

BRIEF-P

Behavior Rating
Inventory of
Executive Function®-
Preschool Version

Enhanced Interpretation of the Behavior Rating Inventory of Executive Function-Preschool Version (BRIEF-P)

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Executive Summary

There are several steps to describing the strengths and weaknesses of a child's everyday executive functioning via Behavior Rating Inventory of Executive Function–Preschool Version (BRIEF-P) ratings: assessing validity of ratings, making normative comparisons, examining base rates of scale/index scores in normative and clinical groups, interpreting profiles of scale elevations within a protocol, and interpreting ratings between raters (e.g., parents and teachers). These interpretive steps are supported by the use of normative information provided in the BRIEF-P Professional Manual as well as the additional base rates, T-score profiles, and interrater statistics provided in [Appendix A](#), [B](#), and [C](#) of this white paper. While assessing validity and interpreting T scores are common practice, the additional steps offered here provide for enhanced, and more nuanced, interpretation of BRIEF-P ratings. In addition to incorporating evidence from other sources, following these steps offers a more comprehensive evaluation of the child's self-regulatory functioning across school and home environments. Enhanced BRIEF-P interpretation is demonstrated via an illustrative case example.

Introduction

The [Behavior Rating Inventory of Executive Function–Preschool Version](#) (BRIEF-P; Gioia, Espy, & Isquith, 2003) is a rating scale for parents and teachers of preschool-aged children that assesses everyday behaviors associated with executive functions in the home and preschool environments. It is designed for preschool children ages 2 years, 0 months to 5 years, 11 months, including those with emergent learning disabilities and attentional disorders; language disorders; traumatic brain injuries; autism spectrum disorders; and other developmental, neurological, psychiatric, and medical conditions.

The BRIEF-P is part of the BRIEF family of products, which includes the [BRIEF Second Edition](#) (BRIEF2; Gioia, Isquith, Guy, & Kenworthy, 2015) and the [BRIEF–Adult Version](#) (BRIEF-A; Roth, Isquith, & Gioia, 2005). The BRIEF2 Parent and Teacher forms were developed for parents and teachers of children ages 5 to 18 years, and the BRIEF2 Self-Report Form is for adolescents ages 11 to 18 years. The BRIEF-A Self-Report Form and Informant Form are used with adults ages 18 years and older. Since the first BRIEF product was published in 2000, the family of instruments has been translated or adapted for use in more than 60 languages on six continents. Additionally, more than 1,300 studies published in peer-reviewed journals have included the BRIEF family of instruments, adding to a large international body of evidence for reliable and valid interpretation with typically developing individuals and individuals with a broad spectrum of clinical conditions across the life span. Since it was published in 2003, the BRIEF-P has been included in more than 250 studies published internationally in peer-reviewed journals, attesting to its validity for assessing the development of executive functions in very young children.

The purpose of this white paper is to:

- a. Provide BRIEF-P users with new statistics to enhance BRIEF-P interpretation, including interrater agreement metrics and base rate tables for various clinical groups and the standardization samples.
- b. Demonstrate enhanced BRIEF-P interpretation via an illustrative case example.

An introduction to the BRIEF-P and executive function will first be presented, followed by the steps for enhanced BRIEF-P interpretation and the case example. BRIEF-P statistics are provided in [Appendix A](#), [B](#), and [C](#) at the end of this white paper for use in your own interpretation of BRIEF-P scores.

For professionals working with older children and adolescents, an in-depth guide to enhanced interpretation for the school-age BRIEF2 Parent, Teacher, and Self-Report Forms is available in the [BRIEF2 Interpretive Guide](#) (Isquith, Gioia, Guy, & Kenworthy, 2017), which can be purchased on [parinc.com](#).

Quick Links

[Appendix A: BRIEF-P Base Rates of Clinically Elevated T Scores](#)

[Appendix B: BRIEF-P Mean T Scores](#)

[Appendix C: Interrater Statistics](#)

Since it was published in 2003, the BRIEF-P has been included in more than 250 studies published internationally in peer-reviewed journals.

What is Executive Function?

The executive functions are a collection of processes that are responsible for guiding, directing, and managing cognitive, emotional, and behavioral functions, particularly during novel problem solving. The term *executive function* represents an umbrella construct that includes a collection of interrelated functions responsible for purposeful, goal-directed, problem-solving behavior.

Specific subdomains that make up this collection of regulatory or management functions include the ability to initiate behavior, inhibit competing actions or stimuli, select relevant task goals, plan and organize a means to solve complex problems, shift problem-solving strategies flexibly when necessary, and monitor and evaluate behavior. The working memory capacity, whereby information is actively held “online” in the service of complex, multistep problem solving, is also described as a key aspect of executive function (Pennington, Bennetto, McAleer, & Roberts, 1996). Finally, the executive functions are not exclusive to cognitive control but also include regulatory control of emotional response and behavioral action. Because executive function develops over time in typically developing children relative to the structural and functional development of the brain, it is important to quantify what is atypical executive functioning given a child’s age and also recognize that executive dysfunction can be an indication of other diagnoses.

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The BRIEF-P

The BRIEF-P contains 63 items within five clinical scales that measure different aspects of executive functioning: Inhibit, Shift, Emotional Control, Working Memory, and Plan/Organize. Table 1 describes the clinical scales and two validity scales (Inconsistency and Negativity). The clinical scales form the three broader indexes of Inhibitory Self-Control (ISCI), Flexibility (FI), and Emergent Metacognition (EMI) and an overall composite score, the Global Executive Composite (GEC).

Enhanced Interpretation of the BRIEF-P

Strategies for interpreting the BRIEF-P scales are provided in the BRIEF-P Professional Manual. The following section describes an enhanced interpretation approach as outlined in Table 2. Table 2 provides the key steps for interpreting the BRIEF-P and includes associated references and examples of statements that might be included in a report for each step. These steps are illustrated via a case example introduced in the BRIEF-P Professional Manual and expanded on in the following sections. Tables to aid in interpretation are found in the BRIEF-P Professional Manual as well in [Appendix A](#), [B](#), and [C](#) of this white paper.

