

*\*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 Severe Impairment Battery (SIB)

**Author:** Saxton, J., McGonigle, K.L., Swihart, A.A., & Boller, F.

**Publisher:** Thames Valley Test Company

**Time required to administer:** Approximately 20 minutes to administer

**Cost of the Test:** \$541(Kit) SIB score sheets are discontinued

## II. Description of Test

**Type/Purpose of Test:** It is a neuropsychological assessment of cognitively-impaired elderly patients. It is used to answer 2 concerns; the first being the issue of accurate diagnosis and the second is related to the measurement of cognitive decline once the presence and type of disorder has been established. The SIB evaluates cognitive abilities at the lower end of the range. It was designed with the severely-demented patient in mind and takes into account the specific behavioral and cognitive deficits associated with severe dementia. There are six major subscales to assess mild to moderate dementia; attention, orientation, language, memory, visuospatial ability, and construction.

**Population:** The SIB was developed to assess a range of cognitive functioning in patients who are unable to complete standard Neuropsychological tests. It was designed with the severely-demented patient in mind and takes into account the specific behavioral and cognitive deficits associated with severe dementia.

**Focus of measurement:**

Organic systems    Abilities    Participation/life habits    Environmental Factors

## III. Practical Administration

**Ease of Administration:** The SIB contains 6 subtests and also includes brief evals of praxis and the pas ability to respond appropriately when his/her name is called. The SIB is very clear and easy to administer. It is composed of very simple one-step commands which are presented in conjunction with the gestural cues where stated in the manual. The examiner is strongly recommend to spend time outside the testing room in order to establish rapport with the pt. While giving the assessment it is recommended that the examiner maintain eye contact, speak in a moderate tone, use non-verbal cues, use body language and facial expressions, and also a gentle touch and smile will reassure the pt. Overall the test follows the score sheet and can be administered with ease.

**Clarity of Directions:** The clarity of the directions are very easy. The SIB score sheet is a simple step by step instruction manual. It tells you what to do and what to say. It is also very clear on how to score the responses. The score sheet makes this test very clear and easy to administer.

**Scoring Procedures:** All but 2 of the SIB items are scored on a three-point scale: 2= correct, 1= partially correct, and appropriate or closely related answer; and a 0= incorrect. The other 2 questions only have a 0 or a 1 point answer. They have what is called a forced-choice answer. The manual gives very detailed information on how to score each question and each subsection. Once the summary chart is completed a score for each subscale and total score can be calculated.

## Examiner Qualification & Training

This test is intended for use only by OT, SLP and Psychologists

### IV. Technical Considerations

**Standardization:**  Norms     Criterion Referenced     Other

**Reliability:** The high correlation coefficients (level .001) and very low mean score discrepancies and the standard error scores indicate a very high inter-rater reliability.

High subscale correlations were observed for praxis, language, attention, visuospatial ability, memory, and construction.

**Validity:** The validity as compared to the MMSE and Mattis DRS was very good, but there are still studies being performed to ensure validity and reliability.

**Manual:**  Excellent     Adequate     Poor

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

I would expect this assessment to be used by facilities with elderly patients with behavioral and cognitive deficits; Nursing Homes, Mental Hospitals, and Skilled Nursing Facilities.

#### **Summary of strengths and weaknesses:**

##### **Weakness:**

- Lacks Research
- Lacks some items in the kit
- Not proven to be reliable and valid

##### **Strength:**

- Score sheet is very detailed
- Simple one-step commands
- Kit is very portable
- Easy to score
- Easy to administer