



PEDS Certification



How To Administer PEDS: Parents' Evaluation of Developmental Status

Adapted from
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Used with permission



Steps and Resources

- Steps to certification
 - Download sample forms to use with slides
 - Review the presentation
 - Review supplemental materials, if desired
 - Take the post-test
- Resources
 - Supplemental information available at
 - www.pedstest.com
 - www.azaap.org



Why Screen



Benefits of Formal Screening

- Reduces “doorknob concerns”
 - The “oh by the way” questions on development and behavior are answered up front
- Focuses visit and facilitates patient flow
 - You address the issues that parents raise
- Improves parent satisfaction



More Benefits

- Increases your confidence in referral decisions
 - Because you are referring for a problem that the parent has identified, the parent is more likely to follow-up
- Improves parents' feeling that they have a collaborator in child-rearing



More Benefits

- Early intervention – even for minor problems – works!



Screening Tests

- General information
 - Many tests are available
 - Look for tests that have been standardized and validated
 - Choose the option that works best for your practice



Screening Tests

- Most common
 - PEDS
 - Ages and Stages Questionnaire (ASQ)
 - Brigance
- AzAAP is promoting the PEDS
 - Recommended as easy to administer/score
 - Practical for use in a primary care practice



Parents' Evaluation of Developmental Status

- A method for detecting and addressing developmental and behavioral problems
 - For children ages 0 to 8 years
 - Takes about 5 minutes for parents to complete, 1-2 minutes to score
 - Available in multiple languages
 - Elicits parents' concerns



Parents' Evaluation of Developmental Status

- Sorts children into high, moderate or low risk for developmental/behavioral problems
- 4th-5th grade reading level – 90% of adults can complete independently
- Score/Interpretation forms are used longitudinally
- On-line forms available with automatic scoring and results



The Forms

- Examples of forms
- Scoring information will come later



PEDS RESPONSE FORM

Paragon
Provider

Child's Name Russell Richards Parent's Name Mr. and Mrs. Richards

Child's Birthday 3/21/04 Child's Age 30 months Today's Date 9/23/2006

Please list any concerns about your child's learning, development, and behavior.

*Mostly his behavior. He doesn't mind me or seem to listen at all.
Tantrums all the time*

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

This may just be the terrible twos but it is really terrible

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

He tries to be too independent

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

I think he's too young for that sort of stuff

Please list any other concerns.

Nothing other than behavior and listening.

Peter Jones

PEDS SCORE FORM

7/7/04

Child's Name

Birthday

Find appropriate column for the child's age. Place a checkmark in the appropriate box to show each concern on the PEDS Response form. See Brief Scoring Guide for details on categorizing concerns. Shaded boxes are predictive concerns. Unshaded boxes are non-predictive concerns.

Child's Age:	0-3 mos.	4-5 mos.	6-11 mos.	12-14 mos.	15-17 mos.	18-23 mos.	2 yrs.	3 yrs.	4-4 1/2 yrs	4 1/2-6 yrs.	6-7 yrs.	7-8 yrs.
Global/Cognitive	<input type="checkbox"/>											
Expressive Language and Articulation	<input type="checkbox"/>											
Receptive Language	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Fine-Motor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Gross Motor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Social-emotional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Self-help	<input type="checkbox"/>											
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Other	<input checked="" type="checkbox"/>											

Count the number of checks in the small shaded boxes and place the total in the large shaded box below.

