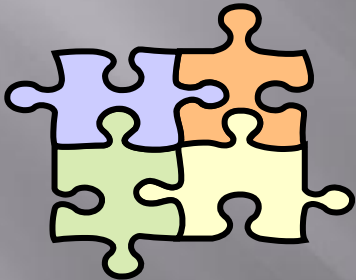


PERVASIVE DEVELOPMENTAL DISORDERS SCREENING TEST-II (PDDST-II™)

A Training Module for Early Interventionists



VT-ILEHP ASD LEND Program
2010

PDDST-II: What is it?

- ▣ Screening tool for Autism and other pervasive developmental disorders in children 12 to 48 months old
- ▣ Relies on a parent or person familiar with the child's behavior to complete
- ▣ Scored and interpreted by a clinician
- ▣ Completed in approximately 15 minutes and scored in 5 minutes

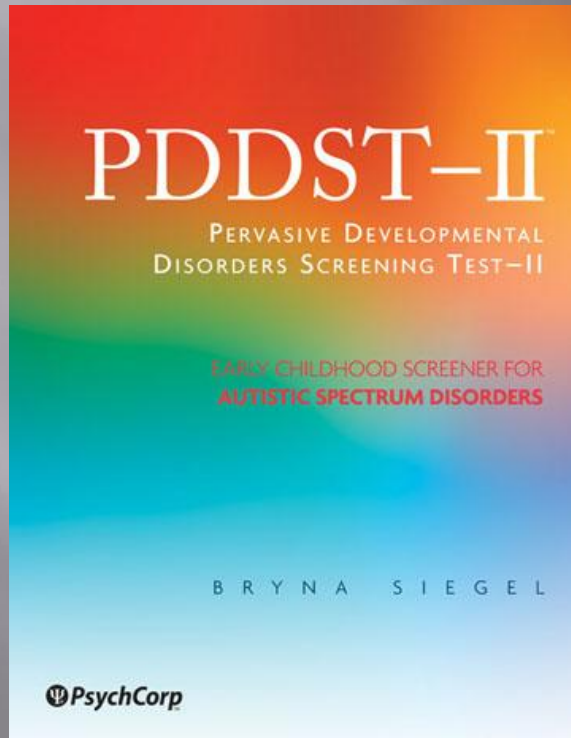
PDDST vs. PDDST-II

- ▣ PDDST (Siegel, 1993) based on 7 years of research with more than 900 children
- ▣ Additional data collected from approximately 300 children & less discriminative items were dropped
- ▣ PDDST-II was released in 2004 with these updates in mind

Goals of the PDDST-II

- ▣ To serve as a low cost, efficient early screening tool across early child health care settings
- ▣ To screen for challenges in typical
- ▣ To identify atypical development
- ▣ To serve as a reliable parent report survey

PDDST-II Manual



- ▣ Instructions on how to administer the PDDST-II
- ▣ Information about the sample including sensitivity and specificity
- ▣ Items Glossary helps to clarify the meaning of individual items

Parts of the PDDST-II

- ▣ Administered in 3 different settings
 - Stage 1 – PCS – Primary Care Setting Form
 - Stage 2 – DCS – Developmental Clinic Setting Form
 - Stage 3 – ACSS – Autism Clinic Severity Setting Form
- ▣ A positive screen for each Form has a different cut off score & meaning

Stage 1 – PCS–Primary Care Setting

PDDST-II™
 PERSIVASIVE DEVELOPMENTAL
 DISORDERS SCREENING TEST-II
 BRYNA SIEGEL

Stage 1
 Primary Care Screener (PCS)

Child's name _____
 Birth date _____ Child's age in months _____ Date of assessment _____
 Completed by _____ Relationship to child _____

Directions: For each item listed check **Yes, Usually True** or **No, Usually Not True** to indicate the response that best describes the child's behavior. Try to recall your child's behavior during that age range. The age ranges are only guidelines. Check **Yes, Usually True** if you experienced this difficulty with your child at any age. Use your experience with other children, the child's siblings, or what you expected this child to be like as a basis for comparison when responding to the items.

