

**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: Ross Information Processing Assessment Second Edition (RIPA-2)

Author: Deborah Ross-Swain

Publisher: Pro-Ed, Inc.

Time required to administer: each of the subtests can be administered in 3 to 10 minutes. A skilled examiner can administer the assessment in 45 minutes. Only one test (subtest IX) is timed.

Cost of the Test: \$163.00

II. Description of Test

Type/Purpose of Test: to identify and quantify information processing deficits, assist in establishing treatment goals, and measure and document progress in individuals with a traumatic brain injury. It is also used to provide supplemental and complementary information pertinent to the patient's cognitive status. It's a 10-subtest assessment testing immediate memory, recent memory, temporal orientation (recent memory), temporal orientation (remote memory), spatial organization, orientation to environment, recall of general information, problem solving and abstract reasoning, organization, and auditory processing and retention.

Population: people who have suffered from a traumatic brain injury and who have cognitive-linguistic deficits between the ages of 15-90 years.

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: It was really easy to know how to administer this assessment. There is a portion that you need to give a delayed recall task and it takes that into consideration. It has you address that before you start the assessment so you can allow the needed time to take place while you are giving the assessment. As it is telling you how to administer the assessment, it gives you some examples of tests and how they would be scored.

Clarity of Directions: The directions are very clear and the words are in capitals when you need to say them word for word to the examinee. It also is good about telling you when you can or can't repeat anything to the examinee. At first, as I was reading through it, I was looking at the scoring and didn't understand some of the terminology. However, in the directions, it also defines some of those words that might not be understood and gives examples of how to look for those things in the assessment. After reading the directions, I felt very confident in potentially giving the assessment.

Scoring Procedures: Be familiar with the contents in the manual, practice giving the test beforehand no fewer than 3 times before you actually administer it on a patient, make sure environment is free from distractions, well lighted, well ventilated, quiet, private, and comfortable, establish rapport with the examinee and talk about purpose of the test, praise examinee for their efforts between subtests. The scoring is very detailed and specific as to what score they should get with each given response. It has a key at the bottom of the record form that helps you know what to be looking for. Also, in the examiner's manual, it gives you some examples of responses and gives examples of how to grade them. With the timed portion, it also gives clear directions on how many items need to be said in a given amount of time. You will ask the question and record

the response on the line next to the question. Also, as they are responding, you will fill out a diacritical score that involves things like a delayed response, an error in the response, a self-corrected response, etc. In the examiner's manual, it gives some examples of how to give a diacritical score according to a given response. You will do that with all the questions on the subtest and then add the scores and put the total on the "total score" line. You will also add up all the diacritical scores and put them on the subtotal lines. You will do that for all the subtests. You will then go to the back of the examiner's manual and find the standard scores and percentiles for each of the subtests. Record those results in the profile/summary form. You can chart the standard scores for each of the subtests so you can see what specific areas the examinee is having difficulty in. Also, you can chart the percentiles in the severity rating profile and see if the examinee's percentile is severe, marked, moderate, or mild.

Examiner Qualification & Training – for any professional who is involved in the rehabilitation of individuals following a TBI. This can be used by speech-language pathologists, psychologists, neuropsychologists, psychiatrists, etc. They should have some formal training in giving assessments.

IV. Technical Considerations

Standardization: ___ Norms ___ Criterion Referenced ___ Other _____

Reliability: the reliability measures used were internal consistency reliability and stability reliability. Overall interscorer reliability for RIPA-2 is 99.5% (excellent level). 70% of the subtests reached a .80 (criterion for acceptable reliability) and 20% reached .90 (optimal level). Only one of the subtests reported low level values.

Validity: the predictive validity of the assessment hasn't been explored yet, but the test has been examined according to its concurrent validity. The Pearson r values range from .56-.89.

Manual: ___ Excellent ___ Adequate ___ Poor

What is (are) the setting/s that you would anticipate using this assessment?

You could do this in a hospital, school, outpatient clinic, home, etc.

Summary of strengths and weaknesses:

Weakness: The RIPA was identified as having significant psychometric weaknesses. There is evidence proving these weaknesses, and, therefore, clinical research reporting the RIPA doesn't exist. It shouldn't be used in clinical testing due to the lack of content validity and its failure to meet the minimum psychometric standards. One of the weaknesses with it now is that some of the questions are very simple, and the examinee might feel childish being asked such simple questions.

Strength: The RIPA-2 has made revisions of the RIPA and it has been developed to provide valid, reliable, and sensitive means of capturing data relative to cognitive-linguistic deficits associated with TBI. There is a need for an efficient, standardized assessment that quantifies and qualifies cognitive-linguistic deficits. It was nice being told that anything in capital letters should be told to the examinee. It makes it easy to find when giving the assessment. I liked how it had you record how much time it took each time you administered the assessment. It also had a place on the summary form to record if there were some environmental distractions or any other observed information. It tells you in the "Interpreting Results" section specific things that you can learn from each subtest.