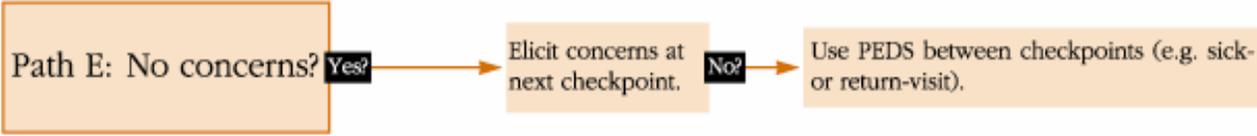
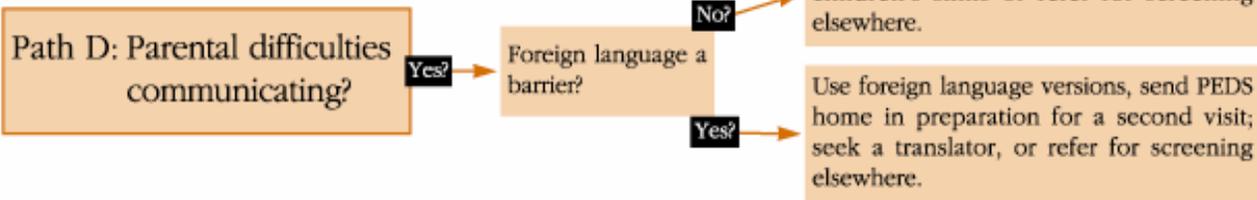
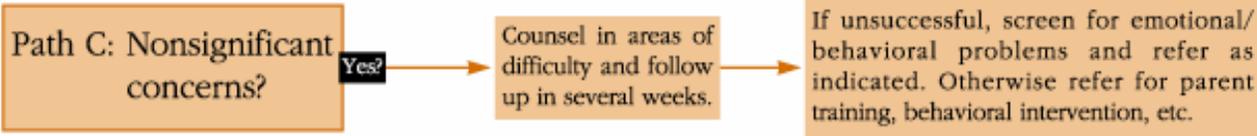
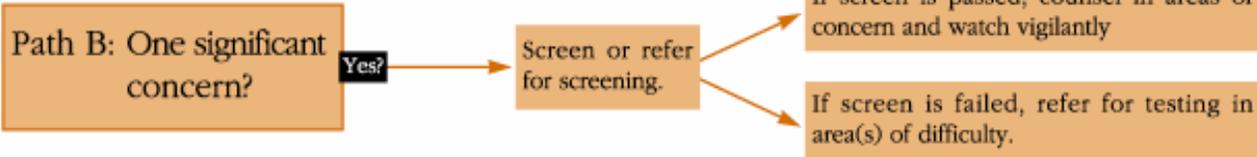
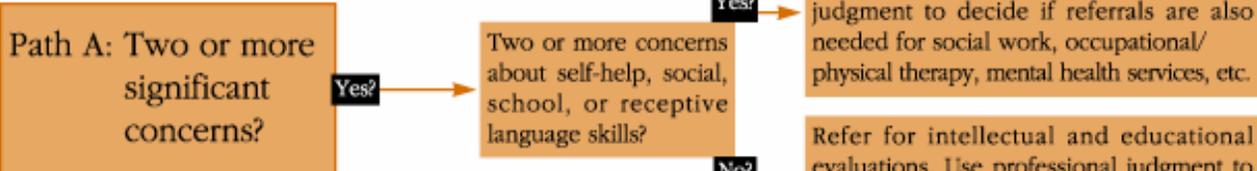
0	0	0	0	0	0	0					
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If the number shown in the large shaded box is 2 or more, follow Path A on PEDS Interpretation Form. If the number shown is exactly 1, follow Path B. If the number shown is 0, count the number of small unshaded boxes and place the total in the large unshaded box below.

0	0	0	0	0	1	1					
---	---	---	---	---	---	---	--	--	--	--	--

If the number shown in the large unshaded box is 1 or more, follow Path C. If the number 0 is shown, consider Path D if relevant. Otherwise, follow Path E.

PEDS INTERPRETATION FORM



0-3 mos. counseled re: colic

4-5 mos. happy baby, happy mom, gave info on promoting sleep

6-11 mos. no concerns gave info babyproofing house

12-14 mos. concerns about delayed walking, gave info on wide age range.

15-17 mos. no concerned re: poor response to "no". Disc limits of memory, child-proofing house

18-23 mos. no concerned re: sufficient caloric intake. Growth rate normal

2 yrs. progressing well, no concerns. Gave info on tantrums and positive discipline

3 yrs. Sent home with PDI to return 4/28 4/28: passed; counseled no re: S&L, return

4-4 1/2 yrs. _____

4 1/2-6 yrs. _____

6-7 yrs. _____

7-8 yrs. _____

Supplemental Materials Available on www.pedstest.com

PEDS

PARENTS' EVALUATION OF DEVELOPMENTAL STATUS

An evidence-based method for detecting and addressing developmental and behavioral problems in children

BRIEF ADMINISTRATION AND SCORING GUIDE

In health care and educational settings, parents often raise concerns about their child's language, behavior or other areas of development. Deciding on the best response is often challenging:

- Do concerns reflect such potentially serious problems that diagnostic testing is needed?
- Do parents simply need advice, and if so, on what topics?
- Should a developmental or behavioral screening test be administered?
- Should a child be watched carefully over time to ensure prompt attention for any emerging problems?
- Are reassurance and routine monitoring sufficient?

In contrast, some parents do not readily share their concerns. Others share them at times when it is difficult for professionals to respond carefully (e.g., by raising "oh by the way" comments at the end of a pediatric visit) while some parents need help carefully appraising how their child

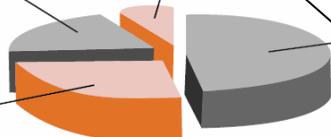
is developing compared to others. Under these circumstances, it is challenging for professionals, especially in busy medical settings, to detect and address psychosocial needs. All this contributes to the fact that fewer than 30% of children with serious developmental difficulties are identified before school entry. The subtle and emerging nature of children's problems also contributes to under-detection. For example, all children begin to talk at the usual time, but some children have trouble learning new words or combining words. Nevertheless, failure to detect difficulties means that children do not receive the benefits of early intervention. These benefits include greater rates of graduating from high school, living independently, finding a job, and delaying childbearing. Lack of early intervention contributes to the fact that 1 in 3 children has either disabilities or substantial school difficulties; 28% drop out of high school.

PEDS was designed to facilitate parent-professional communication and to ensure that developmental and behavioral problems in children are detected and addressed. This is accomplished by asking parents concerns, determining children's level of risk for developmental and behavioral problems, and providing an optimal professional response. Extensive PEDS research has shown that:

26% have a moderate risk of disabilities and need screening, developmental promotion and vigilant observation

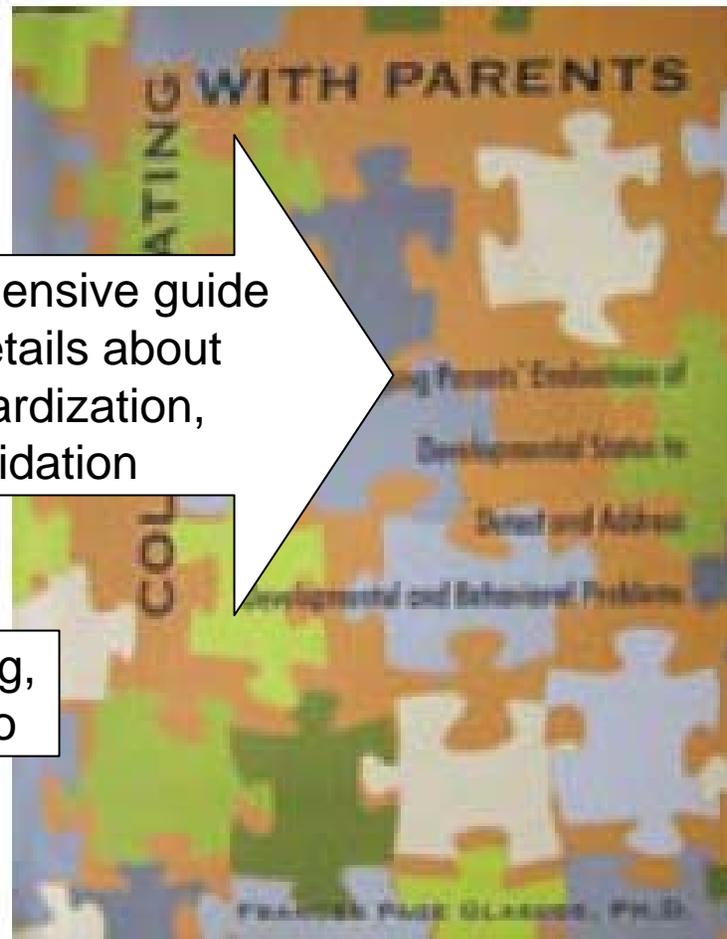
11% have a high risk of disabilities and need referrals for further evaluations

20% have a low risk of disabilities, but need mostly behavioral guidance



Brief guide to scoring, some validation info

Comprehensive guide with details about standardization, validation



The Evidence-Based Pathways

- Path A
 - High risk of developmental disabilities
 - About 10% of children fall onto Path A
 - More than 50% of these have undetected disabilities
 - Many of the rest score well below average and have psychosocial risk factors
 - Interpretation sheet guides what type of referrals to make

Evidence Based Pathways

- Path B
 - Moderate risk of disabilities
 - Need for additional screening and monitoring
 - Need for developmental promotion
 - About 20% of children fall onto Path B
 - Some have undetected disabilities
 - Others score well below average in school and/or have numerous psychosocial factors

Evidence Based Pathways

- Path C
 - Low risk of developmental disabilities, but
 - Focuses on social-emotional and behavioral issues
 - Need for parent education
 - Need for on-going monitoring of progress
 - Consider additional behavioral screening
 - Elevated risk for mental health problems, especially in older children
 - About 20% of children fall on Path C



Evidence Based Pathways

- Path D
 - Moderate risk of developmental disabilities
 - Problems with parent communication
 - Language barrier
 - Usual caregiver does not complete form
 - Other?????
 - Need for hands-on screening
 - About 3% of children fall onto Path D