12 to 18 Months	Yes, Usually True	No, Usually Not True
1. Did your baby not begin to show what he/she wanted, either by using words or pointing?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your baby either ignore toys most of the time, or play almost all of the time with one or two things?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did your baby ever seem bored or uninterested in conversation going on around him/her?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you ever notice that your baby could be very alert to some sounds, but ignored other sounds that were just as loud?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did anyone express concern that your baby might have a hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did your baby seem unusually interested in feeling different textures, such as bumpy carpets or silky things?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did your baby stare at his/her fingers while turning them or use his/her fingers to stare at patterns of light?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you ever think that your baby's development was slow because he/she didn't want to do something, like walking, until he/she could do it just right?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did your baby ever do one thing over and over for so long that you were surprised a baby that age could concentrate so well?	<input type="checkbox"/>	<input type="checkbox"/>

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- ▣ Used by general pediatricians & family practitioners
- ▣ Responsive to developmental concerns for children 12-48 months old
- ▣ 22 items

Stage 2 – DCS – Developmental Clinic Setting

PDDST-II™
PERVASIVE DEVELOPMENTAL
DISORDERS SCREENING TEST-II

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2
Stage 2
Developmental Clinic Screener (DCS)

Child's name _____
Birth date _____ Child's age in months _____ Date of assessment _____
Completed by _____ Relationship to child _____

Directions: For each item listed check **Yes, Usually True** or **No, Usually Not True** to indicate the response that best describes the child's behavior. Try to recall your child's behavior during that age range. The age ranges are only guidelines. Check **Yes, Usually True** if you experienced this difficulty with your child at *any* age. Use your experience with other children, the child's siblings, or what you expected this child to be like as a basis for comparison when responding to the items.

	Yes, Usually True	No, Usually Not True
Birth to 6 Months		
1. If you talked to your baby in baby talk, was it hard to get him/her to "talk" back to you (cooing, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
6 to 12 Months		
2. Did you sometimes think your baby avoided looking at you or looked right through you during feeding?	<input type="checkbox"/>	<input type="checkbox"/>
12 to 18 Months		
3. Did your baby not begin to show what he/she wanted, either by using words or pointing?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your baby ever seem bored or uninterested in conversation going on around him/her?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did your baby seem unusually interested in feeling different textures, such as bumpy carpets or silky things?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did your baby stare at his/her fingers while turning them or use his/her fingers to stare at patterns of light?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you ever think that your baby's development was slow because he/she didn't want to do something, like walking, until he/she could do it just right?	<input type="checkbox"/>	<input type="checkbox"/>

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- Used by a variety of health professionals
- Used where children first qualify for developmental services: 0 to 3 programs, departments for developmental services, & special education intake units
- 14 items
- Differentiated those children who had ASD with those who did not meet diagnostic criteria after a complete assessment
- Intended to improve clinical estimation for a diagnosis of Autism

Stage 3 – ACSS – Autism Clinic Severity Setting

- Used by psychologists, child psychiatrists or other interdisciplinary teams who are conducting a full diagnostic assessment
- 12 items
- Positive screen indicates a higher probability of having autism

PDDST-II™
PERVASIVE DEVELOPMENTAL
DISORDERS SCREENING TEST-II
BRYNA SIEGEL

3
Stage 3
Autism Clinic Severity Screener (ACSS)

Child's name _____
Birth date _____ Child's age in months _____ Date of assessment _____
Completed by _____ Relationship to child _____

Directions: For each item listed check **Yes, Usually True** or **No, Usually Not True** to indicate the response that best describes the child's behavior. Try to recall your child's behavior during that age range. The age ranges are only guidelines. Check **Yes, Usually True** if you experienced this difficulty with your child at *any* age. Use your experience with other children, the child's siblings, or what you expected this child to be like as a basis for comparison when responding to the items.

	Yes, Usually True	No, Usually Not True
Birth to 6 Months		
1. Was it hard to get your baby to smile back at you when you smiled at him/her?	<input type="checkbox"/>	<input type="checkbox"/>
12 to 18 Months		
2. Did your baby ever seem bored or uninterested in conversation going on around him/her?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you ever notice that your baby could be very alert to some sounds, but ignored other sounds that were just as loud?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your baby stare at his/her fingers while turning them or use his/her fingers to stare at patterns of light?	<input type="checkbox"/>	<input type="checkbox"/>

