*This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.

I. General Information

Title of the test: Behavioural Assessment of the Dysexecutive Syndrome (BADS)

Author: Wilson, B.A., Alderman N., Burgess P.W., Emslie H. & Evans J. J.

Publisher: Harcourt Assessment (Thames Valley Test Company (TVTC))

Time required to administer: 40 min

Cost of the Test: Kit - \$865.00, Score Sheets (25) - \$77.00, Self Rater Sheets (25) - \$80.00,

Independent Rater Sheets - \$80.00,

From: http://www.nss-nrs.com/cgi-bin/WebObjects/NSS.woa/wa/Products/detail?id=1000118

(Not only is Internet site where you can purchase the BADS it also has a good description of the *6 subtests)

II. Description of Test

Type/Purpose of Test:

The BADS is designed to test everyday problems that come from Dysexecutive Syndrome (AKA frontal lob Syndrome). Specific areas include: problem solving, organizing & planning (central executive (CE) part of the Working Memory Model), contentional scheduling system (routine aspects of attention) and supervisory attention system (differing levels of demands for tasks) and assessing real- life behaviours (ecologically valid). It is also designed to find general or specific executive deficits. The DEX looks at 3 factors behavior, cognition and emotion.

Population:

It was standardized to measure populations with Dysexecutive Syndrome from a study population with etiologies including ABI, dementia, stroke, encephalitis, and anoxia. An additional but small research study showed it could also be used to test executive function in schizophrenia.

Focus of measurement	nt:		
Organic systems	X Abilities	Participation/life habits	Environmental Factors

III. Practical Administration

Description & Ease of Administration:

The BADS contains six subtests plus two DEX Questionnaires, one questionnaire for the client and the other for someone who has close preferably daily contact (caregiver, relative). The DEX Questionnaire is clear, easy to administer because it is a self-reporting survey with 20 questions, covering a range of problems common to executive functioning. The six subtests of the BADS require exact wording and set up. At least 15 min is needed for a professional to familiarize themselves with the subtests. Ideally practicing once, on a peer, is adequate preparation. The scoring sheet also helps with administration, wording and test order but the tester needs to remember the set-up for each subtest.

Clarity of Directions:

The clarity of directions varies, the 1) Rule shift card test, 2) Key search test, 3) Temporal Judgment Test, 4) Zoo Map Test and the DEX questionnaires, are clear with their readings and their corresponding material.

Whereas, the 4) *Action program Test*, and 5) *Modified Six Elements Test* are less clear and harder to administer after reading them just once. There is a need to combine reading and practicing a few times, for the directions to become clear.

Scoring Procedures:

The DEX Questionnaire and the BADS total profile score are normally looked at separately. The DEX is not considered part of the BADS because it is not calculated in the BADS total profile score.

The DEX is intended to be supplemental information. Scores for the DEX Questionnaire come from adding up total points from the 20 questions and them comparing the independent rater and the self-rating questionnaire.

The BADS profile score is obtained by adding together the *Total Profile Score* from the six individual sub-tests, The total ranges from 0-24. (Even though it is ideal to administer all six subtests, it is possible to prorate using only five.) A BADS profile score of 0-11 is impaired, 12-13 is borderline, 14-15 is low average, 16-20 is average, 21-22 is high average, and 23-24 is superior. Use the score sheet and the appendix for scoring individual tests. The scoring sheet then identifies the page and table in the Manuel to obtain the *Standard score*, the *Age Corrected Standardized score* and the *Overall classification*. Also often patients are timed in but it does not factor into a clients profile score, time should be an additional factor professionals use when assessing function.

Examiner Qualification & Training:

It is designed for Occupational Therapists, Speech-Language Pathologists, Psychologists, or any professional trained to work with clients with cognitive disorders.

IV. Technical Considerations
Standardization:X_ Norms: Criterion Referenced: Other
Reliability: The BADS and DEX questionnaire <i>inter-rater reliability</i> was high with a correlation that ranged from .88-1.00 with a significance of p=0.001, across the 6 tests and 18 items scored. Complete agreement was found on 8/18 items. Part of the use of this test is that it is novel and so <i>test-retest reliability</i> is still unclear and under study.
Validity: The BADS is standardized to 100 with SD of 15. A client could do poorly in 1 or 2 areas and well in the rest and still get an average score, be cautious when interpreting. T-tests were used and the difference between total profile scores (TPS) were p<0.0001. Also age categories did not discriminate TPS p<0.0001. The DEX also has a significant difference between the client and the peer with t=2.85 and p=0.006. The TPS correlates with behavior with a p<0.001 and cognition and emotion with a p<0.01.
Manual: Excellent _X_ Adequate Poor
What is (are) the setting/s that you would anticipate using this assessment?

I would expect to use this assessment at a facility that works or specializes with Brain injury or schizophrenia, which could

Summary of strengths and weaknesses:

include mental hospitals, conventional hospitals, or rehabilitation centers.

Strengths:	Weaknesses:
-Very comprehensive -DEX compares the clients and peers perceptions of executive difficulties -Score sheet helps administer BADS -Set up to be practical, everyday situations -Enhances and gives credit to past research and tests -Kit is portable and (should) have all supplies.	-Difficult to understand scoring reliability -Not well organized -Cost of the test kit and additional sheets -Difficult scoring on some of the BADS subtests -Time/questions on the Test 4, (Temporal Judgment Test), are not objective enough, they need to be less subjective -Dictation A&B (test 6) not explained clearly