

Assessing the acceptability & feasibility of the BRIEF-A executive function and the ABAS-3 adaptive function assessment tools in a residential drug and alcohol rehabilitation setting

Oliver Kenward¹ and Imogen Roberts¹, Nyle Davies¹, Genevieve Griffiths¹, Sue Gwyn², Janet Bevan², Gareth Roderique-Davies¹, Bev John¹, Darren Quelch^{1,3}

Introduction

Alcohol and other substances of abuse can negatively impact various domains of cognition including executive and adaptive functioning. Assessment of impairments and mapping of recovery trajectories are vital to intervention planning for individuals with drug and alcohol related functional difficulties.

Residential rehabilitation facilities offer biopsychosocial support for complex drug and alcohol dependency. Brynewel Rehabilitation (BR) is an example of such services, offering dedicated access to a multidisciplinary support team to aid resident recovery.

The Behavior Rating Inventory of Executive Function - Adult (BRIEF-A) and the Adaptive Behaviour Assessment System - Third Edition (ABAS-3) are widely used measures of executive and adaptive function, respectively. However, the acceptability and feasibility of implementing these measures within residential drug and alcohol rehabilitation settings among both service users and healthcare professionals (HCPs) has not been explored.

Methods

Feasibility assessments and semi-structured interviews were performed:

- Residents and HCPs at BR were asked to complete the BRIEF-A (self-report and informant versions; PARIConnect) and ABAS-3 (WPS). HCPs completed assessments with a resident of their choosing in mind. Both paper and digital versions of the measures were used throughout the study and were scored using the online assessment portals.
 - Participants were then invited to take part in semi-structured in-person interviews exploring factors relating to the acceptability and feasibility of the measures. Interview data was analysed using a qualitative descriptive approach.
- The study was approved by the University of South Wales high risk ethics committee (251203HR). All participants provided informed consent before their participation.

Aims

To review the acceptability and feasibility of the BRIEF-A and ABAS-3 in a residential drug and alcohol rehabilitation setting.

Results

Fourteen participants attempted the feasibility assessments (100% completed BRIEF-A, 22% of residents completed ABAS-3 due to length) and participated in semi-structured interviews.

| | Age | Sex | Ethnicity | Level of Education | Employment Status | Drug & Alcohol History |
|-----------|------------------------|----------------|---------------|---|---|--|
| Residents | Mdn = 46 IQR = 23.5 | M = 5 F = 4 | 100% White | 77% left school at or before age 16 | Employed N = 1 Unemployed N = 8 | Alcohol N = 7 Cocaine N = 2 Cannabis N = 2 Amphetamines N = 4 |
| HCPs | Mdn = 59 IQR = 17.5 | M = 2 F = 3 | 100% White | Bachelor's degree = 2 Masters = 2 Doctorate = 1 | Occupational Therapist = 2 Therapist = 1 Clinical Neuropsychologist = 1 Senior Executive = 1 | N/A |

Table 1. Sociodemographic details of participants

Topics of discourse from the interviews included (figure 1):

- Format of measures (paper or digital),
- Length of the measures,
- Acceptability and relevance of content, and
- How the measures may contribute to service evaluation and service-user's recovery journey
- Language: Were the measures to be adopted in Welsh rehabilitation centres, participants recommended the development of Welsh language versions
- Cognitive impairment barriers: difficulties with memory and comprehension commonly seen in residential rehab populations could be barriers to completion
- Recommendations around implementation

