

OCTH 6260-Spring- Assessment Rating Form

I. General Information

Title of the test: Behavioral Inattention Test (BIT)

Author(s): Barbara A. Wilson, Janet Cockburn, and Peter W. Halligan

Publisher: Thames Valley Test Company, England; © 1987

Time required to administer: 40 minutes

Cost of the Test:

BIT Complete Kit- Includes Manual, 25 record forms, Various Stimulus, Test and Playing Cards, and Clock Face.....	\$293.00
BIT Record Forms- Package of 25.....	\$37.00
BIT Manual.....	\$37.00

II. Description of Test

Type/Purpose of Test:

The BIT was designed for measuring unilateral visual neglect (UVN). This test was designed to increase our understanding of everyday problems people with UVN experience and to promote practical rehabilitation programs that can help patients overcome those problems.

Population: 19-83 years of age (psychcorp.co.uk, 2012), people who potentially experience UVN after certain brain injuries including TBI, stroke, and cerebral tumors.

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: The BIT presents 9 behavioral subtests and 6 conventional subtests. The behavioral subtests reflect aspects of daily life such as dialing a phone, telling and setting the time, menu reading, and map navigation. The conventional subtests are basic pencil and paper measures of neglect such as figure and shape-copying. Directions for administering each subtest are listed in the manual. Administration of the test should take place in a quiet room with the individual seated at a table and the examiner seating across from the examinee. All test items are placed directly in front of the examinee on the table. They can move their head but cannot touch or move the test items. Instructions for administration are flexible and can be adapted to meet individual needs. For example, relevant instructions are provided for patients with dysphagia and hemiplegia.

Clarity of Directions: The manual is basically straightforward in directions concerning administration of all subtests. Each set of directions for subtests include a description of the activity, instructions in a script form, and a scoring procedure for each activity.

Scoring Procedures: Each subtest is scored separately, and the number of omissions is recorded. For example, in conventional subtest 4 "Figure and shape copying", the examinee must complete copies of three basic drawings. Failure to complete a drawing is considered an omission. Other errors are noted for further cognitive investigation but not scored. Each subtest has an acceptable range and cut-off score as determined by the standardization studies for the test. See chart below

A conventional total score at or below 129 suggests attentional problems which requires further investigation. A total score of 129 but at or below the cut-off for one or more subtests should also be assessed. A behavioral score at or below 67 suggests perceptual/attentional difficulties.

Examiner Qualification & Training: CL2 test (coding developed by Pearson Assessment publishers)
-CL2 code means that the BIT can be purchased by individuals who are certified in a professional organization recognized by Pearson and/or have a graduate/post-graduate qualification and training. This includes all licensed psychologists, speech and occupational therapists, mental health professionals, and health practitioners.

IV. Technical Considerations

Standardization: Norms Criterion Referenced Other _____

Reliability: Interrater reliability using 13 subjects: correlation= .99 (P < .001)
Test-retest reliability using 10 subjects: correlation= .99 (P < .001)

Validity: Established using two methods:

- 1.) Relationship between scores on the behavioral and the conventional batteries for 80 patients, correlation= .92 (P < .001)
- 2.) Behavioral scores compared to a short questionnaire completed by therapist at assessment, correlation= .67 (P < .001)

Manual: Excellent Adequate Poor

What is (are) the setting/s that you would anticipate using this assessment? -Hospital settings, clinical settings, and possibly in the home. The test should take place in a quiet room with the individual seated at a table and the test administrator seated across from the individual. The testing area should be free of distraction and the table cleared for presentation of test materials.

Summary of strengths and weaknesses:

Weaknesses:

- Older assessment kit that has not been updated since 1987.
- Authors should probably update the manual using recent research for further validity and reliability.
- Original research content is small.
- No section in the manual detailing environment for test administration. Can it be reasonably administered in various settings?
- Kit is expensive
- Kit can come across as cluttered and confusing to administer
- Kit includes outdated pictures depicting life situations in the UK, potentially not applicable to U.S. life today.

Strengths:

- Manual is basic and straightforward, easy to read and interpret instructions for administration.
- The BIT simulates daily life functions; better glimpse of barriers in occupation due to UVN.