Evidence Based Decisions

- Path E
 - Low risk for either developmental or behavioral disabilities
 - Most children (50+%) fall onto Path E

Using the PEDS

- First – the steps to administer and score
- Second – possible work flows in the office

How to Administer the PEDS

- Ask parents whether they would like to complete the Response Form on their own or have someone go through it with them.
 - Essential to avoid embarrassing parents who don't read well
 - Forms are available in many languages



How to Administer the PEDS

- If, in writing, parents only circle answers and don't write anything on the form, you cannot be sure of literacy and should readminister PEDS as an interview.
- If PEDS is offered in other languages, you can save completed Response Forms until a translator is available.



How to Score the PEDS

- Begin the scoring process by computing the child's age
 - Correct for prematurity if less than 24 months
 - The test has been validated such that a 35 month old would be scored under the 2-year old category, and so on.



How to Score the PEDS

- Categorize concerns
 - Read through all written comments
 - Questions and scoring categories generally correlate, BUT NOT ALWAYS!
 - The PEDS Brief Guide has many examples of how to categorize concerns



Child's Age:	0-3 mos.	3-5 yrs	3 yrs
Global/Cognitive	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Expressive Language and Articulation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Receptive Language	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fine-Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

How to Score the PEDS

- Examples of Parents' Concerns
 - Expressive Language: He can't talk plain
 - Receptive Language: She doesn't seem to understand me
 - Gross Motor: He's clumsy, falls a lot, awkward, late to walk
 - Fine Motor: She can't write well, messy eater
 - Global/Cognitive: Slow and behind, can't do what other kids can

How to Score the PEDS

- More Examples of Parents' Concerns
 - Social/Emotional: He's mean, she's bossy, doesn't have friends
 - Behavior: He won't mind me, temper tantrums
 - Academic/pre-academic: Trouble in school, doesn't know ABC's
 - Self-Help: Can't get dressed by himself
 - Other: Trouble hearing, seeing, health problems, family issues

How to Score the PEDS

- Mark the box to show the type of concern
- If the parent was worried in the past but is not worried now – SCORE as a concern
- If the parent circles “a little”, SCORE as a concern

How to Score the PEDS

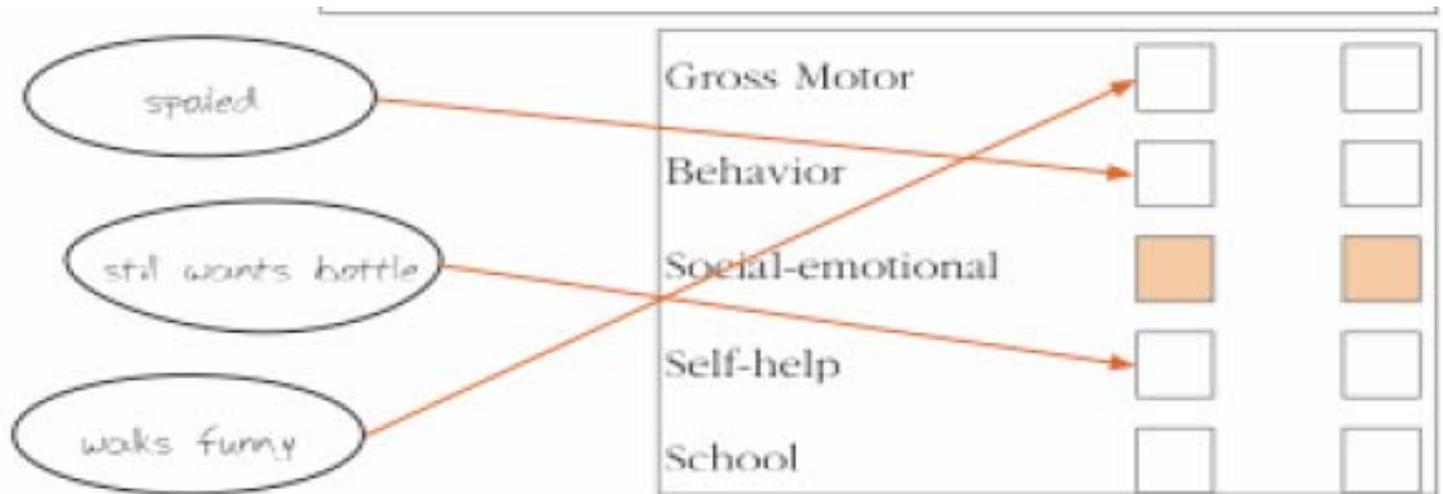
- If there are several different kinds of issues in the same category, mark the box **ONCE**.
 - E.g. tantrums, hyperactivity, biting all just get a single check under behavior.