Figure 1

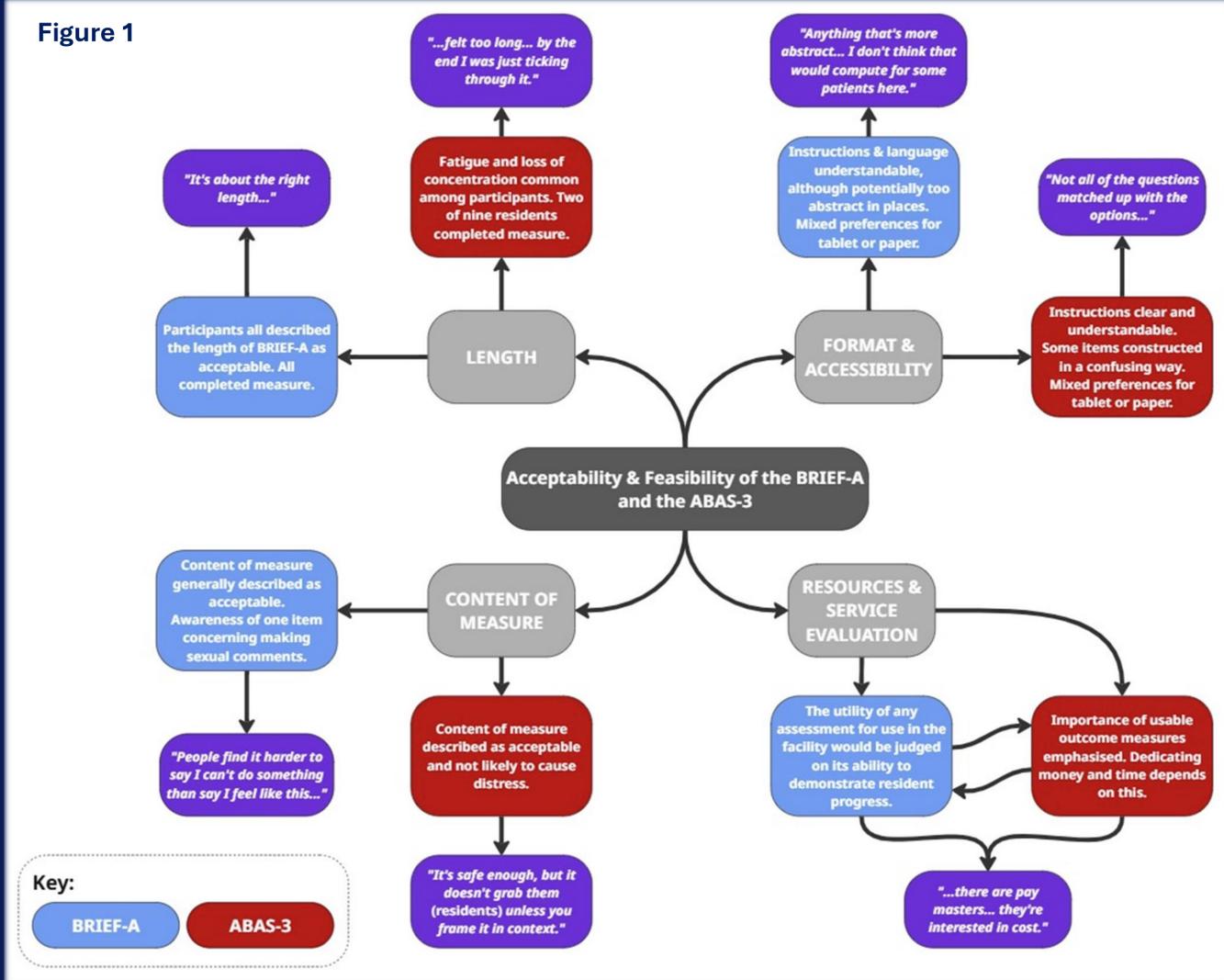


Figure 1. Topics and sub-topics arising from interview data.

Discussion

Overall, participants felt the BRIEF-A was acceptable and feasible for implementation in a drug and alcohol residential rehabilitation setting.

The ABAS-3 was considered safe and broadly useful but demanding in terms of time and cognitive burden due to its length.

There is an emerging need to assess and monitor executive and adaptive function in residential drug and alcohol services; the BRIEF-A and ABAS-3 may facilitate this.

Recommendations for practice:

- ABAS-3 should be administered in stages rather than in one session to aid concentration
- Measures should form part of a neuropsychological and functional assessment battery
- Clinicians should practice vigilance around the BRIEF-A question concerning sexual comments.
- Residents should be given at least two weeks to acclimatise to rehab before conducting assessments.

Conclusion

The BRIEF-A and ABAS-3 were considered generally acceptable and feasible by both HCPs and service users of a residential rehabilitation service.

Next steps:

- Outcomes-based research should be conducted to establish the tools' validity and reliability in this population.

Scan for information about the measures:

BRIEF-A:



ABAS-3:

