

# **Creation and Use of the Pervasive Developmental Disorder Behavior Inventory (PDDBI) Parent Form**

**Spanish Translation**

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## Executive Summary

*Approximately 13% of the U.S. population primarily speaks Spanish at home (U.S. Census Bureau, 2017). The prevalence of autism in the United States has been steadily rising over the decades, and now affects 1 in 59 children over the age of 8 years. Identification of Spanish-speaking individuals is becoming increasingly important so they can obtain the help they need to improve their quality of life. With the availability of the PDDBI Parent Form in Spanish, this significant and underrepresented (Baio et al., 2018) portion of the population can now benefit from the PDD Behavior Inventory product family for detection, diagnosis, and progress monitoring.*

### What is Autism?

Autism spectrum disorder (ASD) is a neurodevelopmental disorder in which persistent deficits in social communication are observed, such as restricted interactions and repetitive patterns of behaviors or interests (Kogan et al., 2018). Affected individuals frequently have difficulty establishing eye contact and may not show interest in others. They may have difficulty communicating and often use unusual ways to express themselves, such as uncommon vocal patterns; echoing others; and/or pulling people over to what they want, rather than speaking (Cohen & Sudhalter, 2005). Research indicates that genetic factors play a very strong role in who develops ASD (Bailey et al., 1995).

The term pervasive developmental disorder (PDD) was introduced by the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III)*; American Psychiatric Association, 1980), which listed three types of PDD: (a) infantile autism, (b) childhood-onset PDD, and (c) atypical PDD. Subsequent editions of the *DSM* revised the name and definition of PDD, until the most recent edition, the *DSM-5* (2013), consolidated all subcategories of autism into a single continuum of autistic impairments—ASD. This change occurred because these three types of PDD were not found to be reliably diagnosed across equally experienced clinicians.

### Prevalence

Autism is the most common of the pervasive developmental disorders. The prevalence of ASD in 8-year-olds is 1 in every 59 children—a 15% increase over the previous two years (Baio et al., 2018)—and occurs three to four times more frequently in males than in females (Gillberg & Coleman, 2000; Baio et al., 2018). The reasons for this rise have been debated; however, obvious factors to consider include the changes in how autism has been diagnosed over the years. See Figure 1 for details on the estimated growth of autism diagnosis in the U.S. Accurate diagnosis, therefore, is crucial to ensure affected individuals receive appropriate and effective treatment and accommodations. The PDD Behavior Inventory (PDDBI) was designed to assist in the assessment process.

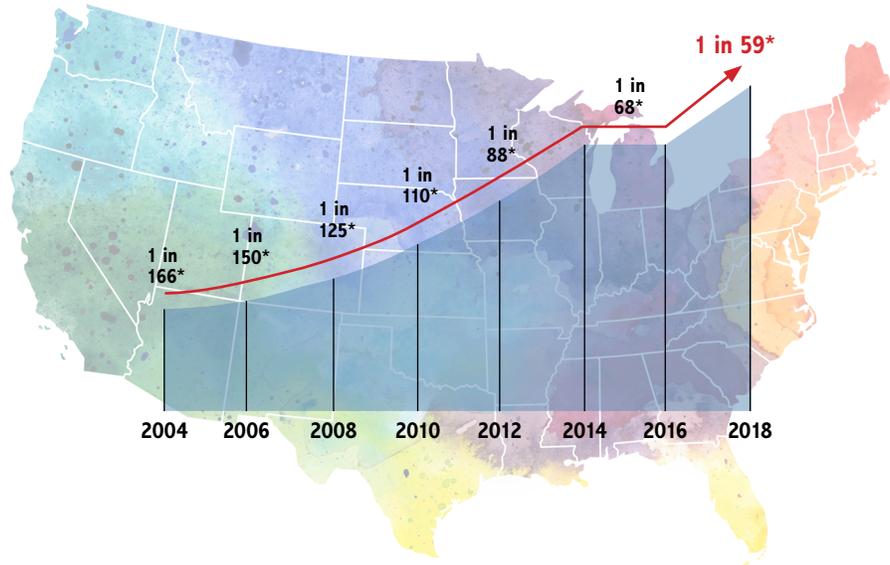
### The PDD Behavior Inventory

The PDDBI was created because a number of existing instruments used to assess individuals with PDD had limitations, such as failure to assess adaptive behavior, instead focusing on maladaptive behaviors, discriminating adaptive behaviors of people with autism from people with other disorders, and concerns assessing generality of change (Cohen & Sudhalter, 2005). The authors of the PDDBI had five primary goals for the development of the assessment (Cohen & Sudhalter, 2005):

1. To provide an assessment of autism that results in age-standardized scores.
2. To create items that measure both problem behaviors and social communication skills relevant to autism.

**Accurate diagnosis, therefore, is crucial to ensure affected individuals receive appropriate and effective treatment and accommodations.**

## Estimated Autism Prevalence in 2018



\*Centers for Disease Control and Prevention (CDC) prevalence estimates are for 4 years prior to the report date (e.g., 2018 figures are from 2014).

**Figure 1.** Estimated prevalence of autism spectrum disorder in the U.S. population. Data from “Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States,” by J. Baio et al., 2014, *Morbidity and Mortality Weekly Report, Surveillance Summary*, 67, p. 1-23. Reprinted with permission.

3. To include separate inventories for parents and teachers in order to address the issue of generalization.
4. To include a measurement system (i.e., a Likert scale) that has been shown to be useful in measuring responsiveness to intervention and/or detecting change.
5. To create an assessment tool that would be sensitive to, and useful for, multiple applications (e.g., clinical, medical, educational, research).