How to Score the PEDS

- Add your concerns to the list!
 - If you have a concern about the child, you can add checks to the boxes
 - Don't remove or ignore the parents' concerns even if you are not concerned

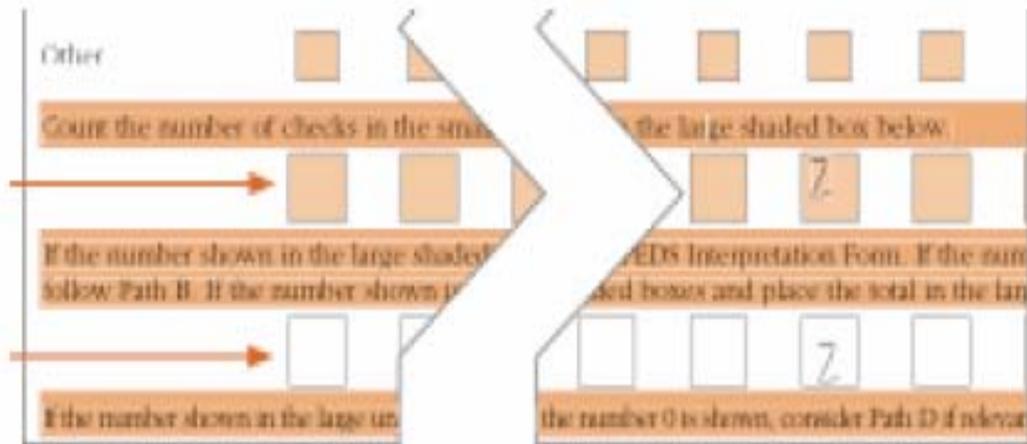
How to Score the PEDS

- The parents may not write concerns under the proper category question – score according to the type of concern



How to Score the PEDS

- Total the number of concerns marked in shaded boxes into the large shaded box at the bottom
- Total the number of concerns marked in unshaded boxes into the large unshaded box at the bottom



How to Score the PEDS

- Shaded boxes represent concerns that are predictive of developmental disabilities
- Unshaded boxes represent concerns that are not predictive of disabilities

How to Score the PEDS

- Find the correct path
 - Follow the directions below the large shaded box
 - If the number is 2 or more, follow Path A
 - If the number is 1, follow Path B
 - If no shaded boxes are checked, but the number in the large nonshaded box is 1 or more, follow Path C

How to Score the PEDS

- Find the correct path
 - If no shaded boxes are checked
 - If the number in the large nonshaded box is 1 or more, follow Path C
 - If there is a 0 in both large boxes, but you have concerns about the child, follow Path D
 - If there is a 0 in both boxes and you don't have concerns, follow Path E

Interpreting the PEDS

- Interpreting Path A

- Path A is the High Risk path, and suggest possible developmental disabilities. Refer promptly for evaluations through Early Intervention or the Public Schools (Child Find)
- Path A suggests the type of evaluations needed based on types of concerns (e.g. speech/language v. developmental pediatrics)
- Consider other testing – hearing, vision, lead screening
- Add your clinical judgment about what other kinds of services may be needed (e.g. social work, mental health, etc.)



Interpreting the PEDS

- Path A – continued
 - Additional screening with the M-CHAT is wise
 - The Modified Checklist for Autism in Toddlers supplements the PEDS
 - If the child fails the M-CHAT, refer to an autism specialist

Interpreting the PEDS

- Path B
 - Moderate risk for developmental disabilities
 - Screen further or refer for screening
 - Test specificity is improved by administering a second stage screen such as PEDS:DM or ASQ
 - Second stage screening can be done through Early Intervention or the Public Schools
 - Offer developmental promotion to those who don't qualify for special services
 - Monitor more frequently
 - Consider referrals to Head Start, after-school tutoring, etc.

Interpreting the PEDS

- Path B - continued
 - Offer developmental promotion to those who don't qualify for special services
 - School skills and speech/language are the most common concerns
 - Monitor more frequently
 - Don't wait a year for follow-up
 - Consider referrals to Head Start, after-school tutoring, etc.



