

# Pervasive Developmental Disorder Behavior Inventory (PDDBI)



Health Net Federal Services, LLC (HNFS) offers the following information about Pervasive Developmental Disorder Behavior Inventory (PDDBI) requirements to assist applied behavior analysis (ABA) providers with using the assessment while providing ABA treatment under the Autism Care Demonstration (ACD).

## What is the PDDBI?

The PDDBI is an informant-based rating scale designed to assess problem behaviors and social, language, and learning or memory skills of children who have been diagnosed with autism spectrum disorder (ASD). The assessment also can be used to measure the effectiveness of treatments through successive administrations and to observe any changes in scores. The outcome measure generally focuses on two broad categories: measuring the beneficiary’s strength in social pragmatic skills and determining the presence of aberrant social behavior commonly found in ASD. The PDDBI consists of two versions: the PDDBI Parent Form (to be completed by the parent) and the PDDBI Teacher Form (only to be completed by the ABA supervisor).

## Why is the PDDBI used?

ABA providers use standardized assessments to show clear, consistent measurements of progress over time when compared against the beneficiary’s progress with treatment plan goals. TRICARE has selected the PDDBI as it focuses on core ASD deficits based on *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* criteria. ABA providers use this outcome measure to understand where a beneficiary is within the spectrum of autism and how much symptoms impact the beneficiary.

## What are the age requirements?

PDDBI scores must be submitted for beneficiaries ages 2 years through 18 years and 6 months as part of ABA treatment requests under the ACD. **Note:** HNFS can accept PDDBI scores for beneficiaries as young as 1 year and 6 months.

## What are the PDDBI submission requirements?

Only the PDDBI Parent Form is required at baseline; the Parent and Teacher Forms are required for each treatment authorization request thereafter. The outcome measure has a standard or extended option for both respondent types. HNFS can accept standard or extended Parent and Teacher Forms. ABA providers must include the name of the person completing the form and 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. **Note:** If you are using the standard version, include only the applicable scores for that version. Submission of all outcome measure results must include the full publisher print report or hand-scored protocol and summary score sheet(s). Embedding scores in the treatment plan or other clinical documents will 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, ABA providers use the conversion tables in the PDDBI manual to convert all subdomain raw scores into T-scores. These T-scores are then combined. 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.

The three composite scores generated by the standard PDDBI are:

- REPRIT/C – A composite score measure of expressive social and communicative abilities
- EXSCA/C – A composite score measure of expressive social and communicative abilities
- AUTISM – A composite score 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 two additional composite scores generated by the extended PDDBI are:

- AWP/C – A composite score measure of problems with social approach and withdrawal symptoms
- REXSCA/C – A composite score measure of receptive and expressive social communication skills

**Note:** Items in the extended version do not affect the AUTISM composite score.

## How are PDDBI scores used by ABA providers 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 2 years and 18 years and 6 months (or as early as 1 year and 6 months). 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 if it occurs.

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

ABA supervisors may need to modify a beneficiary’s treatment approach, goals, or recommendations during 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 symptomatology.
- 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, which indicates low to minimal level of impact of autism symptomatology.
- Stagnation in scores over time when targeted goals indicate progress should be expected.
- Large discrepancies between the Parent and Teacher Form composite scores.

Refer to the “How is the PDDBI scored?” section above for scoring details.

## Why are both the parent and teacher rating forms necessary?

The requirement for submitting PDDBI Parent and Teacher Form scores allows ABA supervisors and caregivers to better understand a beneficiary’s skills and challenges. Large discrepancies (15 points or more) between the PDDBI Parent and Teacher Form 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 a beneficiary’s PDDBI scores. ABA supervisors also 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 have less treatment need. This may occur through adjustments to treatment amounts, goal areas, and adjustments to parent/caregiver training and discharge timelines.

For additional information about TRICARE’s ABA benefit, please visit [www.tricare-west.com/go/ACD-provider](http://www.tricare-west.com/go/ACD-provider).