Case Example: Adam

Background Information

Adam is a 3-year, 8-month-old boy who presents with marked impulsivity, hyperactivity, and distractibility. His medical and developmental histories are benign, but he has a strong family history of attentional and behavioral disorders, and his parents divorced when he was 1 year of age. Adam’s impulsivity has resulted in

Table 1
Description of the BRIEF-P Scales

Scale/index	N of items	Description
Clinical scale/index		
Inhibit	16	Controls impulses and behavior; appropriately stops and modulates own behavior at the proper time or in the proper context
Shift	10	Moves freely from one situation, activity, or aspect of a problem to another as the situation demands; makes transitions; solves problems flexibly
Emotional Control	10	Modulates emotional responses appropriately to situational demand or context
Working Memory	17	Holds information in mind for the purpose of completing a task or making the appropriate response; stays with, or sticks to, an activity
Plan/Organize	10	Anticipates future events or consequences; uses goals or instructions to guide behavior in context; develops or implements appropriate steps ahead of time to carry out an associated task or action
Inhibitory Self-Control Index (ISCI)	26	Composed of the Inhibit and Emotional Control scales
Flexibility Index (FI)	20	Composed of the Shift and Emotional Control scales
Emergent Metacognition Index (EMI)	27	Composed of the Working Memory and Plan/Organize scales
Global Executive Composite (GEC)	63	Composed of all clinical scales (Inhibit, Shift, Emotional Control, Working Memory, and Plan/Organize)
Validity scales		
Inconsistency	10 pairs	Indicates the extent to which the respondent answers similar BRIEF-P items in an inconsistent manner
Negativity	10	Measures the extent to which the respondent answers selected BRIEF-P items in an unusually negative manner

Table 2
BRIEF-P Interpretation

Step	Reference	Procedure	Example statements
1. Examine validity	Tables 2-3 ^a and BRIEF-P Scoring Summary/Profile Form	Review Inconsistency and Negativity scales and other indications of compromised validity.	Ratings on the BRIEF-P were valid.
2a. Interpret scores relative to normative expectations	Appendixes A ^a and B ^a , BRIEF-P Score or Interpretive Report	Review and report BRIEF-P <i>T</i> scores and percentiles for scales, indexes, and GEC.	Parent ratings noted difficulties on the Inhibit, Working Memory, and Plan/Organize scales but functioning was typical on the Shift and Emotional Control scales.
2b. Examine base rates	Appendix A	Compare <i>T</i> scores to base-rate tables of typically developing children and children with various acquired and developmental disorders.	Elevations of this magnitude on the Inhibit and Working Memory scales occur in less than 10% of typically developing children his age.
3. Interpret within-test score profile	Appendix B	Review and report BRIEF-P <i>T</i> -score peaks and valleys; examine profile relative to diagnostic groups.	The profile pattern is like that seen in students diagnosed with ADHD.
4. Interpret ratings between informants	Appendix C	Examine discrepancies between raters; consider interrater reliabilities, base rates and significance levels of differences, and possible explanations.	Teacher and parent ratings revealed a similar pattern of concerns with inhibitory control, working memory, and planning and organization but also suggested problems with emotional control in the classroom setting. Teacher and parent ratings were in good agreement in general.

Note. GEC = Global Executive Composite.

^aAppears in Gioia, Espy, & Isquith (2003).

several accidents that required doctors' office visits for stitches, but none with alteration of consciousness. He is quick to hit, kick, or throw things when his needs are not met. Because of his behavior, he has been asked to leave two day care programs, and his mother now stays at home to care for him.

Adam's pediatrician referred him for an evaluation of his current difficulties and development of intervention recommendations. During his evaluation, he demonstrated a broad range of affect that was mercurial, ranging from excitement at finding a new object in the office to anger when not allowed to leave the room on demand. As part of the evaluation, both parent (Adam's mother) and teacher (Adam's former day care teacher) BRIEF-P ratings were obtained; their scores are presented in Figure 1.

Steps for BRIEF-P Interpretation

Step 1: Examine Validity

Before interpreting BRIEF-P parent or teacher scores, the clinician should carefully consider the validity of the data provided. The inherent nature of rating scales (i.e., reliance on a third party for ratings of a child's behavior) potentially introduces bias to the scores. The BRIEF-P includes two scales (Inconsistency and Negativity) that provide information about validity.

Adam's parent and teacher Inconsistency scores were in the Acceptable range, but the parent Negativity score was Elevated. This score raised the possibility of overly negative views by his mother, who completed the scale, but it must also be viewed in the context of Adam's fairly extreme behaviors. Adam's mother rated him as often having difficulties on many items, with the exception of items on the Shift scale. Because of the consistency among the ratings, his history of expulsion from day care programs, and his marked impulsivity and activity level during the evaluation, the ratings likely reflect extreme behaviors rather than an overly negative rater perspective. Indeed, Adam's behaviors were extreme, and the Negativity scale was designed to capture behaviors that are rarely endorsed except in cases of extreme behaviors or negative bias.

It is important to note that how, or whether, we report information about validity of ratings should be approached with care. If validity scales are not elevated, the simple statement *parent and teacher ratings on the BRIEF-P were valid* will suffice. Noting that a score was not valid may not be necessary or helpful. For example, writing *parent ratings were overly negative or teacher ratings were inconsistent* can have negative consequences for the relationship between parent, teacher, and clinician. Thus, it is often preferable for clinicians to review the validity scales on the BRIEF-P and to follow up via interview when the scales are elevated or questionable rather than to state specifics in the report. Information about validity is meant to assist the clinician in interpreting scores, not necessarily to provide feedback to the family or educational team.