Interpreting the PEDS

- Path C
 - Low risk of developmental disability but elevated risk of mental health problems, especially in children 4 years and older
 - Under 4 y.o., give parents advice and written information
 - Monitor effectiveness more frequently than routine schedule
 - If counseling is not effective, provide mental health screening or refer for screening (both child and family)



Interpreting the PEDS

- Path C – continued
 - For children 4 years and older, give mental health screens or refer for screening (child and family)
 - Screen using Pediatric Symptom Checklist or similar tool
 - Referrals through Public Schools or mental health clinics

Interpreting the PEDS

- Path D

- Path D is rare, but is used for parent-provider communication difficulties
 - No common language
 - Teen parent who is not primary caregiver
 - Parents with serious mental health or language problems
- Refer these children for hands-on screening such as:
 - PEDS:DM
 - Brigance
 - ASQ
 - BINS



Interpreting the PEDS

- Path E
 - Low risk for problems either in development or social-emotional areas
 - The most common outcome
 - Offer reassurance unless your clinical judgment suggests a problem

Interpreting the PEDS

- Form Details

- The Interpretation Form has space on the right to record your decisions, referrals, advice, etc.
- Creates a longitudinal record of services provided

The image shows a sample of the PEDS Interpretation Form. It is titled "PEDS INTERPRETATION FORM" and includes a "Client Name" field at the top. The form is organized into five main sections, each with a flowchart and a corresponding "Specific Decisions" column on the right. The sections are:

- Part A: Not at all significant concern?** This section leads to a decision point: "Significant concern about child's development?" If "Yes", it leads to "Refer to professional and assist in planning using the professional's expertise in areas of concern you are unable to address with your own knowledge, skills, and abilities." If "No", it leads to "Refer the significant and concerning information to the professional and/or caregiver to assist in further monitoring, planning, or the intervention on the child's part."
- Part B: Not significant concern?** This section leads to a decision point: "Significant concern about child's development?" If "Yes", it leads to "Refer to parent, caregiver or professional and seek advice." If "No", it leads to "Refer to child with the intent to monitor or observe."
- Part C: Not significant concern?** This section leads to a decision point: "Significant concern about child's development?" If "Yes", it leads to "Refer to professional, caregiver, or caregiver to assist in monitoring, planning, or the intervention on the child's part." If "No", it leads to "Refer to parent, caregiver or professional and seek advice." If "No", it leads to "Refer to child with the intent to monitor or observe."
- Part D: Parental difficulty understanding?** This section leads to a decision point: "Significant concern about child's development?" If "Yes", it leads to "Refer to parent, caregiver or professional and seek advice." If "No", it leads to "Refer to parent, caregiver or professional and seek advice." If "No", it leads to "Refer to child with the intent to monitor or observe."
- Part E: No concern?** This section leads to a decision point: "Significant concern about child's development?" If "Yes", it leads to "Refer to professional and assist in planning using the professional's expertise in areas of concern you are unable to address with your own knowledge, skills, and abilities." If "No", it leads to "Refer the significant and concerning information to the professional and/or caregiver to assist in further monitoring, planning, or the intervention on the child's part."

The "Specific Decisions" column on the right has lines for recording decisions for each section, with dates ranging from 6-17 days to 1-6 years.

Case Examples

- Please refer to printed handouts (see slide 3)



Case Examples-Amy

- Mrs. Henry, Amy's mother, noted concerns about her 27 month old daughter's continued use of the pacifier, and about toilet training in response to Item 1, but not again in Items 2-10. Because she was able to list concerns in writing, literacy did not seem to be a problem.
- How would you score her concerns?



PEDS RESPONSE FORM

Child's Name Amy Henry Parent's Name Lisa Henry
Child's Birthday 8/1/92 Child's Age 27 months Today's Date 11/18/94

1. Please list any concerns about your child's learning, development, and behavior.

*Not interested in toilet training
still likes to use pacifier*

2. Do you have any concerns about how your child talks and makes speech sounds?
 No Yes A little COMMENTS:

Circle one No Yes A little COMMENTS:

8. Do you have any concerns about how your child is learning to do things for himself/herself?
Circle one No Yes A little COMMENTS:

9. Do you have any concerns about how your child is learning preschool or school skills?
Circle one No Yes A little COMMENTS:

Case Examples - Amy

This is the completed score form for Amy.

Toilet training is a self-help concern, and pacifier use is a behavior concern.

Neither is predictive of problems.

PEDS SCORE FORM

Child's Name Amy Henry Birthday 8/1/92

Find appropriate column for the child's age. Place a checkmark in the appropriate box to show each concern on the PEDS Response form. See Brief Scoring Guide for details on categorizing concerns. Shaded boxes are predictive concerns. Unshaded boxes are non-predictive concerns.

Child's Age:	0-3 mos.	4-5 mos.	6-11 mos.	12-14 mos.	15-17 mos.	18-23 mos.	2 yrs.	3 yrs.	4-4 1/2 yrs	4 1/2-6 yrs.	6-7 yrs.	7-8 yrs.
Global/Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Expressive Language and Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Fine-Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Social-emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Self-help	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Count the number of checks in the small shaded boxes and place the total in the large shaded box below.

