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Bayley Scales of Infant and Toddler Development: 4 Administering a Reliable Bayley for Research- Part I

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Disclosures and disclaimer

Disclosures

I served as a consultant to the Pearson Corp and Dr. Glen Aylward (Bayley IV author) during the development of the Bayley 4, primarily in 2017 and 2018; however, I am not currently receiving any financial compensation or support from Pearson or Dr. Aylward.

My interest in the use of the Bayley Scales assessment instrument comes from several decades of experience with this tool in research and clinical applications.

Disclaimer

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History of the Bayley Scales: Nancy Bayley, PhD (1899-1994)

- Pioneer in field of human development
- Devoted life to lifespan mental and physical development
 - Much of what we know about development attributable to Dr. Bayley
- Longitudinal studies of physical and behavioral development
 - Example: Berkeley Growth Study
 - Followed 50,000+ children over her career
- Over 200 publications about human development
- Scientific awards and recognition
 - Head of Child Development section of NIMH (1954)
 - 1st woman to win APA Distinguished Scientific Contribution Award (1966)
 - APA Gold Medal Award (1982)
 - Distinguished Contribution Award SRCD (1983)
 - Fellow in the APA and American Association for the Advancement





History of the Bayley Scales

- All editions use standardized administration and scoring
- Observed behavioral responses were used to develop age-based norms
- Norms used for comparing a child's performance against peers
- Bayley is *power test*
 - Items/skills arranged in order of increasing difficulty
- Scales derived from Nancy Bayley's California scales 1933-1936
 - California First Year Mental Scale 1933 and California Scale of Infant Motor Development 1936
- Bayley Scales of Infant Development (1st Ed) 1969
 - Mental Scale and Motor Scale
 - 2-30 months
- Bayley Scales of Infant Development (2nd Ed.) 1993
 - Mental Development Index (MDI) and Psychomotor Development Index (PDI)
 - Expanded age range to 1-42 months
- Bayley Scales of Infant and Toddler Development (3rd Ed) 2006
 - Expanded to Five domain model Cog, RL, EL, FM, GM
 - Age range 1-42 months



Bayley Scales of Infant and Toddler Development – 4 (2019)





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What is the Bayley - 4

- Individually administered assessment instrument designed to assess development in young children ages 1-42 months (technically 16 days – 42m; 30d)
- Assessment of infant and toddler development in
 - cognitive, language, motor development examiner administered tool
 - socioemotional and adaptive development parent questionnaire
- Uses:
 - Clinical Use Identify areas of developmental delay and need for early intervention
 - Research Use compare research participants with typically developing children in norm group
 - Clinical and research use: Longitudinal monitoring of developmental change over time



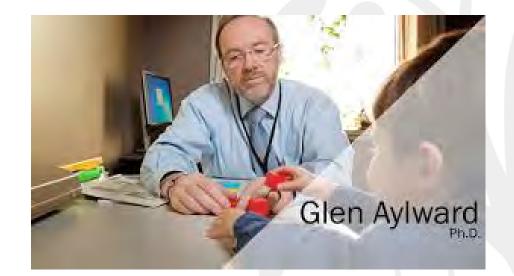


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Goals of the Bayley – 4 Revision

- Adhere to developmental philosophy of Nancy Bayley
 - Maintain basic qualities and format
- Inclusion of a polytomous scoring
 - Differentiate: absence, emergence, mastery of skill
- Include caregivers to increase validity
 - Address issues of child refusal; shyness
- Reduce test duration
 - Balance need for robust item set with reality of assessing children
 - Reduce or combine highly correlated items
- Simplify administration
- Improve content coverage (floor and ceiling)
- Improve sensitivity and clinical utility
 - Used special group studies to evaluate clinical utility (e.g. preterm, Down Syndrome, ASD, etc.)
- Update norms to modern cohort of children
 - Flynn Effect: 3-5 point composite score increase per decade





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Development of the Bayley-4

INITIAL DEVELOPMENT

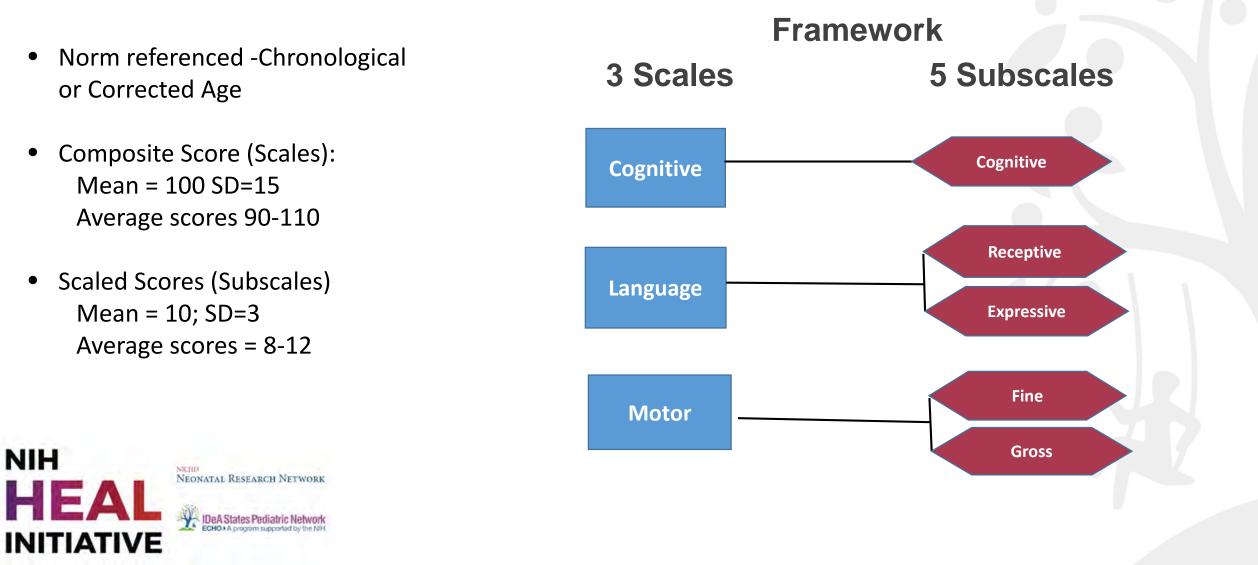
- Conceptual Development
- Pilot Research with about 150 children
- Advisory Panel; Expert Reviewers, Consultants
- Try Out Edition with 703 nationally-representative children 0-42 months

STANDARDIZATION:

- Standardization Phase with 1,700 typically developing children
 - 1-42 months
 - 17 age groupings
 - 100 children per group
- Excluded children with known conditions
 - 34 children with Down syndrome
 - Attempt to increase variance at lower end of normal distribution
 - 2 Down syndrome children in each age group
- Nationally representative sample
 - U.S. Census provided basis for stratification
 - Gender, race/ethnicity, parent education, U.S. region



Framework of Bayley Scales of Infant and Toddler Development-4



Types of scores available

- Composite Scores (Mean = 100; SD = 15; range 45-155)
 - -Cognitive, Language, Motor
- Percentile Ranks
- Scaled Scores (Mean = 10; SD = 3; range 1-19)
 COG, RL, EL, FM, and GM
- Developmental Age Equivalents
 - Not psychometrically sound
 - Useful for very low functioning individuals
 - Range <0:20 to >41:08
- Growth Scores
 - Useful for comparisons across time
 - Useful for very low functioning individuals



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Paper vs Digital Administration

Traditional Paper Administration

- Follow administration guidelines in chapter 4 of manual
- Responses and scores recorded on Bayley 4 Record form
- Similar to Bayley 3
- Advantages
 - Familiarity to examiner
 - Portability
- Disadvantages
 - Administration instructions not comprehensive
 - Requires considerable examiner knowledge/expertise with test

Digital Administration

- Combines administration guidelines & Record form
- Advantages:
 - Guides examiner \rightarrow administration & scoring
 - Potentially enhances adherence to standardization
- Disadvantages:
 - Cost iPad
 - Q-global per evaluation score fee (\$5 each)
 - iPad distraction to child/examiner
 - Examiner less proficient -dependent on digital format
 - Need to release PHI to outside organization



Standardized Assessment with the Bayley-4



What is a standardized assessment?