Step 2a: Interpret Scores Relative to Normative Expectations

Adam's mother's ratings on the BRIEF-P Inhibit and Emotional Control scales were clinically elevated. Likewise, the ISCI score, which is composed of these two scales (see Figure 1), was also clinically elevated. Adam's teacher rated Adam as clinically elevated on the Inhibit scale and elevated but within normal limits on the Emotional Control scale. Scores for both Adam's mother and his teacher on the Working Memory and Plan/Organize scales were also clinically elevated, as was the EMI score. Of interest, the score on the Shift scale was not elevated for either rater, suggesting that Adam does not exhibit behavioral rigidity or cognitive inflexibility. Indeed, one of Adam's difficulties is that he has no routines and does not adhere to the same patterns of daily functioning—behaviors that are opposite of those captured on the Shift scale. Because the Emotional Control scale score was elevated and the Shift scale score was not, the associated FI score was only moderately elevated for both the parent and teacher ratings. In sum, Adam's parent and teacher BRIEF-P scores suggest marked inhibitory control deficits. Because Adam does not have adequate ability to inhibit, his behaviors are impulsive and his emotions are volatile. Further, he is unable to sustain working memory, reflected in his inability to remain attentive or focused for reasonable lengths of time. In Adam's report, we might write: *Parent and teacher ratings of Adam's everyday executive functioning indicated marked problems inhibiting impulses, sustaining working memory and attention, and planning and organizing problem solving. Parent ratings also indicated marked problems regulating emotions.*

Step 2b: Examine Base Rates

BRIEF-P *T* scores and percentiles provide information about the level of concern relative to typically developing peers. The base rate of a given score brings an important context to the score by highlighting how often similar scores occur in typically developing children versus children with clinical conditions. Base rates of clinically elevated *T* scores (≥ 65) for the BRIEF-P parent and teacher standardization samples as well as clinical groups (ADHD, ASD, TBI, SLI, DS, and preterm birth) are presented in [Appendix A](#). Given Adam's presentation, BRIEF-P *T* scores from Adam's mother can be compared to those in the BRIEF-P parent standardization sample and to children with ADHD and ASD (see Figure 1). In Adam's report, we could write: *Elevations of this magnitude ($T \geq 65$) on the Inhibit, Working Memory, and Plan/Organize*

BRIEF-P Parent

BRIEF-P Teacher

Scale/index/composite	T score	Qualitative label	Base rates			T score	Qualitative label
			BRIEF-P standardization	ADHD	ASD		
Inhibit	86	Clinically elevated	9	77	88	84	Clinically elevated
Shift	55	Within normal limits	88	71	31	54	Within normal limits
Emotional Control	72	Clinically elevated	8	47	75	63	Within normal limits
Working Memory	72	Clinically elevated	9	71	75	78	Clinically elevated
Plan/Organize	75	Clinically elevated	9	77	56	86	Clinically elevated
Inhibitory Self-Control Index (ISCI)	83	Clinically elevated	10	77	94	79	Clinically elevated
Flexibility Index (FI)	65	Clinically elevated	9	29	75	60	Within normal limits
Emergent Metacognition Index (EMI)	75	Clinically elevated	9	71	69	82	Clinically elevated
Global Executive Composite (GEC)	79	Clinically elevated	9	71	81	80	Clinically elevated

Figure 1. Results from the BRIEF-P Parent and Teacher Form ratings for Adam. ADHD = attention-deficit hyperactivity disorder; ASD = autism spectrum disorder.

scales are seen in less than 10% of typically developing children but are commonly seen in children diagnosed with attention disorders. The elevation on the Emotional Control scale is also seen in less than 10% of typically developing children but only in approximately 50% of children with ADHD.

Step 3: Interpret Within-Test Score Profile

Scores on the BRIEF-P scales provide information about the level of concern compared with children in the standardization sample. It is often useful to interpret scores relative to other scales *within* a profile, or to examine the peaks and valleys within a single protocol and to compare this profile to profiles in known clinical groups such as in children with ADHD or ASD. Clinical experience suggests that it is unusual to find a flat profile across BRIEF-P scales (i.e., all scales with similar *T*-score levels) for an individual referred for evaluation. Rather, most ratings of children have peaks and

valleys that reflect areas of relatively greater concern and areas of more typical function.

Figure 2 plots Adam's BRIEF-P parent *T* scores along with mean *T* scores from the BRIEF-P parent standardization sample and children diagnosed with ADHD and ASD.

Most ratings of children have peaks and valleys that reflect areas of relatively greater concern and areas of more typical function.

Appendix B presents the mean *T* scores for these and various other clinical groups. Visual inspection shows that Adam's scores are more similar to those of children with ADHD than to children with ASD or to typically developing children. Comparing Adam's scores to both clinical profiles reveals that his Inhibit

scale score is highly elevated, which is similar to children with either ADHD or ASD. However, his low Shift scale score is more like the profile of children with ADHD rather than ASD, who tend to have marked elevations on the Shift scale. In Adam's report, we might write: *The profile pattern is like that seen in children diagnosed with ADHD.*

Step 4: Interpret Ratings Between Informants

Gathering multiple perspectives in the assessment of a child's functioning provides a more comprehensive set of data with which to understand his or her needs, with similarities and differences between raters often providing clinically useful information. In the most clear-cut cases, each informant will have a generally similar perspective with overall agreement across scales and indexes. A more challenging case occurs when there is disagreement. There may be several reasons for differences between ratings, and these reasons may lead to different interventions.