As mentioned in the PDDBI Professional Manual, the PDDBI is not a diagnostic tool and should never replace direct observation of the child and discussion of the child’s history with the caregivers (Cohen & Sudhalter, 2005). Due to the well-diagnosed normative sample, however, score profiles obtained by the PDDBI can reliably show differentiation between children with a diagnosis of autism and those without. This valuable information, when combined with other data such as additional assessments (e.g., Cohen, 2018), medical history, and clinical observations, can form a stronger understanding of the individual being assessed and provide a clearer foundation for potential diagnosis, as well as track changes over time.

## Spanish Translation

### Why Spanish?

Neurodevelopmental disorders do not discriminate between languages, so it is important that informative assessments break the language barrier. There are more than 39 million individuals in the United States who primarily speak Spanish at home—nearly 16 million of whom speak English “less than ‘very well’” (U.S. Census Bureau, 2017). These individuals are no less eager to help their children succeed than those who speak English fluently. According to PDDBI customers surveyed by the publisher, translating instruments such as the PDDBI into Spanish is frequently requested by school psychologists and clinicians who serve the Spanish-speaking population.

### Translation Process

To facilitate the Spanish-speaking population, the PDDBI Parent Form was translated into Spanish. Dr. Robert Weiner and his team of researchers carefully translated the Parent Form’s items and instructions by considering each scale’s purpose and intent as described in the Professional Manual (Cohen & Sudhalter, 2015). This allowed the translators to ensure any subtle wording nuances were appropriately translated and the psychological meaning of each item was retained.

The Spanish text was then submitted to an independent translator unfamiliar with the PDDBI, who translated all items and instructions back into English. This back-translation was critically compared by the authors of the PDDBI and a translational review expert. Regardless of magnitude, any differences in meaning or possible issues that could arise from cultural interpretation were flagged; this process was repeated until a mutually-satisfactory version of the form was completed and approved by the authors and publisher.

## Using the PDDBI Spanish Translation

### Administration

Administration of the PDDBI Parent Form in Spanish is identical to administration in English. The form can be completed by a parent or legal guardian who has the most recent and frequent contact with the child or adolescent, and has known the child or adolescent well over the past six months. However, if both parents or legal guardians know the child well, they should both be encouraged to each complete a Parent Form individually. Feedback from both parents can be very informative, especially if one parent interacts with the child more frequently in certain settings (e.g., the mother is the one who typically takes the child to the park or the father always drives the child to and from school). This could offer a more comprehensive understanding of the child’s behaviors and may provide insight about potential rater disagreement.

Parents or legal guardians should be aware that completing the form generally takes 20 to 30 minutes, and should be instructed to complete the form in any quiet setting that is free from distractions. Upon completion, the school psychologist or clinician should review the form for completion and follow up on any unclear markings or items that have not been answered.

***Neurodevelopmental disorders do not discriminate between languages, so it is important that informative assessments break the language barrier.***

### Scoring

The Spanish translation of the PDDBI Parent Form should be scored exactly like the English version. If any items remain blank after following up with the parent, the prorating process detailed in the PDDBI Professional Manual (Cohen & Sudhalter, 2015) should be followed. In addition to traditional hand scoring, the PDDBI can be scored using PARiConnect, the publisher’s online assessment platform. This method is reliable, easy to use, reduces scoring time, and protects the clients’ and students’ identities.

To hand score, the examiner should first sum the item scores within each cluster, then sum the domain raw scores. Once all cluster and domain raw scores have been calculated, they should be copied to the appropriate spaces on the PDDBI Parent Form Score Summary Sheet. Percentile tables for cluster scores can be found in Appendix A of the PDDBI Professional Manual (Cohen & Sudhalter, 2015). Domain and composite raw scores can be converted to *T* scores and confidence intervals using Appendix B.

The Autism Composite (AUTISM) can be calculated using the Autism Composite Calculation Table found on the Score Summary Sheet and can be converted to a *T* score using the age-appropriate normative table in the Professional Manual. Information about discrepancy scores and completion of the Profile Form can also be found in Chapter 2 of the PDDBI Professional Manual (Cohen & Sudhalter, 2015).

Users who are interested in more details about administration, scoring, normative data, and the development of the PDDBI family of tests, please refer to the interactive PDDBI course on the PAR Training Portal, which is available through the publisher at [partrainingportal.com](http://partrainingportal.com).

## Summary

Approximately 13% of the U.S. population primarily speaks Spanish at home (U.S. Census Bureau, 2017). The prevalence of autism in the United States has been steadily rising over the decades, and now affects 1 in 59 children over the age of 8 years. Identification of these individuals is becoming increasingly important so they can obtain the help they need to improve their quality of life. The authors and the publisher hope that with the availability of the PDDBI Parent Form in Spanish, this significant and underrepresented (Baio et al., 2018) portion of the population will have one less barrier in the detection of autism. Language is not a barrier for ASD, so it should not be a barrier for aid.

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A comprehensive reference list of research articles related to the PDDBI is available at [www.mendeley.com/community/pddbi/](http://www.mendeley.com/community/pddbi/). After accessing the link, you will be prompted to create an account with Mendeley, a free reference management tool, to view the PDDBI reference list. A Word document of the reference list is also available under the Resources tab at [www.parinc.com/PDDBI](http://www.parinc.com/PDDBI). Use of this free resource is encouraged to facilitate research about autism spectrum disorders and the PDDBI.

**To cite this document, use:**

Giella, A. K. (2019). *Creation and use of the Pervasive Developmental Disorder Behavior Inventory (PDDBI) Parent Form Spanish translation* [white paper]. PAR.



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Amy graduated from the University of South Florida with a BA in psychology. She has worked in psychological test development for the past 8 years. In her spare time, Amy enjoys writing fiction, spending time with family, and playing with her much-loved dog, Noodles.

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