- The Bayley 4 is a <u>standardized test</u> and the norms/norm tables were established based on **uniform testing conditions** meaning that standard administration and scoring procedures were used.
- In order for the normative data to be utilized to obtain scores for any child, the Bayley administration MUST conform to those same *uniform testing conditions*. (administered according to the procedures in Chapter 4)
- Deviations from the standard procedures, such as changes in the wording of instruction, layout of materials, or presentation of a test item will reduce the reliability and validity of the test results and the raw scores would not be interpretable using the nationally derived norms.
- Thus, examiners MUST administer exactly according to manual



Administering a reliable Bayley-4 for research

- Keep number of individuals in the room to a minimum
- Optimal Child, 1 Caregiver, Examiner
 - Bayley 4 Caregiver very familiar with child's skills is essential
- Acceptable Child, 2 Caregivers, Examiner
 - Or one caregiver and one videographer
 - Or use iPad/video camera on tripod
- Not Acceptable multiple other adults; siblings; observers; medical staff
 - Use one-way mirror, if available, for other adults/observers
 - Extra relatives should wait in waiting room





Preparing for Bayley-4 administration



<u>Required</u> Materials Provided by Examiner

- Stopwatch or use your phone (some disadvantages to phone)
- Blue painters tape tape stepping path to floor
- Tissues Cog 44-relational play; RL 21-follows 1-part directions
- Food pellets Cheerios recommended
- Object to hide behind Cog 24 anticipatory gaze -Clipboard recommended (may not need for NRN age)
- Sheets of paper Cut in half for Cog 18- Plays with paper
- Extra toys (can get from child if child brings anything for RL 13 (toys not used in RL 16)
 - Examples bottle/cup, pacifier, child shoe, phone, keys, etc.







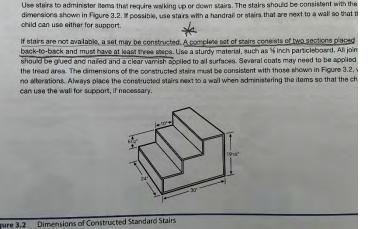


Required Materials provided by examiner: Stairs!

• Stairs – approximate 6 ½ inch rise and 10 inch run

- May use stairs available in your facility
 - IF of appropriate size
 - MUST have handrail/wall for child to hold
- Or construct set from manual page 16 and place against a wall

• Standard stairs







Option: Modified single set if space is limited



Additional Materials **<u>Strongly</u>** Recommended

• Extra Objects/Toys – for RL 13: Recognizes Words

- "Ask caregiver to choose 5 objects the child is familiar with"
- Can use toys from kit not used for other language items
- Not much to choose from so have some other common objects available
- Can use child's own objects shoe, cup, bottle, etc.

Clifford Book written in Spanish

- Clifford's Animal Sounds
- For Cog #41 Listens to story (parent reads)
- Unsharpened Ticonderoga Fat Pencil – For Cog #48 Uses pencil to obtain object









Organize Test Kit and Materials in Advance of Administration

- Ideally, have test kit <u>out of child's sight</u>
- Organize test kit and arrange/set up materials BEFORE assessment begins
 - Assemble pegboard, pink puzzle; Duplo blocks, etc.
 - Open stimulus book to first page needed; keep it open for next item
- Store puzzle pieces, blocks, etc. in plastic containers (not bags) for ease of access and cleaning
- Use bins for used/dirty toys
- Clipboard for booklet and stopwatch ready
- NEVER wait to set up or dig through disorganized pile of toys during assessment or with child in the room – wastes precious minutes
- Items easy to lose –check kit regularly for missing items and re-order from Pearson



Examples of set up methods and options



Set up in open test kit





Set up on table to side of test table

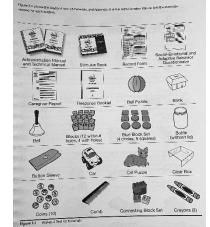


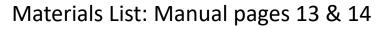


Plastic Bins

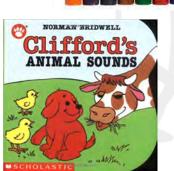
Bayley-IV Assessment Toys

- Check kit regularly for lost/missing items and re-order from Pearson
- Never substitute non-Bayley toys
 - May changes item difficulty
 - Example larger ball (easier to kick) or smaller car (harder to hold)changes difficulty of tasks
 - Contact Pearson directly; more available than website indicates
 - Exceptions
 - Crayons –okay to purchase large-sized crayons from other retailers
 - Clifford books widely available









NO!



YES!

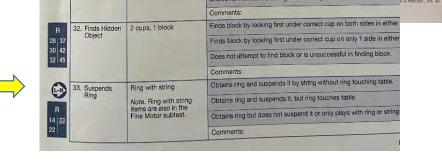
Bayley-4 Administration



Determine Start Point Based on Child Age

- Calculate child age in months and days
 - Use method in manual on page 26
 - Use online age calculator Pearson directs examiners to this one
 - <u>https://www.calculator.net/age-calculator.html</u> or use Pearson App
 - Corrected age calculator for preemies on NRN website
 - Uses gestational age at birth in weeks and days
 - https://neonatal.rti.org/index.cfm?fuseaction=AdjustedAgeCalculator.main
- Use age in months and days to find start point using Start Point table on front of booklet
 - All subsections start at this level
 - Find the relevant start point page for each subsection- turn down page corner
 - Example:
 - Cognitive Start Point M; page 7; item 33
 - Receptive Language Start Point M; page 19; item 14
 - Expressive Language Start Point M; page 26; item 8
 - Fine Motor Start Point M; page 33; item 18
 - Gross Motor Start Point M; page 44; item 36

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26 months 0 d				N	Subtest/s		SE			I wanted in		-
29 months 0 d				0		abdomain	SE	REC	EXP	PER	IPR 0	F
				P	Raw score	-						
33 months 0 days - 38 months 30 days 39 months 0 days - 42 months 30 days				9	Scaled score							



Introducing Bayley-4 to parent/caregiver

- It is *extremely* important to introduce the test to the parent correctly, or parents will end up spoiling items.
- Explain that it is a <u>standardized</u> test; you have to administer in the same way with every child using exactly the same words and number of trials.
- Say you want to see what the child can figure out <u>all by themselves (even though</u> parents teach children at home).
- But that you will also ask about skills at home for some tasks
- Ask them not to talk to child except to say "yay" or "good job," and to follow your lead about when to praise the child
- Provide reassurance that it is okay if the child does not demonstrate <u>all</u> their skills or is noncompliant with some requests.
 - This is true for all children, even the children on whom the test was developed and normed.
 - Therefore, the scoring accounts for noncompliance and underperformance of some skills.





Optimal Order of Administration:



Receptive Language

Expressive Language

Fine Motor

Gross Motor

Subtest Order

- Can use Fine Motor or Gross Motor as a break between two language scales
- Important: Receptive Language *must* be before Expressive Language
- Do not jump back and forth between items from different domains

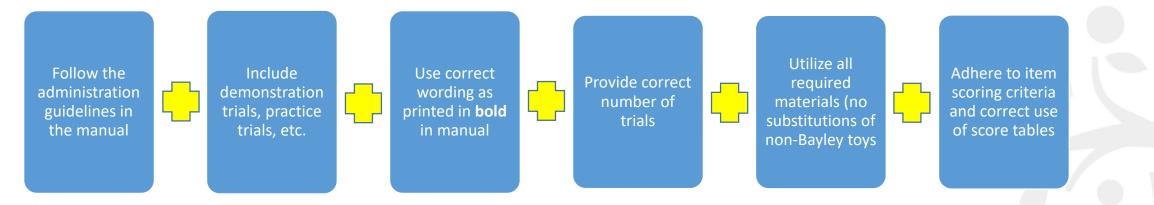
• Item Order

- Present items in order listed/described in manual
 - Arranged in order of difficulty
 - Designed to facilitate engagement; order of difficulty
- Some flexibility is acceptable



Administering a research reliable Bayley 4

Examiner's task is to do all of the following:







Bayley 4 - Test Duration time

• Pearson reported test time data:

Age	50%	75%	90%	95%
1-12 mo.	35 min.	50 min.	73 min.	86 min.
13-24 mo.	63 min.	84 min.	103 min.	111 min.
25-42 mo.	68 min.	88 min.	102 min.	108 min.

- BUT....our experiences suggests may be *longer* than times reported especially with less familiar examiners or with fussy children
- Therefore must become VERY familiar with Bayley 4 to facilitate smooth administration



Shared Cognitive and Receptive Language items

- Incorporated to save time
 - -Administer/observe once score in both sections
 - -However, they are mostly early items

Item	Cognitive Item	Receptive Language Item
Recognizer caregiver	5	4
Reaction to caregiver	6	6
Shifts attention	8	7
Explores Object	13	9
Brings to Mouth	14	10
Bangs Objects	19	11





Bayley-4: Three-point Scoring (Polytomous scoring)

Bayley 4: Polytomous/Three-point scoring - more consistent with our knowledge of developmental growth





Basal, Reversal and Discontinue Rules

- Basal, Reversal, and Ceiling Rules are the same across all subtests
- **Basal Rule**: Child must receive a **score of 2** on the first <u>THREE</u> consecutive items at his or her start point
- Reversal Rule: If a child receives an "imperfect score" (score of 0 or 1) on any of the first three items, go back to the previous start point
- Discontinue Rule/Ceiling: When the child receives scores of 0 for <u>FIVE</u> consecutive items

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Ceiling/Discontinue Rules on Bayley-4

• Five consecutive 0-point items

- Seems to add length to assessment as ceiling is more difficult to get
- Not uncommon to obtain four 0-point items and then a 1-point score; need to continue on with five more difficult items
- Example

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- Cog 55 Blue puzzle series 9 pieces (0 = less than 5) child earns 0
- Cog 56 Spatial Memory 3 Cards child earns 0
- Cog 57 Imitates 2-step action child earns 0
- Cog 58 Matches 3 Colors child earns 0
- Cog 59 Imaginary Play Caregiver Question
 - "When playing, does (child name) use imaginary objects?
 - Can you give me some examples of him/her using imaginary objects?
 - List of examples in manual

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If the caregiver says yes, ask, Can you give me some examples of [him/her] using imaginary objects?