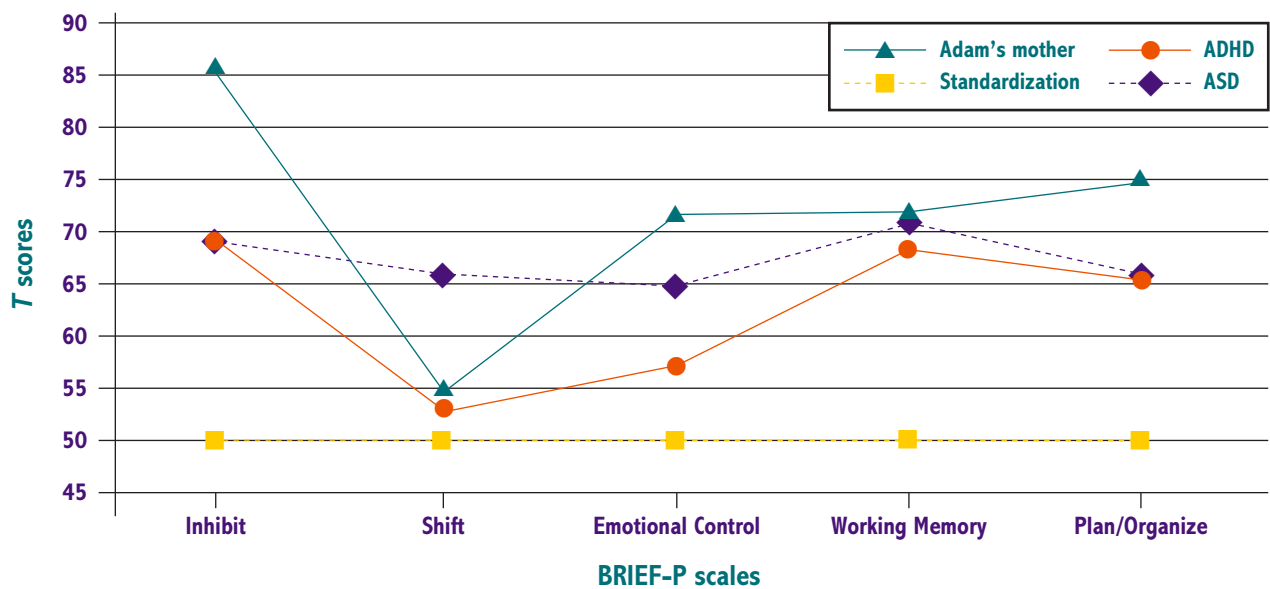


Figure 2. Adam's BRIEF-P Parent and Teacher Form scale *T* scores plotted against mean scale *T* scores for various clinical groups. ADHD = attention-deficit hyperactivity disorder; ASD = autism spectrum disorder.

For example, a child may show better flexibility or adaptability at home than in school or vice versa, and this can suggest ways to import supports that are helpful from one environment into the other. In order to facilitate interpretation across raters, it can be helpful to examine differences between raters' *T* scores and the base rates of the differences and to consider interrater reliabilities (see [Appendix C](#)).

To facilitate clinical interpretation of differences between parent and teacher ratings, reliable change index (RCI) scores are provided (see Table C.1). The *T*-score values required to indicate a significant difference between parent and teacher BRIEF-P scores are listed for each scale and index at the 80% ($p < .20$), 90% ($p < .10$), 95% ($p < .05$), and 99% ($p < .01$) confidence levels. In the clinical setting, a *T*-score difference that exceeds the 80% confidence level is usually considered meaningful. To interpret the significance of the difference between two scores of the same scale or index, calculate the absolute difference between the two scores and compare with the values in Table C.1. Figure 3 shows Adam's parent and teacher *T*-score differences for each scale and index and the significance levels. For example, Adam's mother's ratings on the Inhibit scale resulted in a *T* score of 86, and his teacher ratings on the same scale resulted in a *T* score of 84 for an absolute difference of 2. Table C.1 shows that this difference is not significant.

In addition to considering the significance of *T*-score differences between raters, the percentages of *T*-score differences derived from the interrater sample should be reviewed to determine how common the absolute

difference between specific scores is. The lower the percentage, the more uncommon the difference. Uncommon discrepancies between raters should be investigated to determine why they exist. As seen in Table C.2, approximately 60% of rater pairs are within 10 *T*-score points of each other, with an additional 15% within 10 to 20 *T*-score points, resulting in the majority of rater pairs being within 20 *T*-score points of each other. Thus, it is unusual to have ratings that are 20 or more *T*-score points apart. As a general rule, differences between raters of more than 10 *T*-score points might suggest very different perspectives that warrants further exploration. As shown in Figure 3, the largest difference between Adam's mother's and his teacher's ratings was found on the Plan/Organize scale. This difference was also relatively uncommon, occurring in only 14.3% of the sample, indicating that Adam's mother and his teacher disagreed about the severity of his problems more than is typical, though the difference was not statistically significant. In Adam's report, we might simply write: *Parent and teacher ratings were in good agreement.*

Putting It All Together

While these interpretive steps may seem cumbersome at first, they can result in a more thorough and nuanced interpretation of BRIEF-P profiles. In this case, following the steps in Table 2 would result in an interpretive paragraph similar to the following:

Parent and teacher ratings of Adam's everyday executive functioning were in good agreement and indicated marked problems inhibiting impulses, sustaining working memory and attention, and planning and organizing problem solving. Parent ratings also indicated marked problems regulating

Scale/index/composite	BRIEF-P Parent T score	BRIEF-P Teacher T score	Absolute difference	Significance level	% of sample
Inhibit	86	84	2	ns	60.0
Shift	55	54	1	ns	64.3
Emotional Control	72	63	9	ns	58.9
Working Memory	72	78	6	ns	61.3
Plan/Organize	75	86	11	ns	14.3
Inhibitory Self-Control Index (ISCI)	83	79	4	ns	61.1
Flexibility Index (FI)	65	60	5	ns	62.9
Emergent Metacognition Index (EMI)	75	82	7	ns	64.0
Global Executive Composite (GEC)	79	80	1	ns	58.4

Figure 3. BRIEF-P Parent and Teacher score discrepancies for Adam. *ns* = not significant.

emotions. Elevations of this magnitude ($T \geq 65$) on the BRIEF-P Inhibit, Working Memory, and Plan/Organize scales are seen in less than 10% of typically developing children but are commonly seen in children diagnosed with attention disorders. The elevation on the Emotional Control scale is also seen in less than 10% of typically developing children but in approximately 50% of children with ADHD. Adam's profile of strengths and weaknesses in self-regulation is similar to students diagnosed with ADHD.

