# OCTH 6260-Spring- Assessment Rating Form

## I. General Information

Title of the test: Behavioural Assessment of the Dysexecutive Syndrome

Authors: Barbara A. Wilson, Nick Aldrman, Paul W. Burgess, Hazel Emslie, Jonathan J. Evans

Publisher: Harcourt Assessment

Time required to administer: 40 minutes and 15 minutes to score

## Cost of the Test: \$419.00

Includes manual, 25 record forms, 5 stimulus books, stimulus cards, three-dimensional plastic materials, timer, 25 (Dysexecutive Questionaire) DEX questionnaires self-rater and 25 DEX questionnaire independent-rater

## II. Description of Test

**Type/Purpose of Test:** This is a battery of six tests and two questionnaires designed to assess the effects of dysexecutive syndrome, a cluster of impairments associated with frontal lobe damage. It tests impairments that are high-level tasks such as, planning, organizing, initiating, problem-solving, setting priorities, attention, monitoring and adapting behavior. It was designed to test executive function in more complex real life situations compared to other assessments and thereby further able to predict everyday problems.

**Population:** People ages 16-87 with neurological disorders affecting executive function. It was developed to be used with individuals with traumatic brain injury. It has also been used in a study for individuals with schizophrenia.

## Focus of measurement:

\_\_\_\_ Organic systems \_\_\_\_X\_Abilities \_\_\_\_ Participation/life habits \_\_\_\_ Environmental Factors

## III. Practical Administration

**Ease of Administration:** Most tests are straightforward however the action program test is a little confusing. The manual is helpful because it tells you what to exactly say to the client. Do the tests Rule Shift Cards (RS)- look at cards and say yes or no depending on the rule, Action Programme (AP)- Get a cork out of the tube (new activity), Key Search (KS)-drawing on a square field to search for keys, Temporal Judgement (TJ)- Asking questions about time, Zoo Map (ZM)- planning a route on a zoo map, and Modified six elements (6E)- write down names of pictures and do arithmetic problems

**Clarity of Directions:** There is some ambiguity with the directions for administering the tests. They could be clearer and provide more instruction. Most of the tests are straight forward to score with exception to the KS which takes some thought and practice.

# Scoring Procedures:

• A profile score ranging from 0-4 is calculated for each test

- Then an overall profile score is produced as a sum of individual test scores
- Profile scores are then converted to standard scores with a mean of 100 and a standard deviation of 15
- Comparisons can be made between the WAIS and the WMS scores
- All 6 tests should be administered however, the final score can be prorated based on test 5.
- The questionnaires are not standardized and do not contribute to the total score.

**Examiner Qualification & Training:** Examiners need to attend Thames Valley Test Company-Accredited BADS training workshop to qualify to use this assessment.

## IV. Technical Considerations

# Standardization:

\_\_\_X\_\_ Norms- 216 non-brain injured with ranges of abilities and ages

\_\_\_X\_\_ Criterion Referenced- 78 people with various neurological disorders (TBI, dementia, stroke) completed all 6 tests.

# Reliability:

**inter-rater-** 2 raters scored performance of a small sample from the control group and strong correlations found between ratings (.88-1.0)

**Test-retest-** Small sample from the control group re-tested 6-12 months after the first session. Correlations ranging from (-.08-.75) on 3 correlations were significant.

# Validity:

Face validity- Tests Involve real life problems Construct validity- Good as established tests

Manual: \_\_\_\_ Excellent \_\_\_\_X\_ Adequate \_\_\_\_ Poor

What is (are) the setting/s that you would anticipate using this assessment? Inpatient, outpatient working with individuals with TBI

# Summary of strengths and weaknesses:

# Weakness:

- Reliability for brain injured participants was not reported in the manual.
- The tests are only adequately sensitive to brain injury, rather than executive difficulties.
- The test may not be able to detect mild executive function difficulties.
- It takes quite a bit of time to administer.
- No work has been done to identify the actual abilities underlying performance on each test. **Strength:** 
  - It has great inter-rater reliability with control group.
  - Tests skills in functional tasks more than other measures. Control tests generalize into performance in natural settings.
  - Predicts everyday problems as a result of dysexecutive syndrome.
  - There have been safeguards put in place to summarize test instructions and have respondents paraphrase to the tester to confirm understanding