If the caregiver requires further explanation, provide the following examples:

- Brushing a doll's hair with an imaginary comb
- Sitting in chair and pretending to drive by turning an imaginary steering wheel
- Licking an imaginary ice cream cone
- Covering a doll with an imaginary cover
- Cupping one hand as a bowl and using an imaginary spoon to eat soup
- Putting imaginary food on a plate
- · Walking an imaginary pet
- Brushing teeth with an imaginary toothbrush

Surpassed Skills

- In order to increase sensitivity, age sets are now very broad
- Often start at very easy items, can frustrate children
- <u>A surpassed skill</u> = child does not exhibit a skill because child has outgrown this skill and moved on to more complex skill
- Nancy Bayley discusses this concept in earlier versions (e.g. Bayley-I)
- Child receives credit for "surpassed" skills
- Can be an issue with Bayley 4 given broad age sets
 - Complex clinical decision with children with atypical development
 - Example; Start at K; Cog item 27 but need to reverse
 - Previous start point is item 19 Bangs object
 - Child may have exceeded this skill; no longer developmentally appropriate
 - Okay to assume a PASS for items they have likely exceeded developmentally
 - Example; Start point L or M; EL item 8
 - Consonant vowel combinations bah, dah, dee, ga
 - Child is verbal and uses lots of words with different consonant sounds (says ball, dad, mom, go) can assume this is a pass



Assumed Failures: Use Cautiously

- When children do not have the requisite skills to complete a task = okay to assume as a failure
- In these instances, it is not feasible to administer the item
- Examples of assumed failure items
 - Cognitive: #64 Repeats Words (child is not yet imitating or using any words)
 - EC: #23 (2-word phrase), 25 (3-word phrase) & 37 (4-5 word phrase) (child only has single words)
 - GM: any item that must be administered while standing if the child is not yet standing/walking independently.
- Don't just assume failure because you "think" the child can't pass; must have some basis for the decision
 - When in doubt; try it!!

Bayley-4 Sources of Assessment Data



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Bayley-4: Uses Three Data Sources

ncidental observation

Caregiver participation through *specific, structured* caregiver questions Skills and behaviors observed at any time during assessment; immediately before/after Items administered with standardized assessment procedures and materials

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I. Sources of Data

Caregiver questions



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Sources of Data: Caregiver Questions

- Caregiver questions
 - 51 items include caregiver questions
 - Only 4 of 51 items *solely* based on parent report
 - Highest frequency on Expressive Language
- Goal to address issues of child refusal; shyness
 - Expressive Language most commonly refused items
 - Parents commonly report child underperformed
- "Caregiver" someone with frequent, extended contact with child; knowledge of child's skills
- Manual notes frequent discrepancies between observed skills and parent report raises questions regarding validity
 - But no guidance regarding what to do in this circumstance



Sources of Data: Caregiver Questions

THEREFORE......VERY IMPORTANT.....

- Use Caregiver Questions ONLY if the behavior has not been observed. <u>Not meant</u> to replace initial administration of items
 - NEVER rely only on caregiver questions; must first attempt item with child
 - NEVER rely on caregiver questions just to speed up assessment
 - NEVER use caregiver questions ONLY to improve score
- Use caregiver follow up question only if the child's behavior makes scoring ambiguous, if the child is particularly uncooperative, or if you have reason to think the child would demonstrate better skill in a different setting.



Examples of Caregiver Questions – Cautious use

Materials	Position	40 Materials	Position	
Storybook	Seared	None	Standing	
Lock1 Allow the child to ex Have the caregiver say, Le the child, open it, and begi Observe if the child attend pictures, listens to the wor Disregard brief lapses of at ore 2 points: Attends to story 1 point: Attends to story	the entire time with only brief lapses in attention. for only a short time.	your turn. Score 2 points: Jumps off floor air at some poi 1 point: Jumps but only		
egiver Question Ask the caregiver, When a attention to the <i>entiro</i> none of the time? re 2 points: Almost every tim 1 point: Some of the tim	e	Ask the caregiver, Is [inse	me ne	
0 points: None of the time R Related Items Looks at Pictures Listens to Story	STORYBOOK	RRelated Items47Jumps Forward Sei48Jumps: Both Feet55Hops 5 Ft58Jumps Forward Sei		

- Never rely exclusively on caregiver report (except for 4 caregiver only questions)
- Never use just to save time

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- Never use just to improve score
- Only use if child's behavior interferes with obtaining valid score

Example of Caregiver-Question-Only Item:

SO.		tational Play	and the second
וטי	Materials		Position
	None		Not specified
Item	Instructions	S	and the second se
,	Ask the care	giver, When playing	g, does [insert child's name] make-believe an
	object is so	omething else, lil	ke pretending a ball is a piece of fruit?
1	If the caregive	er says no, score 0.	
1	If the caregive	er says yes, ask, Ca l	n you give me some examples of other
,	ways that	[he/she] make-be	lieves an object is something else?
-			planation, provide the following examples:
		ucket as a hat	
		lock as a phone	
		ads as some type of f mall towel as a blank	
Score		-piece-oi-iruit exampi	le can be included in the total.
		aregiver provides at le	east 2 examples
		aregiver provides 1 ex	The second se
		aregiver provides 1 ex	
	o points: Ca	aregiver provides 0 ex	kampies.
[PL	AY
		onal Play: Self	
		onal Play: Others	
		sentational Play	



NEONATAL RESEARCH NETWORK

- Four questions are Caregiver Question Only
- Item instructions appear in booklet
- Additional examples not in booklet
 - Write in booklet, on index card, or memorize
- Scoring is based on number of examples parents provides
- Do not read as a yes-no list; just use a few as examples
- Importance of encouraging less communicative, shy, or quiet parents

Caregiver Questions: Three-Point Scoring

Caregiver Response	Score	Description
Almost Every Time/Often	2	 Child is consistently able to perform a task when he/she tries Child responds the same way almost every time; Child is able to perform task 75% of the time
Some of the Time/Not Often	1	 Child performs task inconsistently or intermittently when he/she tries Child responds the same way only some of the time Child is able to perform less than 75% of time
None of the time/Not a lot	0	 Caregiver reports skill or behavior is not yet present in any form Child attempts but is not successful Child is not yet able to perform task when given opportunity



MUST Explain Caregiver Questions to Parents!

- It is essential that parent understands the difference between almost every time/often and some of the time/not often ratings
- Bayley provides script examples (*make an index card to use during administration*)

"Almost every time or Often means that [child name] is able to do something at least 75% or three-fours of the time that [he/she] tries or that you observe [child name] doing the behavior 75% of the time. You would say **Some of the time or Not often** if you have seen [child name] do it at least one time, but [he/she] cannot or does not do it at least 75% of the time when [he/she] ties, or you do not observe [child name] doing the behavior 75% of the behavior 75% of the time."

Or

"Almost every time or Often means that you see [child name] consistently doing the behavior with success. Some of the time or Not Often means that you many see [him/her] do something but not always with success, or that you only see [him/her] try to do something every now and then but not all the time."



II. Sources of Data:

Incidental Observation





Incidental Observation

- Incidental observation: Items scored based on observation during <u>any</u> portion of assessment
- Usually items not requiring materials or non-specified materials (e.g. COG 19: Bangs object – any object is fine)
- Incidental Observation per scale
 - Cognitive 10/81 12%
 - Receptive Language 10/42 24%
 - Expressive Language 27/37 73%
 - Fine Motor 14/46 **30%**
 - Gross Motor 37/58 64%



Sources of data: Incidental observation

- Bayley 4 provides laminated Incidental Observation checklist in test kit
- Okay to use during testing or at least familiarize yourself with these items