Recommendations for Adam

With this BRIEF-P profile, Adam is at high risk for continued behavioral, social, and emotional difficulties that will likely interfere with his success across multiple domains. Recommendations should focus on bolstering inhibitory control as the primary need. Because of the extreme nature of his difficulties and their effect on his functioning, Adam may be referred for pharmacological consultation. Because Adam is too young and too impulsive to consider consequences with any delay, he and his family should be referred to a behavioral specialist who can design a program focused on controlling antecedents to his impulsive behaviors. At the same time, consequences—as long as they are meaningful, consistent, and immediate—could be helpful in supporting better inhibitory control and better social interactions. Minimal focus was given to working memory and metacognitive aspects of executive function because inhibitory control needs to improve first.

Following these steps offers a more comprehensive evaluation of the child's self-regulatory functioning across school and home environments.

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Appendix A:

BRIEF-P Base Rates of Clinically Elevated *T* Scores

Table A.1
BRIEF-P Base Rates of Clinically Elevated *T* Scores (≥ 65) for the Parent and Teacher Standardization Samples and Various Clinical Samples

Sample	BRIEF-P standardization ^a	BRIEF-P standardization ^a	ADHD ^a	ASD ^a	ASD ^b	DS ^c	DS ^d	DS ^d	DS ^e
Rater (parent or teacher)	Parent	Teacher	Parent	Parent	Parent	Parent	Teacher	Teacher	Parent
<i>n</i>	406	302	17	16	39	26	19	25	22
Scale/index/composite									
Inhibit	9	9	77	88	49	31	36	32	32
Shift	12	13	29	69	36	23	10	20	19
Emotional Control	8	11	47	75	33	7	24	15	15
Working Memory	9	11	71	75	54	62	75	62	60
Plan/Organize	9	10	77	56	39	43	44	40	32
Inhibitory Self-Control Index (ISCI)	10	8	77	94	49	19	—	—	29
Flexibility Index (FI)	9	10	29	75	36	19	—	—	19
Emergent Metacognition Index (EMI)	9	10	71	69	44	57	—	—	73
Global Executive Composite (GEC)	9	11	71	81	51	42	—	—	53

Sample	Language disorders ^a	SLI ^f	SLI ^f	Preterm ^a	Preterm ^g	Mild/moderate TBI ^h	Severe TBI ^h
Rater (parent or teacher)	Parent	Parent	Teacher	Parent	Parent	Parent	Parent
<i>n</i>	21	19	19	34	66	63	23
Scale/index/composite							
Inhibit	32	—	—	12	—	—	—
Shift	29	—	—	21	—	—	—
Emotional Control	29	—	—	9	—	—	—
Working Memory	39	—	—	35	—	—	—
Plan/Organize	29	—	—	18	—	—	—
Inhibitory Self-Control Index (ISCI)	29	—	—	15	—	—	—
Flexibility Index (FI)	29	—	—	9	—	—	—
Emergent Metacognition Index (EMI)	32	—	—	29	—	—	—
Global Executive Composite (GEC)	36	16	32	18	24	27	42

^aAppears in Gioia, Espy, & Isquith (2003). ^bAppears in Smithson et al. (2013). ^cAppears in Lee et al. (2011). ^dAppears in Daunhauer et al. (2014). ^eAppears in Loveall, Conners, Tungate, Hahn, & Osso (2017). ^fAppears in Wittke, Spaulding, & Schechtman (2013). ^gAppears in Loe, Feldman, & Huffman (2014). ^hAppears in Karver et al. (2012). ADHD = attention-deficit hyperactivity disorder; ASD = autism spectrum disorder; DS = Down syndrome; SLI = speech/language impairment; Preterm = preterm birth; TBI = traumatic brain injury.

Appendix B:

BRIEF-P Mean *T* Scores for the BRIEF-P Standardization Samples and Various Clinical Groups

