sudden outbursts, sudden and/or frequent mood changes, and excessive periods of emotional upset.

Poor emotional control is often expressed as emotional lability, sudden outbursts, or emotional explosiveness. Individuals with difficulties in this domain often have overblown emotional reactions to seemingly minor events.

Item #	Emotional Control item	Response
11	I overreact emotionally	Never
18	***Remaining item content redacted for sample report***	Never
26		Never
31		Sometimes
39		Sometimes
53		Sometimes
64		Often
67		Often

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 **within normal limits (*T* = 55, %ile = 74)**. He is generally able to get going on tasks, activities, and problem-solving approaches appropriately.

Item #	Initiate item	Response
5	I need to be reminded to begin a task even when I am willing	Never
13	***Remaining item content redacted for sample report***	Never
19		Never
23		Never
42		Sometimes
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 **within normal limits (*T* = 60, %ile = 86)**. He may have subtle difficulty holding an appropriate amount of information in mind or in active memory for further processing, encoding, and/or mental manipulation.

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

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* = 68, %ile = 97)**. He has difficulty with planning and organizing information, which has a negative impact on his 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. He 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 his 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. He may have good ideas that he has difficulty expressing on written assignments. He may often feel overwhelmed by large amounts of information and may have difficulty retrieving material spontaneously or in response to open-ended questions. He may, however, exhibit better performance with recognition (e.g., multiple-choice) questions.

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

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* = 58, %ile = 86)**, suggesting an appropriate overall level of task monitoring. He tends to be appropriately cautious in his approach to tasks or assignments and usually checks for mistakes. He is usually able to keep track of projects and his progress in completing tasks.

Item #	Task-Monitor item	Response
1	I make careless errors when completing tasks	Never
17	***Remaining item content redacted for sample report***	Never
22		Never
38		Sometimes
48		Sometimes
70		Often

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 **mildly elevated (*T* = 65, %ile = 94)**. He has difficulty keeping materials and belongings reasonably well-organized, having materials readily available for projects or assignments, and finding belongings when needed. Individuals who have significant difficulties in this area often do not function efficiently in school, at work, or at home because they do not have ready access to what they need and must spend time getting organized rather than

producing work. Pragmatically, teaching Sample to organize his belongings can be a useful, concrete tool for enhancing task organization.

Item #	Organization of Materials item	Response
2	I am disorganized	Never
6	***Remaining item content redacted for sample report***	Never
28		Sometimes
29		Sometimes
37		Sometimes
55		Sometimes
60		Often
69		Often

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* = 69, %ile = 98)** and the ERI score is **mildly elevated (*T* = 66, %ile = 91)**, but the CRI score is **within normal limits (*T* = 63, %ile = 89)**. This suggests appropriate cognitive regulation but fundamental difficulties with self-regulation, including inhibitory control, self-monitoring, emotion regulation, and adjusting to changes flexibly. Despite these difficulties, Sample was described as appropriately able to hold information in working memory and to initiate, plan, organize, and monitor problem solving. This is a somewhat unusual pattern because individuals with difficulty regulating behavior and emotions typically demonstrate difficulty regulating cognitive function.

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 67 (%ile = 96)** on the GEC is **mildly elevated**, suggesting he 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