NIH

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INITIATIVE

NICHP

NEONATAL RESEARCH NETWORK

IDeA States Pediatr

	Observation Chec	KIIS
A11	Child's name:	
BAYLEY4	Examiner's name: Date:	
Scales of Initial and Tudder Development"		
Findber Develophert Peorth Bollise	Directions: This checklist may be used to familiarize yourself with those Bayley-4 items that can be s through incidental observation. The items below are those most likely to be observed either before or	during t
36 B) A, A, A	course of the Bayley-4 testing session (item numbers are consistent with the Bayley-4 Record Form), cannot be scored through incidental observation will be administered to the child.	items th
Item	2-point scoring criteria	Obse
COGNITIVE		1.22
1. Calms When Picked Up	Consistently calms within 30 seconds when picked up and remains calm.	E
2. Looks at Object	Looks continuously at object for 7 to 10 seconds.	
5. Recognizes Caregiver	Expression immediately changes to indicate caregiver recognition on at least 1 occasion.	
6. Reaction to Caregiver	Displays a reaction that is clearly anticipatory.	
12. Responds to Surroundings 13. Explores Object	Quiets, looks around, and displays interest in surroundings.	
14. Brings to Mouth	Attends to the sight, sound, or feel of rattle by touching, shaking, or engaging in other playful activity. Consistently carries objects to mouth.	see P
14. Brings to Mouth 15. Inspects Own Hands	Consistently cames dojects to mouth. Clear and sustained inspection of handisi.	Ē
17. Reaches/Obtains Objects	Persistently reaches for and obtains object.	E
19. Bangs Object	Intentional and frequent banging of object.	i i i i i i i i i i i i i i i i i i i
RECEPTIVE COMMUNICAT		COLUMN ST
1. Regards Person Momentarily	Consistently looks at person and sustains look for at least 3 seconds.	C
2. Calms When Spoken To	Consistently calms and remains calm when spoken to.	ana F
3. Reacts to Sounds in Environment	Consistently displays clear reaction to sounds.	- F
4. Recognizes Caregiver	Expression immediately changes to indicate caregiver recognition on at least 1 occasion.	and i
5. Responds to Person's Voice	Consistently displays clear reaction to voice.	- F
6. Reaction to Caregiver	Displays a reaction that is clearly anticipatory.	i i i
9. Explores Object	Attends to the sight, sound, or feel of rattle by touching, shaking, or engaging in other playful activity.	
10. Brings to Mouth	Consistently carries objects to mouth.	in the second
11. Bangs Object	Intentional and frequent banging of object.	
12. Responds to Name	Turns head both times name is called and does not respond to unfamiliar name.	E
	TION	-
EXPRESSIVE COMMUNICA		
EXPRESSIVE COMMUNICA 1. Undifferentiated Vocalizations	Produces frequent throaty, grunting, squealing, or gurging sounds.	[
	Produces frequent throaty, grunting, squealing, or gurgling sounds.	E
1. Undifferentiated Vocalizations		C
1. Undifferentiated Vocalizations 2. Social Smile	Produces frequent throaty, grunting, squealing, or gunging sounds. Produces frequent smiles in response to attention/interaction.	C
1. Undifferentiated Vocalizations 2. Social Smile 3. Vocalizes Mood	Produces frequent throaty, grunting, squealing, or gurgling sounds. Produces frequent amiles in response to attention/interaction, Produces frequent and varied vocalitations that express mood.	
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FINE

Rescurt Number A10200160004

	Item	2-point scoring onteria
	NE MOTOR	
	Eyes Follow Moving Person	Eves track parson through midline to the left and to the right.
	Brings Hand to Mouth	Attempts to place hand in mouth and has consistent success.
8.	Keeps Hands Open	Holds both hands open almost all of the time.
	Distal Rotation	Freely rotates wrist from palm down to palm up.
	Reaches for/Touches Block	Extends 1 or both arms and touches block.
	Block Grasp Series: Whole Hand	Grasps block using 1 hand with whole hand (paimar) grasp or uses more advanced grasp.
	Pellet Graso Series: Whole Hand	Grasps pellet using whole hand grasp or uses more advanced grasp.
	Transfers Block or Ring	Transfers block (not ring) from hand to hand.
	Pellet Grasp Series: Neat Pincer	Grasps pellet using neat pincer grasp.
	Turns Pages of Book	Consistently and successfully attempts to turn 1 page at a time.
	Pencil Grasp Series: Paimar	Grasps crayon or pencil using palmar grasp (palmar supinate or radial cross palmar) and makes a mark on paper or uses more advanced grasp.
26.	Pencil Grasp Series: Transitional	Consistently grasps crayon or pencil using transitional grasp (digital pronate) and makes a mark on paper or uses more advanced grasp.
29.	Pencil Grasp Series: Static Tripod	Consistently grasps crayon or pencil using static tripod grasp or static quadrupod grasp and makes a ma on paper or uses more advanced grasp.
45.	Pencil Grasp Series: Dynamic	Consistently grasps crayon or pencil using mature, controlled, dynamic grasp and makes a mark on pape
	ROSS MOTOR	
	Thrusts Arms and Legs	Thruste arms and legs at least 1 time in a smooth, coordinated fashion.
	Controls Head Upright Series:	Holds head erect without support for at least 3 seconds.
-	3 Seconds	Hords need erect without support for at reast a seconds.
	Turns Head to Each Side	Tums head from 1 side to the other on both sides.
	Controls Head: Supine Suspension	Maintains head in midline or child lifts head up slightly.
	Controls Head: Prone Suspension	Maintains head in midline or child lifts head up slightly.
	Controls Head Upright Series:	Holds head erect, steady, and without support for at least 15 seconds.
0.	15 Seconds	Holds need erect, steady, and without support for at least 15 seconds.
7.	Controls Head Prone Series: 45*	Maintains a raised head at least 45° for at least 3 seconds.
	Rights Head	Consistently keeps head balanced and in same plane as body; may overcompensate by tilting
1	COT US LAND	head toward vertical plane.
10.	Rols: Stomach to Back	Consistently able to roll from stomach to back from either side.
	Elevates Chest While Prone	Elevates head and chest by pushing up on both hands.
	ATNR	No spontaneous asymmetric tonic neck posture observed.
		Sits with slight support for at least 10 seconds.
	Controls Head Prone Series: 90*	Maintains a raised head at least 90% for at least 5 seconds; abdomen, hips, and thighs should remain
10.	Concols Read Prone Series, 67	on examisuariased readiat readiation of the at readiation seconds, addoment, reps, and regins should remain on examisurface.
16.	Supported Sitting Series:	Sits with slight support for at least 30 seconds.
	30 Seconds	
	Rolls: Back to Side	Consistently able to roll from back to side.
18.	Unsupported Sitting Series: 10 Seconds	Sits without support for at least 10 seconds.
- 20	Stands: Back Straight	Trunk and head are percendicular to floor.
	Gratos Feet	
		Frequent bringing of 1 or both feet up to hands and grasping a foot or bringing foot to mouth.
	Rolls: Back to Stomach	Consistently able to roll from back to stomach from either side.
24.	Unsupported Sitting Series: 30 Seconds	Sits without support for at least 30 seconds with back straight (i.e., perpendicular to surface).
	Crawls Series: On Stomach	Crawls forward on stomach (e.g., commando craw) using both arms for at least 3 ft.
	Transitions From Sitting to Hands	Moves from a seated position to hands and knees with good balance.
-	and Knees	Increase in our in second provident to instruct and in reads with group balances.
28.	Supports Weight	Supports own weight for at least 4 seconds using your hands for balance only.
	Crawls Series: Crawl Movement	Crawls forward on hands and knees (or feet) for at least 5 ft.
	Raises Self to Standing	Rises to a standing position using a chair or other convenient object for support,
	Walks Series: With Support	Takes at least 4 steps with support with good coordination.
	Walks Sideways With Support	Waka sideways at least 2 steps with support.
-	(Cruises)	Description of the second s
	Sits Down With Control	Purposely lowers from a standing to a sitting position in a controlled manner through the entire movement
	Stands Alone	Stands alone for at least 5 seconds after hands are released.
	Stands Up Alone	Rols to 1 side and stands without using any support.
	Walks Series: Without Support	Takes at least 5 steps without support with good coordination and without using arms for balance.
38.	Unsupported Squat	Smoothly moves from standing to squatting to standing while maintaining balance without using any support.
39.	Walks Up Stairs Series: Both Feet on Each Step Without Support	Walks up at least 3 steps without support, placing both feet on each step before stepping up to the next.
41.	Walks Down Stairs Series: Both Feet on Each Step Without Support	Walks down at least 3 steps without support, placing both feet on each step before stepping down to the next.
12	Coordinated Run	The next. Runs with good coordination.
		Walks up at least 3 steps without support, alternating feet on each step.
52	Walks Up Stairs Series: Alternating Feet Without Support	Walks down at least 3 steps without support, alternating feet on each step.