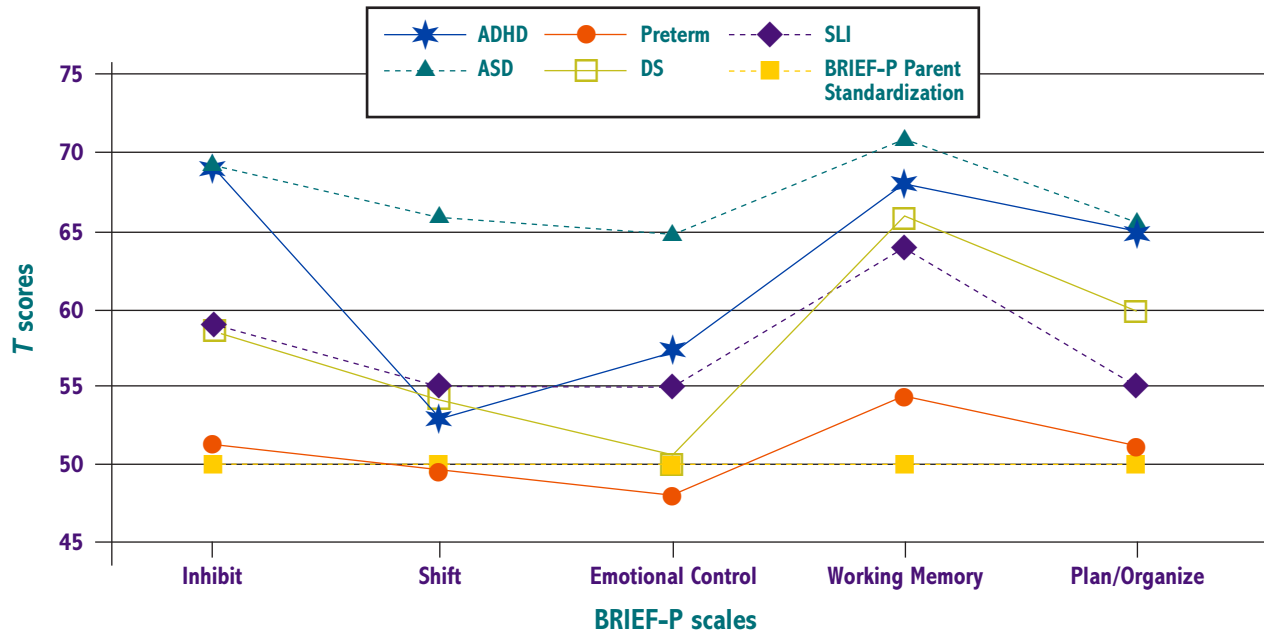


Figure B.1. Mean scale *T* scores for the BRIEF-P Parent standardization sample and various clinical groups. ADHD = attention-deficit hyperactivity disorder; ASD = autism spectrum disorder; Preterm = preterm birth; DS = Down syndrome; SLI = speech/language impairment.

Table B.1
Mean *T* Scores for the BRIEF-P Parent and Teacher Standardization Samples

Rater (parent or teacher)	Parent ^a	Teacher ^a
<i>n</i>	460	302
Scale/index/composite		
Inhibit	50.02	49.99
Shift	49.98	50.00
Emotional Control	50.00	50.08
Working Memory	50.05	50.06
Plan/Organize	50.00	49.99
Inhibitory Self-Control Index (ISCI)	50.01	49.86
Flexibility Index (FI)	50.03	49.99
Emergent Metacognition Index (EMI)	50.03	50.05
Global Executive Composite (GEC)	50.00	50.05

^aAppears in Gioia, Espy, & Isquith (2003).

Table B.2
BRIEF-P Mean *T* Scores for Various Attention-Deficit Hyperactivity Disorder (ADHD) Samples

Reference	BRIEF-P ^{a,b}	Skogan et al. (2015) ^c	Ezpeleta & Granero (2015) ^c	Schneider, Lam, & Mahone (2016)	Mahone & Hoffman (2007)		
Rater (parent or teacher)	Parent	Parent	Parent	Parent	Teacher	Parent	
<i>n</i>	17	104	23	33	33	25	
Scale/index/composite							<i>M T</i> score across studies
Inhibit	76.25	63.50	65.25	—	—	69.80	68.70
Shift	56.75	48.75	48.75	—	—	59.10	53.34
Emotional Control	62.50	54.25	49.25	—	—	61.60	56.90
Working Memory	73.75	61.75	61.75	—	—	76.20	68.36
Plan/Organize	74.00	59.00	56.00	—	—	71.80	65.20
Inhibitory Self-Control Index (ISCI)	73.00	60.75	59.75	—	—	69.00	65.63
Flexibility Index (FI)	60.75	51.75	48.75	—	—	61.70	55.74
Emergent Metacognition Index (EMI)	73.25	60.00	60.00	—	—	75.80	67.26
Global Executive Composite (GEC)	74.25	—	59.25	73.39	66.91	73.40	69.44

^aAppears in Gioia, Espy, & Isquith (2003). ^b*T* scores computed from reported item means. ^c*T* scores computed from reported raw scores.

Table B.3
BRIEF-P Mean *T* Scores for Various Autism Spectrum Disorder (ASD) Samples

Reference	BRIEF-P ^{a,b}	Etemad (2011) ^c	Zantinge, Rijn, Stockmann, & Swaab (2017) ^c	Smithson et al. (2013)	Warren et al. (2010)	Jahromi, Bryce, & Swanson (2013)	
Rater (parent or teacher)	Parent	Parent	Parent	Parent	Parent	Parent	
<i>n</i>	16	50	27	39	26	20	
Scale/index/composite							<i>M T</i> score across studies
Inhibit	78.25	65.25	71.00	61.97	—	—	69.12
Shift	70.00	64.75	67.50	61.10	—	—	65.84
Emotional Control	75.25	59.50	—	59.05	—	—	64.60
Working Memory	76.00	69.75	—	67.46	—	—	71.07
Plan/Organize	74.00	62.00	—	61.10	—	—	65.70
Inhibitory Self-Control Index (ISCI)	79.00	—	—	62.28	—	51.68	64.32
Flexibility Index (FI)	79.00	—	—	61.13	—	—	70.07
Emergent Metacognition Index (EMI)	77.50	—	—	66.18	—	—	71.84
Global Executive Composite (GEC)	81.75	—	—	65.31	46.50	—	64.52

^aAppears in Gioia, Espy, & Isquith (2003). ^b*T* scores computed from reported item means. ^c*T* scores computed from reported raw scores.

Table B.4
BRIEF-P Mean T Scores for Various Down Syndrome (DS) Samples

Reference	Pritchard, Kalback, McCurdy, & Capone (2015) ^a	Daunhauer et al. (2014)	Lee et al. (2011)	Loveall, Conners, Tungate, Hahn, & Osso (2017)	Wilde & Oliver (2017)	Edgin et al. (2015)
Rater (parent or teacher)	Parent	Parent	Teacher	Parent	Parent	Parent
n	24	25	19	26	22	17
Scale/index/composite						
Inhibit	—	59.76	63.90	56.60	56.00	66.00
Shift	—	54.72	55.50	56.20	51.60	55.30
Emotional Control	—	49.88	55.20	49.80	48.10	51.00
Working Memory	—	67.08	71.10	68.50	65.60	74.60
Plan/Organize	—	60.76	65.80	61.00	57.20	64.20
Inhibitory Self-Control Index (ISCI)	48.00	56.92	61.30	54.00	52.60	—
Flexibility Index (FI)	47.00	53.28	55.90	53.40	49.80	—
Emergent Metacognition Index (EMI)	59.00	67.08	66.80	66.70	63.30	—
Global Executive Composite (GEC)	—	62.32	66.20	61.00	58.30	—

