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: The Rivermead Behavioual Memory Test – Third Edition

Author: Barbara A. Wilson, Eve Greenfield, Linda Clare, Alan Baddeley, Janet Cockburn, Peter Watson, Robyn Tate, Sara Sopena, Rory Nanner, and John R. Crawford

Publisher: Pearson Education

Time required to administer: 30 minutes

Cost of the Test: Complete starter kit $399.00   Additional Record Forms $75.00 for 25

II. Description of Test

Type/Purpose of Test: It is used to assess the everyday memory abilities of people with acquired brain injuries and to track any changes across time. Ten subtests evaluate the areas of verbal, visual, recognition, recall, immediate and delayed everyday memory. Prospective memory abilities and the skill to learn novel information is also assessed.

Population: The assessment is for assessing the memory abilities people from the age of 16 to 96. The RBMT was originally created for individuals with acquired brain injuries, but is also used with other populations such as dementia, Parkinson's disease, Multiple Sclerosis, PTSD, and other disorders associated with memory difficulties. Administration of the RBMT-3 for those that do not speak English is cautioned, since the normative data was obtained from people that speak English.

Focus of measurement:
___ **Organic systems**   _X__ **Abilities**   ___ **Participation/life habits**   ___ **Environmental Factors**

III. Practical Administration

Ease of Administration:
The administration protocol of the assessment is straight-forward. The difficulty of giving this assessment would come from the setup and preparation of materials prior to the assessment. It would be important to fully understand all of preparations needed for each the sub-tests prior to giving them. For example, some subtests involve hiding items in the environment or tracing a route in the room. Assessment involves needing to manage the different testing materials such as the stimulus book, story cards, pictures, timers, and other objects in the environment. With practice and preparation, this assessment would become easier to administer.

Clarity of Directions:
The directions in the manual are very clear. Each subtest has a section were it describes what materials are needed, the description of the subtest, and the instructions for administering the subtest. It also lists which subtests are looking at delayed recall or immediate recall. The manual even has different colored text to indicate the exact phrases that you need say during administration of the assessment.

Scoring Procedures:
Each subtest has a procedure to obtain a raw score. The directions are fairly simple and straight-forward. Next, the examiner will transfer each subtest raw score to the corresponding box in the Summary of Scores section on the Record Form. The raw scores will then be converted to a Scaled Score using the appendix. The Scaled Scores are also recorded

on the Record Form. Next the examiner will combine all of the Scaled Scores to get a Sum of Scaled Scores. The General Memory Index (GMI), percentile rank, and confidence intervals can be found in the appendix by using the Sum of Scaled Scores. Next, the examiner will use the Subtest Scaled Score Profile on the Record Form to plot the client's scores for each subtest.

Examiner Qualification & Training
The examiner should have experience in administering and interpreting evaluation tools. Examiner will typically have training in occupational therapy, speech therapy, neuropsychology, or clinical psychology. Teachers, students, and paraprofessionals may administer the assessment under supervision, but interpretation should be by someone with appropriate training.

IV. Technical Considerations

Standardization: _X___ Norms ____ Criterion Referenced ____ Other _____

Reliability: The administration manual reports that the RBMT-3 has good inter-scorer reliability.

Validity: The administration manual reports that the RBMT-3 has good construct validity, ecological validity, and clinical validity. The RBMT-3 manual provides strong evidence to support the assessment is sensitive to memory problems.

Manual: __X__ Excellent ____ Adequate ____ Poor

What is (are) the setting/s that you would anticipate using this assessment?
The RBMT-3 could be used in neuropsychological evaluations. It could be used in hospitals, rehabilitation centers, and outpatient clinics. Disciplines that would be more likely to use the RBMT-3 are occupational therapy, neuropsychology, and speech therapy. The RBMT-3 could be used as a research tool, as the earlier versions of the RBMT have.

Summary of strengths and weaknesses:
Weakness:
*Norms are only relevant to people who speak English
*May take a lot of time to setup and prepare for
*Strict adherence to administration procedures may inhibit more dynamic assessment strategies
*The Route subtest may be difficult for individuals with physical disabilities

Strength:
*Involves real life, everyday memory tasks
*Assesses various aspects of memory (immediate memory, delayed memory, etc.)
*Assesses visual and verbal memory
*Good reliability and validity
*Manual is very straight-forward and user friendly
*Can be used by multiple settings