III. Sources of Data:

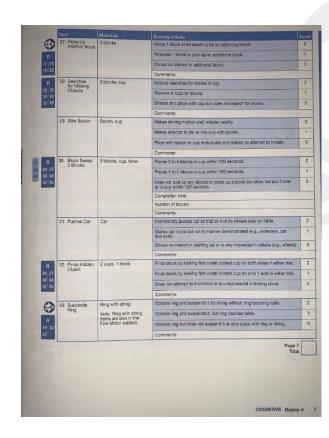
Standardized Administration of Items





Standardized Administration of Items

- Must be familiar with Bayley item administration such that you do not need to use manual
- Only brief instructions are in booklet
 - -Item description
 - -Materials List
 - -Timing
 - -Brief Scoring Criteria





Standardized Administration of Items

- Things <u>not</u> included in booklet (only in manual): -Child positioning (supine; seated, etc.)
 - -Explicit directions for administration
 - Diagrams of set up of materials
 - Wording/standardized instructions
 - Number of trials
 - -Incidental Observation items



Types of items

- Demonstration Items Examiner demonstrates task (teaching trials)
 - Example COG obtains duck with pencil; blue puzzle board first square is demonstrated
- Sample Items Items that require child to respond but examiner must give corrective feedback
 - Example COG Matches Pictures (airplane)
- Multiple trial items Multiple trials with scoring based on # of correct trials
 - Example COG Object Permanence items; RL Follows One Part Directions

It is essential that examiners use demonstration items, sample items, and all trials in order to obtain valid scores



SCORING - 2 types: Qualitative vs Quantitative Mastery (2)• Emerging (1)• Not present (0)

Quantitative Scoring

- # of trials/objects= point value
- Reliability easier to obtain
- Objective

NIH

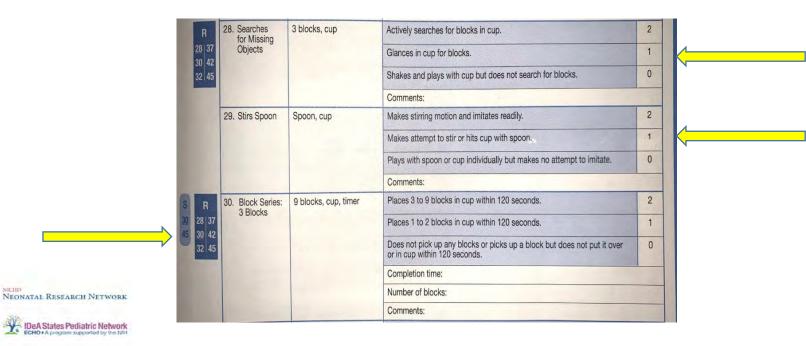
HFA

INITIATIVE

• Example item 30

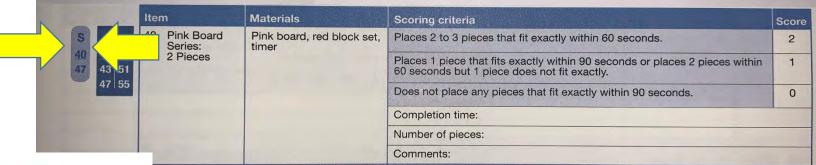
Qualitative Scoring

- Requires Clinical Judgment
- Reliability may be harder
- Potentially subjective Examples items 28, 29



Series items

- Items that have the same administration directions
- Items require increasingly difficult passing criteria
- Denoted in booklet in left sidebar in light colored ellipse
- Example:
 - -COG 40 Pink Board 2 Pieces (places 1 piece now is 1-point)
 - -COG 47 Pink Board 3 Pieces





Related Items

- Related items
 - -Administer items using same materials in succession
 - -Marked on record form in dark colored box labeled with R
 - -Usually subsumes Series items
 - -Do not administer all items in related item box if beyond ceiling
- Advantages
 - -Potential to decrease administration time
 - -Efficiency for examiner
- Disadvantages
 - -Child frustration/fatigue
 - -Examiner differences in use of related item sets



Related Item sets: Example - blocks and cups

- **28:** Searching for Missing Objects
- 30: Block Series: 3 Blocks
- 32: Finds Hidden Object
- 37: Finds Hidden Object Reversed
- **42:** Finds Hidden Object Visible Displacement
- 45: Block Series: 9 Blocks

N	R	28. Searches	3 blocks, cup	Actively searches for blocks in cup.	2
	28 37 30 42	for Missing Objects	-	Glances in cup for blocks.	1
\mathbf{v}	30 42 32 45			Shakes and plays with cup but does not search for blocks.	0
1				Comments:	



Related Item set: Example – Puzzles

- 40: Pink Board Series: 2 pieces
- 43: Blue Board Series: 1 piece
- **47:** Pink Board Series: 3 pieces
- **49:** Blue Board Series: 4 pieces
- 51: Rotated Pink Board
- **55:** Blue Board Series: 9 pieces

and the second sec	Item	Materials	Scoring criteria	Score
SR	40. Pink Board Series:	Pink board, red block set, timer	Places 2 to 3 pieces that fit exactly within 60 seconds.	2
40 40 49 47 43 51	2 Pieces		Places 1 piece that fits exactly within 90 seconds or places 2 pieces within 60 seconds but 1 piece does not fit exactly.	1
47 55	6	-	Does not place any pieces that fit exactly within 90 seconds.	0
and the second second			Completion time:	-
and the second second			Number of pieces:	
and the second second	and the second second		Comments:	



Related Item Sets

"Use clinical judgement and take into consideration personal test administration style to modify or create additional [related] groups based on child's age and his or her behavior during testing *to keep the child engaged and to shorten test duration time*." (Manual, page 19)

Related items sets were NOT used in standardization trials. Added later to speed administration.

Therefore:

- Use judiciously; only if really necessary
- Consider child frustration/capabilities

Comments or Questions??



Scoring the Bayley-4

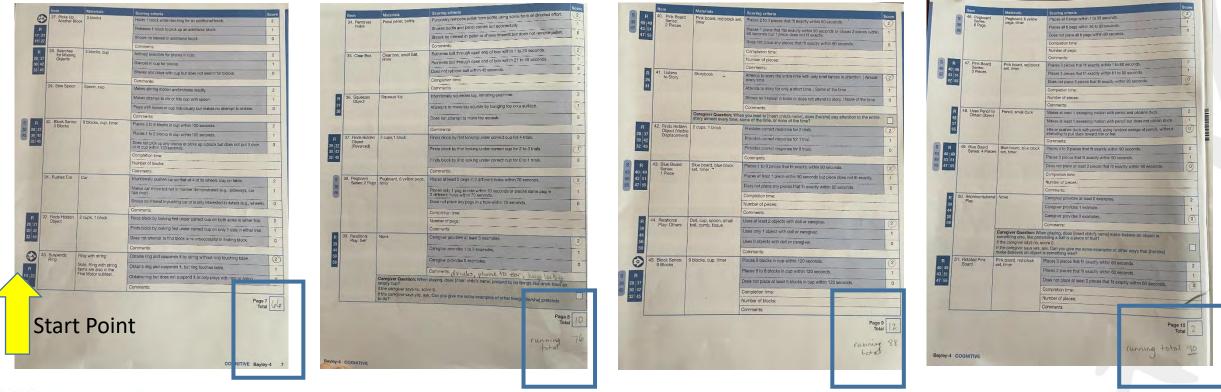


NEID NEONATAL RESEARCH NETWORK

IDEA States Pediatric Network ECHO + A program supported by the Nit

Scoring Subtests

- Total all scores across all items administered
- ESSENTIAL= Count all items below the ceiling as 2-points
 - It is assumed child can pass all previous items



Subtest Total = 90

NIH HEAL INITIATIVE

Steps for Deriving Subtest and Composite Scores

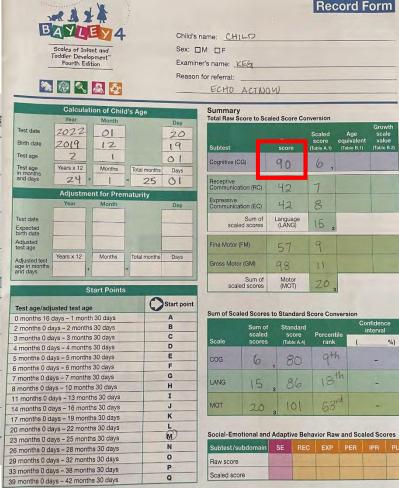
- 1. Total each subtest to get raw scores
- 2. Record subtest raw score front of booklet top table
- 3. Look up Scaled Scores in Table A.1
- 4. Sum scaled scores RC + EL and FM + GM
- 5. Record Sum of Scaled Score in bottom table
- 6. Look up Standard Scores in Table A.4