Reference	Daunhauer, Gerlach-McDonald, Will, & Fidler (2017) ^b	d'Ardhuy et al. (2015) ^b			Nelson, Crawford, Reid, Moss, & Oliver (2017) ^b
Rater (parent or teacher)	Parent	Parent	Parent	Parent	Parent
n	36	34	34	27	26
Scale/index/composite					
Inhibit	62.00	—	—	—	—
Shift	54.00	—	—	—	—
Emotional Control	52.00	—	—	—	—
Working Memory	70.00	—	—	—	—
Plan/Organize	62.00	—	—	—	—
Inhibitory Self-Control Index (ISCI)	—	—	—	—	—
Flexibility Index (FI)	—	—	—	—	—
Emergent Metacognition Index (EMI)	—	—	—	—	—
Global Executive Composite (GEC)	—	57.50	55.50	50.25	49.25

	M T score across studies	
Inhibit	51.00	58.15
Shift	57.00	53.83
Emotional Control	49.00	50.10
Working Memory	58.00	66.48
Plan/Organize	53.00	60.29
Inhibitory Self-Control Index (ISCI)	—	55.00
Flexibility Index (FI)	—	51.92
Emergent Metacognition Index (EMI)	—	64.57
Global Executive Composite (GEC)	—	57.25

^aT scores computed from reported item means. ^bT scores computed from reported raw scores.

Table B.5
BRIEF-P Mean *T* Scores for Various Speech/language Impairment (SLI) Samples

Reference	Vugs, Hendriks, Cuperus, & Verhoeven (2014)		Wittke, Spaulding, & Schechtman (2013)		Wittke, & Spaulding (2018)		<i>M T</i> score across studies					
	Rater (parent or teacher)	<i>n</i>	Rater (parent or teacher)	<i>n</i>	Rater (parent or teacher)	<i>n</i>						
	Parent	58	Parent	19	Teacher	19	31	Teacher	23	Teacher	23 ^a	
Scale/index/composite												
Inhibit		58.89	—	—	—	—	—	—	—	—	—	58.89
Shift		54.81	—	—	—	—	—	—	—	—	—	54.81
Emotional Control		54.83	—	—	—	—	—	—	—	—	—	54.83
Working Memory		63.94	—	—	—	—	—	—	—	—	—	63.94
Plan/Organize		55.23	—	—	—	—	—	—	—	—	—	55.23
Inhibitory Self-Control Index (ISCI)		—	—	53.84	56.00	—	—	—	—	—	—	54.92
Flexibility Index (FI)		—	—	53.16	55.63	—	—	—	—	—	—	54.40
Emergent Metacognition Index (EMI)		—	—	58.11	62.47	—	—	—	—	—	—	60.29
Global Executive Composite (GEC)		59.92	—	55.53	59.95	47.71	60.57	44.83	—	—	—	54.75

^aArticulation disorder sample.

Table B.6
BRIEF-P Mean T Scores for Various Preterm Birth Samples

Reference	BRIEF-P ^{a,b}	O'Meagher, Kemp, Norris, Anderson, & Skilbeck (2017)	Loe & Feldman (2016)	Anderson, McNamara, Andridge, & Keim (2015)	Adams, Feldman, Huffman, & Loe (2015)	Alduncin, Huffman, Feldman, & Loe (2014)			
Rater (parent or teacher)	Parent	Parent	Teacher	Parent	Parent	Parent			
n	34	81	105	82	10	31	20	34	70
Scale/index/composite									
Inhibit	58.00	52.50	50.92	—	—	—	—	—	—
Shift	56.75	49.63	47.48	—	—	—	—	—	—
Emotional Control	54.25	50.90	46.15	—	—	—	—	—	—
Working Memory	63.75	55.48	54.09	—	—	—	—	—	—
Plan/Organize	56.00	51.62	52.92	—	—	—	—	—	—
Inhibitory Self-Control Index (ISCI)	56.00	51.88	48.86	—	—	—	—	—	—
Flexibility Index (FI)	56.25	49.99	46.92	—	—	—	—	—	—
Emergent Metacognition Index (EMI)	61.25	54.23	53.87	—	—	—	—	—	—
Global Executive Composite (GEC)	59.75	—	—	54.10	45.40	56.20	64.65	48.48	54.30

Reference	Baron et al. (2014)			Loe, Feldman, & Huffman (2014)	Roberts, Lim, Doyle, & Anderson (2011)	Baron, Erickson, Ahronovich, Baker, & Litman (2011)			
Rater (parent or teacher)	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	
n	397	196	72	66	195	60	22	38	
Scale/index/composite									M T score across studies
Inhibit	47.69	47.53	47.43	—	—	52.00	50.90	52.70	51.09
Shift	46.77	47.12	46.29	—	—	50.20	49.00	51.00	49.60
Emotional Control	46.64	46.78	45.49	—	—	47.00	43.50	49.30	47.98
Working Memory	49.69	50.11	49.40	—	—	54.60	53.70	55.20	53.99
Plan/Organize	47.76	48.00	47.65	—	—	51.60	50.70	52.20	50.69
Inhibitory Self-Control Index (ISCI)	46.89	47.04	46.19	—	—	49.80	47.10	51.70	49.58
Flexibility Index (FI)	46.27	46.53	45.33	—	—	48.30	45.60	50.10	48.55
Emergent Metacognition Index (EMI)	48.82	49.13	48.75	—	—	53.00	52.40	53.40	52.62
Global Executive Composite (GEC)	47.38	47.79	46.81	54.30	54.60	51.60	49.70	52.80	50.83

^aAppears in Gioia, Espy, & Isquith (2003). ^bT scores computed from reported item means.