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Administering the PDDST-II

- ▣ One or both parents complete the response form
 - together or separately
 - at home before the appointment or in a clinic waiting room
 - in an interview with a clinician during a home visit or at the clinic
- ▣ Teachers or day care providers familiar with the child can also complete the response form
- ▣ All questions must be completed
- ▣ Item Glossary can be used to clarify any item uncertainty

Scoring and Interpreting the PDDST-II

- ▣ Score one point for each item which is marked “Yes, Usually True”
- ▣ Total the points and write it in the Total Raw score box
- ▣ A total score below the Cut Score indicates negative screening test (less risk for Autism)
- ▣ A total score above or equal to the Cut Score indicates a positive screen test.
 - A Stage 1 positive screen should be referred to a developmental pediatrician or other trained assessment specialist (Cut-Off Score: 5)
 - A Stage 2 positive screen should raise awareness that there might be an ASD diagnosis (Cut-Off Score: 5)
 - A Stage 3 positive screen will help direct the assessment to a differential diagnosis for Autistic disorder, PDD-NOS or Asperger’s Syndrome (Cut Off Score: 8)

Case Study #1

- ▣ Chloe, a 30-month old girl, and her mother arrived at her well-child visit at her pediatrician's office. While waiting, her mother completed the PDDST-II Stage 1, Primary Care Screener.
- ▣ She answered “yes, usually true” to:
 - 5. Did anyone express concern that your baby might have a hearing loss?
 - 7. Did your baby stare at his/her fingers while turning them or use his/her fingers to stare at patterns of light?
 - 14. Did your toddler seem uninterested in playing with dolls or stuffed animals?
 - 17. Did your toddler seem uninterested in learning how to talk?
 - 20. Did your toddler ever stop using words he/she once used?
 - 21. Did your toddler ever go through a stage where he/she became less rather than more interested in toys?

Case Study #1

QUESTIONS:

1. Did Chloe meet the cutoff indicating concern for Autism?

ANSWER: Yes, because more than five items total were answered 'Yes, usually true'.

2. What next steps should be taken by the pediatrician?

ANSWER: A Stage 1 positive screen should be referred to a developmental pediatrician or other trained assessment specialist

Case Study #2

- ▣ Bernard, a 36-month old boy, and his mother come to his early intervention appointment. The early interventionist asks Bernard's mother to complete the PDDST-II Stage 2, Developmental Screener.
- ▣ She answered “yes, usually true” to:
 - 2. Did you sometimes think your baby avoided looking at you or looked right through you during feeding?
 - 4. Did your baby ever seem bored or uninterested in conversation going on around him/her?
 - 8. Did you toddler usually enjoy tickling and chasing, but not pat-a-cake or peek-a-boo?

Case Study #2

QUESTION:

How should the early interventionist respond to these results?

ANSWER: Bernard's mother's responses did not meet the cutoff of 5. The EI should continue to monitor Bernard's progress with the early intervention and periodically assess him and query his mother through parent response measures like the PDDST-II, DCS.

Case Study #3

- ▣ Jacob, a 24-month old boy, and his mother arrived at a developmental pediatrician's office for a developmental evaluation. While waiting, his mother completed the PDDST-II Stage 3, Autism Clinic Severity Screener.
- ▣ She answered "yes, usually true" to:
 - 1. Was it hard to get your baby to smile back at you when you smiled at him?
 - 2. Did your baby ever seem bored or uninterested in conversation going on around him/her?
 - 4. Did your baby stare at his/her fingers while turning them or use his
 - 7. Did your toddler seem uninterested in learning how to talk?
 - 8. Did your toddler seem particularly fascinated by motion (flipping pages of a book, sifting sand, spinning things, or watching water)?
 - 9. Did your child play with some toys in ways that aren't the main way such toys are meant to be used?
 - 10. Did your child go on jags of holding some small object almost constantly for hours or even days at a time?
 - 12. Did your child not imagine make-believe actions or people when he/she played?

Case Study #3

QUESTIONS:

What does this screen indicate?

ANSWER: Because 8 or more items were answered “yes, usually true,” this is a positive screen. A Stage 3 positive screen will help direct the developmental pediatrician’s assessment to a differential diagnosis for Autistic disorder, PDD-NOS or Asperger’s Syndrome.

References

- ▣ Siegel, B. (2004). Pervasive Developmental Disorders Screening Test-II. San Antonio: Harcourt Assessments.