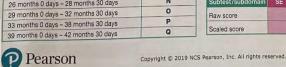
	9-9-	- 4		name: <u>CH</u>	ILD						-
	Scales of Infa Toddler Develo	int and	Sex:								
	Fourth Edit	tion	Examin	er's name: _	KEG						_
-			Reason	for referral:			_	-	_		_
- ×		2. 2		ECHO	ACTINO	W					
	Calculati Year	ion of Child's	Age	Summar Total Raw	y Score to Sca	alad Soor	Conv	areion			
Test date		Month	Day	Total Naw	3001010302	aled Score	Conv	eraion		Growt	th
and the second second	2022	01	20			Raw		Scaled score e	Age equivalent	scale	2
Birth date	2019	12	19	Subtest		score		able A.1)	(Table B.1)	(Table B	.2)
Test age	2	1	01	Cognitive (CG)	90		6			
Test age in months and days	Years x 12	Months To	otal months Days			10		1			
and days	24 +	=	25 01	Receptive	ation (BC)	42		7			
		nt for Premat	urity	Expressive				1		-	
	Year	Month	Day	Communic		42		8			
Test date				-	Sum of	Languag	e	15 .			
Expected birth date		Carine I.		sca	led scores	(LÁNG)		10 2			
Adjusted				Fine Motor	(FM)	57		9			
test age	Years x 12	Months To	tal months Days			21		1		-	
Adjusted test age in months				Gross Mot	or (GM)	98		11			
and days					Sum of			20		-	and the second second
	S	tart Points		sca	led scores	(MOT)		203			
Toot conded	junted test sa		Start point								
and the second second second second	justed test age days - 1 month		A	Sum of Sc	aled Scores	to Stand	ard Sc	ore Conv			
	lays - 2 months		B		Sum of	Stand	lard			nfidence nterval	
	lays - 3 months		C	Scale	scaled scores	SCO (Table		Percentil rank	e /		2/.)
4 months 0 d	lays - 4 months	30 days	D	Scale	scores	(Table	A.4)	Tank	1_	-	%)
	ays - 5 months	and the second sec	E	COG	6	8	5	qth		-	
	ays - 6 months		F		-	1		. U			
	ays - 7 months		H	LANG	15	. 8	0	181	1	-	
	ays - 10 month		I		1.2	2	-		1		
	days - 13 month days - 16 month		J	MOT	20	10	il I	53m	a	4	
	days - 19 month		K		20	3	1	20	-	-	
	lays - 22 month		L								
	lays - 25 month		M	Social-Em	otional and	Adaptive	Beha	vior Raw	and Scal	ed Scor	es
	lays - 28 month		N	Subtest/s	subdomain	SE	REC	EXP	PER	IPR	PL
	ays - 32 month		0	Raw score							
	ays - 38 month		Р						N.C.		
3 months 0 d		s 30 days	Q	Scaled sc	019	a second					-

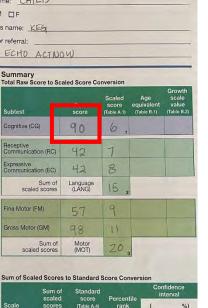


Deriving Subtest and Composite Scores

Scaled		A	ges 22:16-23:1	5		ales (continu		-	Ages 23:16-24
score	CG	RC	EC	FM	GM	Scaled score	CG	RC	EC
1	0-72	0-27	0-17	0-36	0-64	1	0-73	0-28	0-18
2	73-75	28-29	18-19	37-38	65-67	2	74-76	29-30	19-20
3	76-78	30-31	20-23	39-40	68-71	3	77-79	31-32	21-24
4	79-82	32-33	24-27	41-43	72-75	4	80-83	33-34	25-28
5	83-85	34-35	28-30	44-47	76-79	5	84-86	35-34	29-31
6	86-89	36-38	31-33	48-50	80-82	6	87-90	37-39	32-35
7	90-93	39-41	34-37	51-52	83-85	7	91-94	40-42	36-39
8	94-97	42-43	38-41	53-54	86-88	8	91-94	40-42	40-43
9	98-101	44-46	42-45	55-56	89-91	9	99-98	45-45	40-45
10	102-106	47-50	46-48	57-59	92-91			46-48	44-47
11	107-112	51-54	49-51	60-62	92-94	10	104-109	53-56	51-53
12	113-119	55-59	52-54	63-65				53-56	54-56
13	120-126	60-64	55-56	66-69	98-100 101-103	12 13	116-121 122-128	61-65	57-58
14	127-136	65-70	57-60	70-74	104-106	13	122-128	66-71	59-62
14	137-145	71-75	61-64	75-79	107-109	15	129-138	72-76	63-66
16	146-152	76-80	65-68	80-85	110-111	15	148-154	77-81	67-70
17	153-159	81-84	69-72	86-90	112-113	17	155-160	82-84	71-73
18	160-162	01-04	73-74	91	112-115	18	161-162	02=04	74
19	100-102		75-74	92	116	19	101-102	_	-
Supervision of the local division of the loc	-		Ages 24:16-25:		110			A	ges 25:16-26:
Scaled score	CG	RC	EC	FM	GM	Saled	CG	RC	EC
1	0-75	0-29	0-18	0-38	0-66	1	0-76	0-30	0-19
2	76-78	30-31	19-21	39-40	67-69	2	77-79	31-32	20-22
3	79-81	32-33	22-25	41-42	70-73	3	80-82	33-34	23-26
4	82-85	34-35	26-29	43-45	74-77	4	83-86	35-37	27-30
5	00-00-	36-38	30-33	46-49	78-81	5	87-90	38-40	31-34
6	89-92	39-41	34-37	50-52	82-84	5 6	91-94	41-43	35-38
7	05-52	42-44	38-41	53-54	85-87	7	95-99	44-46	39-42
8	97-101	45-47	42-45	55-56	88-91	8	100-104	47-49	43-46
9	102-106	48-50	46-49	57-58	92-94	9	105-109	50-52	47-50
10	107-112	51-54	50-52	59-61	95-97	10	110-114	53-56	51-54
11	113-117	55-57	53-55	62-64	98-100	11	115-120	57-59	55-57
12	118-123	58-61	56-58	65-67	101-103	12	121-126	60-63	58-60
12	124-130	62-66	59-60	68-71	104-106	13	127-133	64-68	61-62
13	131-140	67-72	61-64	72-76	107-108	14	134-142	69-73	63-66
14	141-149	73-77	65-68	77-81	109-111	15	143-151	74-78	67-70
16	150-155	78-82	69-72	82-87	112-113	16	152-156	79-82	71-73
10	156-160	83-84	73-74	88-90	114-115	17	157-160	83-84	74
	161-162	0.5-04	.5.14	91	116	18	161-162		
18 19	1			92		19	-	-	







9th

Record Form

1	19	Su	m of sca	aled so	ores	No. of Lot				aled so		
Standard		COG	LANG	MOT	SOEM	Standard	10	Contraction of the			SOEM	
score	PR	1	2	2	1	score	PR	1	2	2	1	
45	<0.1	-	2	2	-	103	58 61	-	21	21	-	
46 47	<0.1 <0.1	-	Ξ	-	-	104 105	63	11	22	-	11	
48	<0.1	12	_	-	12	106	66	-	-	22	-	
49	<0.1	-	Ξ	-	-	107	68	-	-	-	-	
50	<0.1	-		3		108	70	72	23	23	-	
51	0.1	-	3	-	-	109 110	73 75	12	2	25	12	
52 53	0.1	=			-	110	77	12	24	-	-	
54	0.1			4	_	112	79	-	-	24	-	
55	0.1	1	10		1	113	81	-	-	-	-	
56	0.2	-	4	11		114	82	-	25	25	13	
57	0.2	-	-	-	-	115	84	13	-	26	15	
58	0.3	-	-	5	-	116 117	86 87	-	26	27	-	
59 60	0.3	2	5	-	- - - 2	117	88	1-1	_	_	-	
61	0.5	-	-	6	-	119	90	-	-	28		
62	1	-	-	-		120	91	14	27	-	14	
63	1	-	6	-	-	121	92	-	-	-	-	
64	1	-	-	7	-	122	93 94	-	28	29	-	
65	1	3	7	8	3	123 124	94	E	29	-	2	
66 67	1	E	_	-		125	95	15	1	_	15	
68	2	-	8	-	1 1 2 1	126	96	-	30	30	2	
69	2	-	-	9	-	127	96	-	-	U Vie	1-	
70	Z	4	9		4	128	97	Art of	31	-	-	
71	3	-	-	-		129	97 98	16	32	31	16	
72	3	-	10	10	-	130 131	98	- 10	52		-	
73	4	1-		11		132	98		-	32		
74 75	4	5	11	-	5	133	99	-	33	-	51-1	
76	5	-	-	-	-	134	99	-	- +	-	-	
77	6	-	12	12	-	135	99	17	1 1	-	17	
78	7	-		-	-	136	99 99	-	34	33	- 1	
	-		13	13	6	137 138	99		• 2	1	3 2-1	
80	9	6	-	-	6	130	99.5		111 -	12		
82	12	_		14	-	140	99.6	18	35	3	1 18	
83	13	-	14	1	_	141	99.7	-	10 2	12.1-		
84	14	12		15		142	99.7	1	1	-		
85	16	7	-	-	7	143	99.8	1	1 -	3		
86	18		15	-	-	144	99.8	-	36		- 19	
87	19	-		16		145	99.9 99.9	19	1	4-1-		
88	21	1-	-	-	1	146 147	99.9	1			6 —	
89	23		16	-	8	147	99.9					
90	25	8		17	8	148	99.9	1	3	7 -	_1/3 _	
91	27	E	17	17	-	150	>99.9	1				
92	30 32			-	_	151	>99.9	-	-	- 13	17 —	
93	32	TE.	1 mar	100	10-	152	>99.9		10 M	1. 19		
94 95	34	9	18	18	9	153	>99.9		1 1 -	-	- 1	
96	39	-	-	-	-	154	>99.9		-		-	
97	42	-	-	-		155	>99.9	-	- 3	8	38 —	100 C
98	45	-	19	19	-	90% con	nfidenc	e 6	1	A Local Design	6 2	
99	47	-	-	-	1-	level	= +/-	0	N. C. C.	ik an	0 Z	
100	50	10	20	-	10	95% co	ofidenc	-				
101	53	-	1	20	-	95% CO	= +/-	7		7	7 2	
102	55	-		-	-				_	_		the second se
						-	-	-	2		and the	NT
08		-		-						F	avlev-4	Appendix A: Norms

Product Number A1020016000

Learning to Administer a <u>Reliable</u> and <u>Standardized</u> Bayley - 4



Examiner qualifications

• Manual states:

"The Bayley 4 should only be administered by examiners with graduate level or professional training and experience in the administration and interpretation of standardized clinical instruments. Such training should consist of an overview of assessment principles, including establishing and maintaining rapport, eliciting optimal performance, following standardized administration procedures, understanding psychometric statistics, scoring, and interpreting tests, and maintaining test security."