Table B.7
BRIEF-P Mean *T* Scores for Various Traumatic Brain Injury (TBI) Samples

Reference	Crowe, Catroppa, Babi, & Anderson (2013)		Karver et al. (2012)				
	Parent	Parent	Parent	Parent	Parent	Parent	
Rater (parent or teacher)							
<i>n</i>	19	16	63	63	23	23	
Scale/index/composite							<i>M T</i> score across studies
Inhibit	—	—	—	—	—	—	
Shift	—	—	—	—	—	—	
Emotional Control	—	—	—	—	—	—	
Working Memory	—	—	—	—	—	—	
Plan/Organize	—	—	—	—	—	—	
Inhibitory Self-Control Index (ISCI)	51.21	53.87	—	—	—	—	52.54
Flexibility Index (FI)	50.16	49.31	—	—	—	—	49.74
Emergent Metacognition Index (EMI)	50.18	54.88	—	—	—	—	52.53
Global Executive Composite (GEC)	50.89	53.88	50.02	52.24	53.68	59.63	53.39

Table B.8
BRIEF-P Mean *T* Scores for Various Clinical Samples

Reference	Ezpeleta & Granero (2015) ^b		Skogan et al. (2015) ^b		Pritchard, Kalback, McCurdy, & Capone (2015) ^a		Nelson, Crawford, Reid, Moss, & Oliver (2017) ^b	Wilde & Oliver (2017)	Holt, Beer, Kronenberger, Pisoni, & Lalonde (2012)
	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent	Parent
Sample	ADHD/ODD	ODD	ODD	Anxiety	DS+ ASD	DS+ DBD	Cornelia de Lange syndrome	Smith–Magenis syndrome	Deaf with cochlear implant
<i>n</i>	10	51	39	48	67	98	25	13	45
Scale/index/composite									
Inhibit	28.10	22.96	56.00	50.75	—	—	56.00	77.92	55.00
Shift	13.10	13.10	48.75	53.75	—	—	64.75	66.92	53.00
Emotional Control	13.30	12.76	57.00	54.25	—	—	58.50	71.85	51.00
Working Memory	26.50	22.36	53.75	53.75	—	—	63.75	81.00	54.72
Plan/Organize	15.20	13.52	52.50	49.75	—	—	56.00	72.54	51.00
Inhibitory Self-Control Index (ISCI)	41.40	35.72	57.25	52.25	65.50	74.00	—	—	—
Flexibility Index (FI)	26.40	25.86	53.25	53.25	62.25	60.75	—	—	—
Emergent Metacognition Index (EMI)	41.70	35.88	53.25	52.25	82.50	76.00	—	—	—
Global Executive Composite (GEC)	96.30	84.70	—	—	—	—	—	—	53.81

Note. ADHD = attention-deficit hyperactivity disorder; ODD = oppositional defiant disorder; ASD = autism spectrum disorder; DS = Down syndrome; DBD = disruptive behavior syndrome.

^a*T* scores computed from reported item means. ^b*T* scores computed from reported raw scores

Appendix C: Interrater Statistics

Table C.1
BRIEF-P Parent and Teacher Interrater T Score Differences by Significance Level

Scale/index/composite	Significance level				
	<i>ns</i>	.20	.10	.05	.01
Inhibit	0-14	15-19	20-23	24-30	31+
Shift	0-14	15-18	19-22	23-29	30+
Emotional Control	0-15	16-19	20-23	24-30	31+
Working Memory	0-15	16-20	21-24	25-32	33+
Plan/Organize	0-16	17-21	22-25	26-34	35+
Inhibitory Self-Control Index (ISCI)	0-15	16-19	20-23	24-30	31+
Flexibility Index (FI)	0-14	15-19	20-23	24-30	31+
Emergent Metacognition Index (EMI)	0-16	17-20	21-24	25-32	33+
Global Executive Composite (GEC)	0-15	16-20	21-24	25-32	33+

Note. *ns* = not significant.

Table C.2
Percentages of the Interrater Sample That Obtained Various BRIEF-P T-Score Differences

T-score difference	BRIEF-P scale/index/composite								
	Inhibit	Shift	Emotional Control	Working Memory	Plan/Organize	ISCI	FI	EMI	GEC
Parent more than 20 T-score points > teacher	3.6	3.2	4.4	5.0	7.0	3.9	4.2	5.5	3.9
Parent 10-20 T-score points > teacher	16.3	13.3	13.9	13.6	12.2	15.5	13.4	10.6	14.6
Parent and teacher within ±10 T-score points	60.0	64.3	58.9	61.3	58.6	61.1	62.9	64.0	58.4
Parent 10-20 T-score points < teacher	14.7	12.7	16.9	12.2	14.3	14.0	13.6	11.9	16.0
Parent more than 20 T-score points < teacher	5.1	6.6	6.0	8.1	7.5	5.2	6.4	7.9	6.8

Note. *N* = 302. ISCI = Inhibitory Self-Control Index; FI = Flexibility Index; EMI = Emergent Metacognition Index; GEC = Global Executive Composite.

Table C.3
BRIEF-P Parent and Teacher Interrater Correlations

T-score difference	<i>r</i>	Parent		Teacher		Mean difference	<i>d</i>
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Inhibit	.25**	49.28	9.62	49.99	9.97	-0.71	0.07
Shift	.28**	49.45	9.71	50.00	9.98	-0.55	0.06
Emotional Control	.25**	49.51	9.91	50.08	9.93	-0.57	0.06
Working Memory	.14*	49.08	9.56	50.06	9.89	-0.98	0.10
Plan/Organize	.06	49.36	9.71	49.99	9.95	-0.63	0.06
Inhibitory Self-Control Index (ISCI)	.24**	49.27	9.72	49.86	9.95	-0.59	0.06
Flexibility Index (FI)	.26**	49.47	9.87	49.99	9.97	-0.52	0.05
Emergent Metacognition Index (EMI)	.11	49.13	9.48	50.05	9.95	-0.92	0.09
Global Executive Composite (GEC)	.17**	49.11	9.74	50.05	9.99	-0.94	0.10

Note. *N* = 302.

p* < .05. *p* < .01.



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