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Behavior Rating Inventory of Executive Function (BRIEF) - Second Edition (BRIEF-2)

Availability	Please visit this website for more information about the instrument: Behavioral Rating Inventory of Executive Function – Second Edition (BRIEF-2).
Classification	**Supplemental – Highly Recommended:** Cerebral Palsy (CP) and Mitochondrial Disease (Mito) **Supplemental:** Epilepsy, Headache, Neuromuscular Disease (NMD), Sport-Related Concussion (SRC), and Traumatic Brain Injury (TBI)
Short Description of Instrument	The BRIEF-2 is the first revision of the BRIEF, a measure of executive behaviors completed by a parent, teacher, or self. It yields eight theoretically and empirically derived subscales, each of which reflects a specific aspect of executive functioning (Inhibit, Shift, Emotional Control, Initiate, Working Memory, Plan/Organize, Organization of Materials and Monitor). The subscale scores yield three broad composites (Behavioral Regulation Index, Emotion Regulation Index, and Cognitive Regulation Index) and an overall score, the Global Executive Composite (GEC). In addition, the BRIEF-2 includes three scales designed to assess the validity of responses (Inconsistency, Negativity, and Infrequency). **Age range**: Parent/Teacher forms age 5–18; Self-report age 11–18. **Administration**: Paper-and-pencil **Administration Time**: Approximately 10 minutes **Accessibility**: Self-report MACS I-III or CFCS I-III. Administered as paper-pencil questionnaire, but potentially an individual could indicate choice in interview, if necessary. **Scoring**: Computerized or manual **Norms**: Normative sample included 1400 parents of children age 5–18, 1,400 teachers, and 803 Self-report respondents. Standardization samples were well-matched to the U.S. population for age, gender, parent education level, race/ethnicity, and geographic region.
Comments/Special Instructions	Revisions included in the BRIEF-2 include: • Information and research about new 12-item Parent, Teacher, and Self-Report screening forms and the core forms are included in one manual. • Increased sensitivity to executive function: Items that distracted from sensitivity in key clinical groups (i.e., ADHD and autism spectrum disorder) have been eliminated. • Updated with new normative data from all 50 states. • Concise scales, which reduce the burden on the parent, teacher, or adolescent respondent. • Parent, Teacher and Self-Report forms with increased parallel structure • Behavioral, Emotional, and Cognitive indexes. • A new infrequency scale to help identify unusual responding.
Rationale/Justification	TBI: “The three overall indexes (General Executive Composite, Metacognition Index, Behavioral Regulation Index) have been shown to be sensitive to TBI severity and outcome. The BRIEF was selected as a Supplemental measure to provide an evaluation of everyday executive function and because of its standardization on a large number of typically-

	developing children, thus providing age-based standard scores." – McCauley et al., 2012 Cerebral Palsy: The original version of the BRIEF was utilized in a number of studies of children with CP, including: evidence of population-specific test-retest reliability, evidence that samples with CP had more executive behavior difficulties identified by the BRIEF, evidence that CP-related decrements in BRIEF scores were mediated by cognitive executive functions, and associations between BRIEF scores and levels of adaptive behavior. To date, no studies of samples with CP have been published that utilize the BRIEF-2. Sport-Related Concussion: Advantage: The BRIEF was developed as a measure of executive function and provides behavioral benchmarks for executive behaviors on three scales. It is a widely used scale in TBI. It was used in a study of children with concussion and demonstrated differences between children with concussion and children with other neurologic injury (Rieger et al., 2013). In addition, it contributes additional information to other self-report measures such as the CBCL. It includes parent or teacher reports for proxy report. Yields scaled scores, includes validity scales, and composite scores. Limitations: Clinical normative sample is mixed and the brain injury sample includes all severity of TBI. In many studies of brain injury in which the BRIEF is used, the samples are of mixed injury severity.
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