• Complex test administration and interpretation



Examiner Qualifications

- Examiners need experience with:
 - -Assessment of young children
 - -Establishing and maintaining rapport
 - -Managing behavior in structured assessment setting
 - -Strategies for eliciting optimal performance
 - Understanding of psychometric statistics, scoring and interpretation of standardized assessment
 - Understanding of the crucial importance of following standardized administration procedures



Administering a reliable Bayley-4 for Research

- The Bayley -4 is a *standardized test*
 - -Norms were established based on **uniform testing conditions**; standard administration and scoring procedures were used
- For the normative data to be utilized to obtain scores, the Bayley-4 administration MUST conform to same *uniform testing conditions*.
 –(e.g. administered according to the procedures in Chapter 4)
- Deviations from standard procedures, such as changes in the phrasing or presentation of item, will reduce the reliability and validity of results and raw scores would not be interpretable using nationally derived norms.



Administering a Reliable Bayley

- This does not mean that the Bayley must be administered in a rigid or unnatural manner.
- These are children and we are people, not robots, so try to adhere to standard procedures while maintaining a warm and engaging interaction style with the child.





Reliability

- No more than 1-2 omitted items per subscale (and preferably none)
- Research reliability set at .85 per subscale and includes calculation of accuracy of scoring <u>and</u> administration
 - Inter-rater reliability calculated on scoring
 - Scoring 0, 1, 2
 - Reliability also calculated based on adherence to standardized administration of tasks
 - How much error is a problem?
 - Major errors versus minor errors
 - Major error defined as error that fundamentally changes the nature of task or difficulty level "spoiled item"
 - Examples puzzles; pretend play





NEONATAL RESEARCH NETWORK

IDeA States Pediatric Network

Administering a Reliable Bayley-4: Child Factors

- Standardized testing reflects a child's performance under a standardized set of conditions using a standardized set of toys
- Children *will not* necessarily demonstrate their *absolute peak performance on all tasks administered*
- Effort, attention, and persistence may vary across test
- Ideally, child will attend well and put forth good effort but slight variability in these factors is *normal and expected*
- This was also true of children in standardization sample, so is accounted for in norms and scoring



Strategies for increasing child compliance

- Build rapport first (play social game, use a few non-Bayley toys)
- Be enthusiastic, positive, relaxed and playful
- Adapt your style to match child's temperament/disposition

 Tone, volume of voice to child's needs
- Praise child for efforts, not accuracy
- Take breaks as needed; allow child to get up and move around; use snacks
- Relocate to floor, different table, etc. if child gets antsy
- Intersperse more enjoyable subtests (e.g. FM) between difficult subtests (RL and EL)
- <u>Never</u> leave child without a toy- swap for next toy, let child hold a toy while scoring





Be Willing to Accept Incorrect Response/Child Failure

We all want children to do well but.....

- Resist temptation to
 - Give child clues to correct answers or cue responses in manner not listed in manual
 - Help them in any way not listed in manual
 - Repeatedly present item- can be counter-productive if child tunes you out
 - Get the child's attention first; present the directions no more than once or twice
- Be willing to accept incorrect responses/failures
 - Failure is **not** a reason to repeat task only give number of trials specified
 - Get child's attention first so do not need to repeat
 - If item done correctly with child who is attending must count failures as failures
- Behavioral compliance declining? May be approaching or at ceiling level of performance
 - Especially true when getting to typical ceiling for children of that age
 - Behavioral resistance may reflect a true failure with a task that is too difficult.





Administering an Efficient Bayley

- Time is crucial this is a lengthy assessment for a toddler
- Become as familiar as possible with test so you can attend to child, not the booklet
- Only administer necessary items try not to go past 5 failed items (ceiling)
- For items with multiple trials, once you have met highest criteria for 2-point score, okay to discontinue
 - Example Expressive Language Item 20

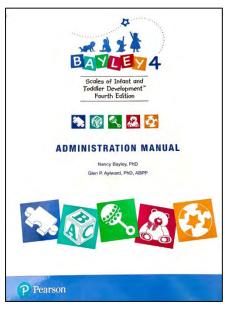
20. Names Picture	Stimulus Book	Provides correct res	sponse for 5 to 12 trial	S.		2
		Provides correct res	sponse for 1 to 4 trials	i.		1
		Provides correct re	sponse for 0 trials.			0
		Correct? Trial 1 Cookie Trial 2 Bird Trial 3 Ball	Trial 4 🔲 Bottle Trial 5 🔲 Balloon(s) Trial 6 🔲 Spoon	Trial 7 □ Shoe(s) Trial 8 □ Bed Trial 9 □ Apple	Trial 10 □ Car Trial 11 □ Kitten Trial 12 □ Book	
		Comments:				

Strategies for Learning the Bayley 4



Strategies for Learning

- Attend Training or Review Video of training
- Review Manual
 - Read Chapter 3: General Administration and Scoring Guidelines for the Cognitive, Language, and Motor Scales
 - Read and review Chapter 4: Administration and Scoring for the Cognitive, Language, and Motor Scales
- Get familiar with toys and materials in kit; sort through and examine
- Watch Administration video by Vicki Watson, Gold Standard Examiner
- Review GS consensus document provided





Strategies for Learning: Make a template

- Make a Bayley Administration Booklet Template for administration until you are very familiar with items.
 - -Write out oral instructions
 - -Describe/Draw material placement
 - -Score in pencil and transfer to fresh booklet
 - -Erase and re-use original template booklet
 - -Use plastic sleeve covers and dry erase



-		Directions/Word	Scoring criteria	Score		
		3 blocks	Holds 1 block while reaching for an additional block.	2		
B R 723 DIA R 723 B Startenee To Mesing DIA R 72 B Startenee Diate DIA R 72 S Startenee Diate DIA R 72 S Startenee Diate DIA R 72 S Startenee Diate I R 73 S R 73 S Startenee Diate S R 73 S Startenee Diate S Startenee Diate		Place 1- after child picks	Releases 1 block to pick up an additional block.	1		
	Only maintaine !	ehows no interest in additional block.	0			
19 27		fu and is nec	Comments:			
R	28. Searches	3 blocks, cup	Actively searches for blocks in cup.	2		
	Objects	2 shalles	Glances in cup for blocks.	1		
- CE			Shakes and plays with oup but does not search for blocks.	0		
63 R 28 19 27 19 27 19 27 19 27 19 27 29 29 20 21 29 3 20 20 3 30 21 21 29 3 22 23 20 3 23 22 3 30 23 22 3 31 24 21 31 31 20 22 45 31	IT NEEMEL		Comments:			
	29. Stirs Spoon	Spoon, cup	Makes stiming motion and imitates readily.	2		
	- 1	"Look at me.	Makes attempt to stir or hits cup with spoon.	T		
		You de it"	Plays with spoon or cup individually but makes no attempt to imitate.	0		
	1/ meeter	Deeno striving	Comments:			
28 37	30. Block Series	9 blocks, cup, timers	Places 3 to 9 blocks in cup within 120 seconds.			
	3 Blocks	Put 3 blocks in	Places 1 to 2 blocks in cup within 120 seconds.			
		and bland wockel	the second se	0		
		6 blocks out	Completion time:			
		of sight	Number of blocks:			
		Presentletin	Comments:			
	31. Pushas Car	Car	Intentionally pushes car so that all 4 of its wheels stay on table.	(2		
	31. Pushes Car	"Zoom" Slowly push	Makes car move but not in manner demonstrated (e.g., sideways, cor tips over).	1		
		car across table	Shows no interest in pushing car or is only interested in details (e.g., wheels	9. 0		
			Comments	-		
-	22 Finds Hidden	2 cups, 1 block	Finds block by looking first under correct cup on both sides in either trial.	2		
	Object	I See the block? I am going to hide H	Finds brock by looking first under correct cup on only 1 side in either trial	1		
30 42	chulds left	Look! Im hlaing	Does not attempt to find block or is unsuccessful in finding block.	0		
1000		where is it?	Comments:			
0	33. Suspenda	Ring with string	Obtains ring and suspends it by string without ring touching table.	2		
5	Ring	Note Ring with string	Obtains ring and suspends it, but ring touches table.	1		
R		Fine Motor subtest.	Obtains ring but does not suspend it or only plays with ring or string.	- (
	Derric again		Comments:			
22		-3 -14		107		
		0	T	otal		