<input type="checkbox"/>												
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If the number shown in the large shaded box is 2 or more, follow Path A on PEDS Interpretation Form. If the number shown is exactly 1, follow Path B. If the number shown is 0, count the number of small unshaded boxes and place the total in the large unshaded box below.

<input type="checkbox"/>												
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If the number shown in the large unshaded box is 1 or more, follow Path C. If the number 0 is shown, consider Path D if relevant. Otherwise, follow Path E.



Case Examples – Amy

- Amy falls on Path C
 - Amy's pediatrician talked with the mother about her concerns. She stated that, in her opinion, Amy was not ready for toilet training. He agreed, and provided anticipatory guidance about toilet training, and information sheets on pacifier weaning.
 - The self-help concerns that placed Amy on Path C are not highly predictive of developmental problems. Her pediatrician determined that only routine follow-up was necessary.

Case Examples-Billy

- Billy is 3 years old. He has been seen at the public health department since he was a baby, and PEDS was used across numerous encounters. You can see on the Interpretation Form (later slide) how issues that were raised have been dealt with.
- All previous visits placed him consistently on Path C or E, except at the 18 month visit where he landed on the health concerns part of Path B.



PEDS RESPONSE FORM

Child's Name Billy Morris Parent's Name Linda Morris

Child's Birthday 4/17/94 Child's Age 3 Today's Date 4/27/97

Please list any concerns about your child's learning, development, and behavior.

He's kind of quiet and doesn't say very much. Seems to prefer watching to interacting.

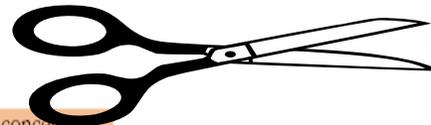
Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes **A little** COMMENTS:

As I said, I don't think he talks as well as he should for his age. Otherwise, he's just loving, watches everything carefully. Figures things out quickly. Very bright!

Do you have any concerns about how your child understands what you say?

Circle one: **No** Yes A little COMMENTS:



Please list any other concerns.

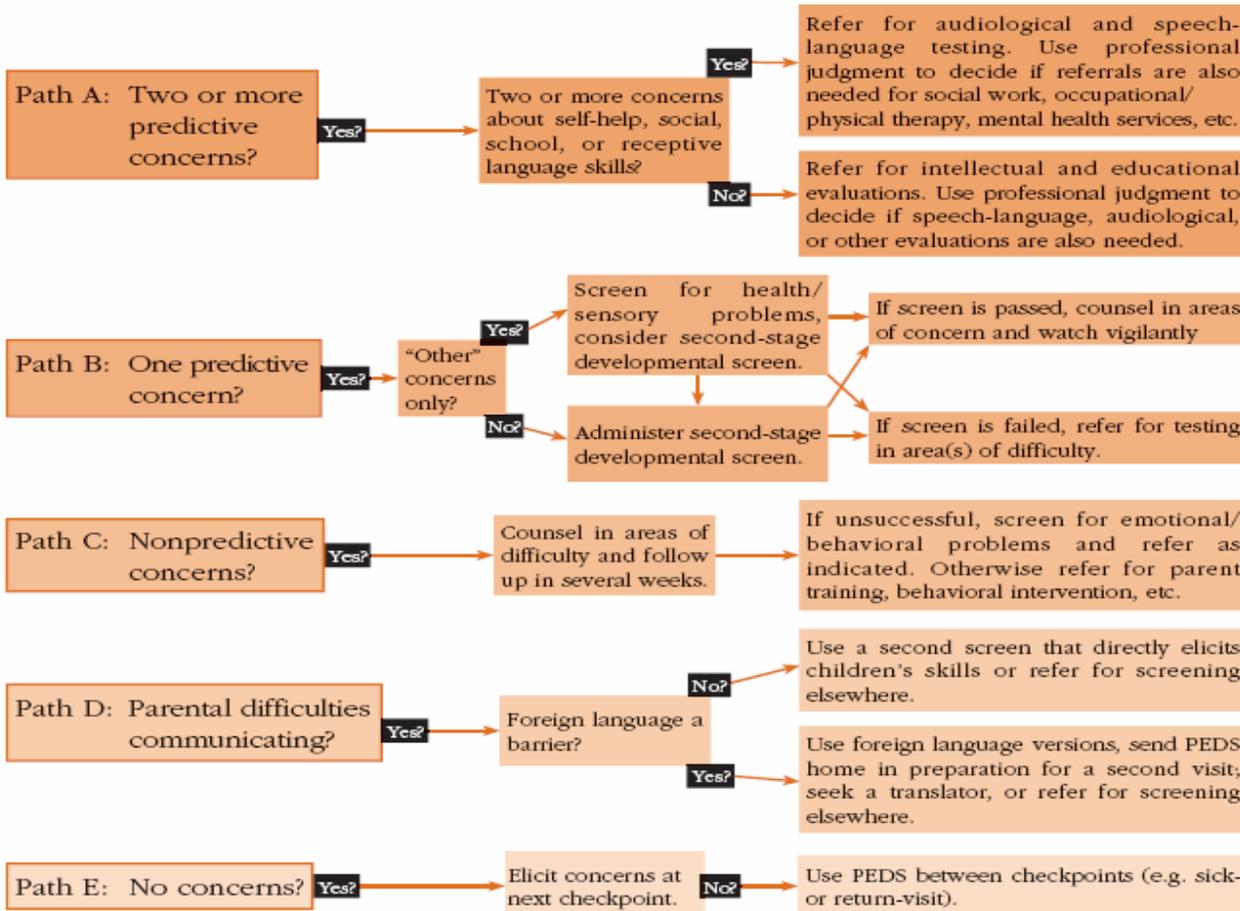
None.

