

**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: Test of Everyday Attention (TEA)

Author: Robertson, I., Ward, T., Ridgeway, V., & Nimmo-Smith, I.

Publisher: Thames Valley Test Company

Time required to administer: 45 minutes-1 hour

Cost of the Test: According to the National Rehabilitation Services website, the full test costs \$728.00. This includes all materials (except an audio tape player and a stopwatch) for each of the eight subtests, as well as the manual, an undisclosed number of scoring sheets, and a carrying case. Additional scoring sheets are \$66.00 for a packet of 25.

II. Description of Test

Type/Purpose of Test: The assessment is conducted by having the client complete various tasks and recording the accuracy of the completion along with a designated score. The purpose of the test is to assess an individual's attention abilities in various everyday activities. It is the only test to assess specific attention systems, including selective attention, sustained attention, attentional switching, and divided attention. This is achieved through eight subtests: map search, elevator counting, elevator counting with distraction, visual elevator, elevator counting with reversal, telephone search, telephone search while counting, and lottery. Scores from this test can reveal an individual's need for services focusing on attentional deficits. Test scores can also be used to measure the effectiveness of intervention programs.

Population: Any adult who is suspected of having attentional challenges. Possible diagnoses include: traumatic brain injury, stroke, and mental illness. There is also a separate children's version of this assessment available.

Focus of measurement:

X Organic systems ___ Abilities ___ Participation/life habits ___ Environmental Factors

III. Practical Administration

Ease of Administration: The test is administered one on one with the subject and can be done easily by an experienced professional. All of the supplies needed to administer and complete the test are included except for an audio tape player and a stopwatch. The administration of the test begins by asking subjects to imagine they are on a vacation to Philadelphia and then instructing them to carry out hypothetical tasks on their imaginary vacation. Each step in the administration process is then described in detail for the remainder of the test.

Clarity of Directions: I found the directions to be very clear and easy to follow. Directions for administering each of the subtests are written out in detail in the manual. Instructions are given regarding what to do if common errors are made by subjects, and exact phrases are provided for administrators to use while conducting the test. The directions for interpreting the results are less clear but still described in the manual.

Scoring Procedures: Scoring procedures are specifically detailed for each of the eight subtests. For some, the score is the number of symbols the subject finds in a certain amount of time and sometimes points are given for each correct answer. These scores are then used to find standard scores and percentiles which are used to provide interpretations.

Examiner Qualification & Training: The manual does not give any suggestions regarding examiner qualifications & training. Since the manual does a good job of providing detailed instructions for administration, any professional with a general knowledge of the test and its purpose could administer the test. However, someone with more education and practice should interpret the results in order to ensure accuracy in the interpretation. The website does specify that the test is recommended for use by occupational therapists, speech language pathologists, and psychologists.

IV. Technical Considerations

Standardization: **X Norms** ___ Criterion Referenced ___ Other _____

Reliability: Reliability was tested with 118 subjects from a “normal sample” and 74 individuals who had had a stroke. Pearson correlations are identified for each of the eight subtests and range from 0.59 (telephone search while counting, normal controls) to 0.90 (visual elevator, stroke patients). Based on these correlations, reliability for the TEA is considered at least “good” for almost all of the subtests and is even considered “excellent” for some. However, the Telephone Search While Counting—dual task decrement subtest only had a Pearson correlation of 0.41 and therefore the authors suggest that this may not be an appropriate for clinical settings.

Validity: Precautions were taken to ensure that the TEA tests attention rather than other possible deficits including hearing, vision, and verbal intelligence. The steps taken to minimize the affects of these deficits are described in detail in the manual. In addition, the relationship of the TEA and three functional status assessments was examined among individuals who recently had a stroke. A similar examination occurred with individuals with closed head injuries. Results indicated that both populations had significant differences in attention when compared to control groups.

Manual: **X Excellent** ___ Adequate ___ Poor

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

- Outpatient
- Inpatient
- Community/home health
- Vocational Rehabilitation

Summary of strengths and weaknesses:

Weaknesses:

- Was published in 1994—pictures and activities may be outdated
- Very expensive (\$728.00)
- Only comes with audio tapes (not CDs)—may be difficult to find a tape player
- Difficult to find ordering information on the internet. No website or phone number is given in the manual.
- Although precautions were taken to decrease the likelihood of some factors affecting the scores, low scores could still be caused by deficits associated with hearing, initiation, cognition, vision, or lack of abstract thinking rather than attentional abilities.
- How to convert raw scores to standard scores and percentiles is not clearly described and is therefore difficult to determine.

Strengths:

- Uses familiar and real-life simulated situations
- Norms are broken down for specific ages
- Broken down to assess different attentional systems
- Very detailed manual with easy to follow administration procedures
- Norming procedures, as well as validity and reliability testing is well described