Strategies for Learning: Make a Template

	55. Blue Board Series: 9 Pleces CD 77 0 0 0 0 Mult fitumplekty	set, liner 40 sets Sec? It oper here Put it where it bulcass.' Then alternate 0.912 is and late	Places 9 pleces that fit exactly within 90 seconds.	2
			Places 5 to 8 pleces that fit exactly within 90 seconds.	1
			Does not place at least 5 places that fit exactly within 90 seconds.	\odot
			Completion time:	
			Number of pleces:	
			Comments:	
	thin them over." Where is the ball?	Memory Cards (Set A), imer Now we're going) to play a card game, Look at the picture and remember pictures and remember where the shoelpoint). Where the shoelpoint) where the shoelpoints where the	Provides correct response for 3 trials,	2
			Provides correct response for 1 to 2 trials.	1
			Provides correct response for 0 trials.	0
			Correct? Trial 1 🗆 Ball Trial 2 🗖 Shoe Trial 3 🗖 Train	
			Comments:	

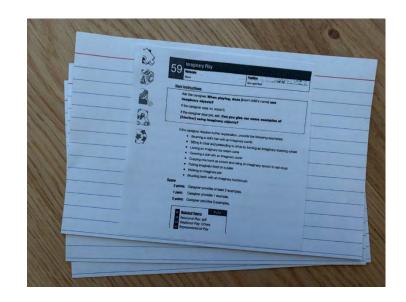
NIH	NCHD
HEAL	NEONATAL RESEARCH NETWORK
INITIATIVE	ECHO+A program supported by the NIH

16		Midlour II.	Subridgeridan	2
100	7 Chillie	Bell, rattle Strials trial 1: bell in 1. hand 2 rattle in ether 8" apart P-12" men Cikids ever. Genty Durke Lynaue 3-Vace.	Eyes move from 1 object to the other for 3 trials.	-
-	Attention		Eyes move from 1 object to the other for 1 to 2 trials.	1
	als a see		Eyes do not move from 1 object to the other for any trial.	0
	her inpine		Comments:	_
F	8. Discriminates	Hen Chate other. Squeeze toy, natte Squeeze, toy behind L ear. comhnue Squeezing with chid na Ionger altendr, Then gentig chake the rettle	Consistently displays olear reaction to sounds.	2
	Sounds		Ambiguous or brief reaction to sounds.	1
			Does not react to sounds.	0
			Comments:	-
1	9. Explores Object	Rattle place ralfie in Child's hand	Attends to the eight, sound, or feel of rattle by touching, shaking, or engaging in other playtul activity.	2
	Chipede		Attends very briefly to rattle or sleeply mouths it.	1
	elew supine		Holds rattle but does not act upon it.	0
			Comments:	-
	10. Brings to Mouth wif Surpassed, ask it used to t give Creation	Ring with string, other	Consistently carries objects to mouth.	1
2		object of Interest	Inconsistently carries objects to mouth.	1
		If not observed sports	Does not try to bring objects to mouth.	1
	elev supine 4. Log	place ving or toy	Comments:	
	11. Bangs	Block, spoon, other suitable hard object if not observed, place	Intentional and frequent banging of object. Often	
	Object v if surpassed, ask if used to v give crossif		Only occasional banging of object. Not often	
			Does not bang object. Not at all	
			Comments:	_
	sup-sitting	Caregiver Question: Wh	on (insert child's name) has something in (his/her) hand, does (he/she) fumiture often, not often, or not at all?	1
	12. Responds to Name	None	Turns head both times name is called and does not respond to untamiliar	
		incidental obternel Caregiver stand	Turns head 1 time name is called and does not respond to unfamilier name. Some of the time	
		Coll childs name	to the state of the second or does not respond either time name	
		Coll childs have Wait and call by Unfomiliar name Vrait + then call by name	Comments:	_
	eles sugint or	Caregiver Question: Do	Comments: es [jusart child's name] respond to you when you call [bis/her] name by throut you louching [him/her] shoost every time, some of the time, or none	
	ICA100	of the mast	Page 1	
			Tot	In L
	1	Pres / Admonth F	very time: >/=75%, of the time	

Item			Seering criteria	Sno
40. Pink B	40. Pink Board Series: 2 Pieces		Places 2 to 3 pieces that fit exactly within 60 seconds.	2
		Put the pieces in	Places 1 plece that fits exactly within <u>80 seconds or places 2 places within</u> 60 seconds but 1 place does not fit exactly.	C
20	insert without child watching	Does not place any places that fit exactly within 90 seconds.	0	
		Completion time:		
#47 best is		Number of places:		
24. 9	50 sec		Comments:	-
41. Listens to Story	Storybook	Attends to story the entire time with only brief lapses in attention. Almost every time	(2	
		Caregiver source "Let's read the story."	Attends to story for only a short time. Some of the time	1
(Shows no interest in book or does not attend to story. None of the time	(
			Comments:	-
	. 5	Caregiver Question: When story almost every time, so	you read to [insert child's name], does [he/she] pay attention to the antire me of the time, or none of the time?	Ľ
42. Finds Hidden Object (Visible Displacement) Hrich 1: L→ R Hrich 2: R→ L	Hidden	2 cups, 1 block	Provides correct response for 2 trials.	1
	See the block ! I'm going to hide it Look. I'm hiding it under here (point). I'm	Provides correct response for 1 trial.	0	
		Provides correct response for 0 trials.		
	nice (point , where	Comments:		
43. Blue Board Series: 1 Place	Blue board, blue block set, timer G p sect	Places 1 to 9 places that fit exactly within 90 seconds.	(2	
	alow samare to spot	Places at least 1 place within 90 seconds but place does not fit exactly.		
100	-ciemo	A Con See Troop	Does not place any places that fit exactly within 90 seconds.	1
MUST fit can prese		Put it where it	Completion time:	
	then alterate 0-10	Number of pleces:		
	- complete	Then alter handed	Comments:	17
R 44. Relational Play: Others Repeat w/ball,	ional	Doll cup speen small	Uses at least 2 objects with doll or caregiver.	C
	bell, comp, tissue bell, comp, t	Uses only 1 object with doll or caregiver.		
0 Creda C	ie the	(or caregiver)	Uses 0 objects with doll or caregiver.	
baby ad	nink	Give spoon the words you	comments: comb, fissue, ball to hard	
	k Serles:	9 blocks, cup, timer place 3 In al at a think removed 1 block to the child	Places 9 blooks in cup within 120 seconds.	
45, Blool 9 Blo	ICKS		Places 5 to 8 blocks in oup within 120 seconds.	C
17 192 15			Does not place at least 5 blocks in cup within 120 seconds.	
	fell child to pot blocks in the op while pointing, then give another, intertion	Completion time:	-	
		Number of blocks:		
		Comments:	_	

Strategies for Learning: Make a series of administration index cards

- Can use index cards for caregiver questions and cues or other complex items
- But...some examiners put entire test on index cards; one card per item and flip through as they go
- I find this cumbersome, but some examiners like it





Practice, practice, practice.....and practice

- Bayley harder to get to point of reliability than most standardized tests
 - -Rapid developmental skill attainment in short time (birth to 42 months)
 - -Despite item overlap, each age level can be almost like a new test
- Role play with colleague, family member, older child
- Video your administration and then watch your video
 Compare each item to manual; look for mistakes; write them down
- Observe colleague's administration
 - -Look at manual to find mistakes; discuss errors or points of disagreement
- Examiner drift is common
 - Refer back to manual <u>prior to and after</u> every assessment to review your administration and scoring
 - -Video your administration yearly



Next Steps: Obtaining Bayley-4 Certification





Bayley-4 Examiner Next Steps

- Next week: January 28th In-depth Training
 - Cognitive scale
 - Language Receptive and Expressive scales
 - Motor Fine and Gross Motor
- Video Certification Submissions include:
 - Copy of de-identified test booklet with scoring
 - Self-Critique form and narrative identifying all errors
 - MUST watch your own video and compare to manual prior to submission
 - Describe your errors and any reasons/challenges
 - Videos of all subtests
 - Either in one video
 - Or clearly labeled if separate videos -
 - No more than 5 segments (one for each subsection)
- Box Folder
 - Training recordings
 - Video of administration
 - Gold Standard Consensus Document

Video of administration will be due at least 2 months prior to first child entering the test window; allows for second submission if needed

If site has two examiners, please try to spread out video submissions by at least a few weeks





Gold Standard Examiner Responsibilities

- We will review your videos, self-critiques, and scoring booklet within +/-3 weeks of submission – Ideally sooner, but depends on number of videos submitted in a give week
- Calculate examiner reliability for administration and scoring
- Email examiner a feedback letter identifying strengths, weaknesses, and errors, and providing tips and strategies for improving administration



Contact Us – We welcome your questions!

Gold Standard Examiners

We have served as trainers, GS examiners, and consultants for many clinical trials and multi-site studies for the past 15+ years

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Questions/Comments?

