

Pervasive Developmental Disorder Behavior Inventory (PDDBI)



Under TRICARE’s Autism Care Demonstration (ACD), applied behavior analysis (ABA) supervisors must submit the Pervasive Developmental Disorder Behavior Inventory (PDDBI) scores as part of all treatment requests, for beneficiaries between the ages of two and 18.5 years (can accept as early as 1.5 years). Health Net Federal Services, LLC (HNFS) offers the following information to inform and clarify those requirements, and assist ABA providers with using the PDDBI in their treatment and discharge planning.

What is the PDDBI?

The PDDBI is an informant-based rating scale designed to assess problem behaviors, social, language and learning or memory skills of children who have been diagnosed with read autism spectrum disorder (ASD). The assessment also can measure the effectiveness of treatments through successive administrations and observation of any change in scores. The measure generally looks into two broad categories, measuring the strength in social pragmatic skills and the presence of aberrant social behavior found common in ASD. The PDDBI consists of two forms: parent (to be completed by the parent) and teacher (only to be completed by the ABA supervisor).

Why is the PDDBI used?

Standardized assessments give families and provider teams clear, consistent measurements of progress over time when compared against treatment plan goal progress. TRICARE has selected the PDDBI as it focuses on the core deficits of ASD based on the DSM-5 criteria. This measure allows for an understanding of where a person falls within the spectrum of autism and the level of impact of symptoms.

What are the PDDBI submission requirements?

Only the PDDBI parent form is required at baseline; both are required for each treatment authorization request thereafter. The outcome measure offers a standard or extended option for both respondent types. HNFS can accept the standard or extended parent and teacher forms. You must include the name of the person completing the form and his/her relation to the beneficiary. The teacher form must only be completed by the ABA supervisor responsible for treatment. Responsibility for the completion of the teacher form cannot be delegated. You must include all domain, composite T-scores and the total autism composite score, except for those not included on the standard form. Submission of all outcome measure results must include the full publisher print report or hand-scored protocol and summary score sheet(s). Imbedding scores within the treatment plan or other clinical documents does not meet submission requirements. Please review the list of all scores required for the parent and teacher forms:

Score	Standard	Extended
SENSORY	X	X
RITUAL	X	X
SOCPP	X	X
SEMPP	X	X
AROUSE	X	X
FEARS	N/A	X
AGG	N/A	X
REPRIT/C	X	X
AWP/C	N/A	X
SOCAPP	X	X
EXPRESS	X	X
LMRL	N/A	X
EXSCA/C	X	X
REXSCA/C	N/A	X
AUTISM	X	X

How is the PDDBI scored?

To make comparisons possible, the PDDBI converts all sub-domain raw scores into T-scores using conversion tables in its manual. These are then combined.

- The three composite scores generated by the Standard Edition of the PDDBI are:
 - REPRIT/C – a composite measure of stereotypy and sensory behavioral challenges
 - EXSCA/C – a composite measure of expressive social and communicative abilities
 - AUTISM – a composite measure that provides a summation by measuring how the beneficiary’s social and communicative ability scores offset the beneficiary’s behavioral challenges or problems
- The extended form generates two additional composite scores:
 - AWP/C – a composite score measure of problems with social approach and withdrawal symptoms
 - REXSCA/C – a composite measure of receptive and expressive social communication skills
 - Items in the extended version do not affect the AUTISM composite score
- Each composite or T-score has a mean of 50 with a standard deviation of 10 points with a range of 10–100
- It is possible that a raw score of 0 may occur in a domain but would not occur when converted to a T-score

How must ABA providers use PDDBI scores under the Autism Care Demonstration?

ABA supervisors must integrate PDDBI scores into their comprehensive analysis of beneficiary treatment planning and progress. Along with other outcome measures, the PDDBI should guide every aspect of treatment, behavior intervention and discharge planning for beneficiaries between the ages of two and 18.5 years. This includes using the measure to analyze beneficiary progress, monitor areas of stagnation and/or regression and inform treatment-planning decisions based on the expected and actual amount of change for each comparison period. As with any respondent-based measure, respondent bias to temporary perceptions should be addressed. Additionally, changes to who completes the parent form should be minimized and noted in treatment plans when this occurs.

When do PDDBI scores indicate the need for a treatment plan modification?

ABA supervisors may need to modify the treatment approach, goals or recommendations during the every six-month comparison when there is:

- Limited measurable progress in the composite/T-scores over time.
- An increase in REPRIT/C, AWP/C and AUTISM scores over time which indicates an increase in ASD-related symptomology.
- A decrease in EXSCA/C and REXSCA/C scores over time which indicates a loss of social-communication skills.
- Autism or other composite scores approaching 40 or below indicates low to minimal level of impact of autism symptomology.
- Stagnation in scores over time when targeted goals would indicate progress would be expected.
- Large discrepancies between the parent and teacher composite scores.

Why are both the parent and teacher rating forms necessary?

The requirement for submitting both the parent and teacher form PDDBI scores allows ABA supervisors and caregivers to better understand a beneficiary’s skills and challenges. Large discrepancies (15 points or more) between the parent and teacher form PDDBI AUTISM scores must be clinically reviewed – as advised by the publisher – and be documented in the treatment plan, including plans to resolve differences.

What is the relationship between PDDBI scores and treatment plan changes?

ABA supervisors must identify and document a direct relationship between score changes and treatment plan changes to address lack of improvement and/or regression in the PDDBI scores. ABA supervisors must identify contributing factors within the treatment plan. For example, analyzing and documenting changes to PDDBI scores possibly caused by rendering less care than recommended. This also includes when PDDBI scores demonstrate a significantly low level of ASD symptoms which indicates potential areas lessening treatment need. This may occur through adjustments to treatment amounts, goal areas and adjustments to parent training and discharge timelines.

For additional information about TRICARE’s ABA benefit, please visit www.tricare-west.com/go/ACD-provider.