Case Examples – Billy

Child's Name Billy Morris

Birthday 4/17/94

PEDS INTERPRETATION FORM



Specific Decisions

0-3 mos. counseled re: colic

4-5 mos. happy baby, happy mom, gave info on promoting sleep

6-11 mos. no concerns gave info babyproofing house

12-14 mos. concerns about delayed walking, gave info on wide age range.

15-17 mos. no concerned re: poor response to 'no' Disc limits of memory, child-proofing house

18-23 mos. no concerned re: sufficient caloric intake. Growth rate normal

2 yrs. progressing well, no concerns. Gave info on tantrums and positive discipline

3 yrs. Passed PDI, counseled re: SEL. Re-screen 4 mo.

4-4 1/2 yrs. _____

4 1/2-6 yrs. _____

6-7 yrs. _____

7-8 yrs. _____

Case Examples – Billy

- Billy falls on Path B
 - At the 3 year visit, you can see the predictive (shaded) concern about expressive language that places him on Path B.
 - Path B is a moderate risk path, and indicates a need for additional screening. This can be done in office or through referrals, depending on your office's comfort level with the problem at hand.
 - Second level screens can be done that day, or sent home with the parent.



Case Examples – Billy

- Billy – Continued

- Billy had a same-day Preschool Development Inventory (PDI) performed, which he passed.
- PEDS research shows that, even with a seemingly “false positive” result, the child is still in a mild risk category.
- Developmental promotion and more frequent monitoring is indicated.
- Billy’s mother was given advice on language promotion at home, and he will be seen in 6 months.



Case Examples-Roger

- Roger was first seen at age 2 ½. The next several slides show what Roger's mother wrote.
- Try to categorize the concerns on your own.

PEDS RESPONSE FORM

Child's Name _____ Parent's Name _____

Child's Birthday _____ Child's Age _____ Today's Date _____

Please list any concerns about your child's learning, development, and behavior.

I'm worried about how my child talks and relates to us. He says things that don't have anything to do with what's going on. He is oblivious to anything but what he is doing. He's not doing as well as other kids in many ways.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Yes, he just repeats things like "Wheel of Fortune"

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

I can't tell what he understands or if he is just ignoring us.

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

He's good with manipulatives but sometimes does lots of the same things over and over: flick lights, spin wheels on his cars

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

He's very coordinated and very fast!

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Lots of tantrums

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

He just doesn't seem interested in even watching other kids.

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

He is very independent

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

He's too young for that sort of stuff

Please list any other concerns.

We spend a lot of time playing and talking with him and this seems to be helping some. I do wonder about his hearing sometimes though.

Case Examples - Roger

- **Global/Cognitive** – broad statement that he's not doing as well as other kids in many ways
- **Expressive Language** – says things that are not related to what's going on
- **Social/Emotional** – lack of relatedness and oblivion
- **Receptive Language** – even though Mom is not sure, there is some doubt over what he understands
- **Behavior** – repetitive flicking lights, spinning wheels

Case Examples - Roger

- **Gross Motor**— nothing problematic, “very fast”
- **Fine Motor** – nothing problematic
- **Self-help**— nothing problematic
- **Academic/pre-academic**— nice statement about the inappropriateness of academic tasks at his age (lets us know that the mother knows something about child development)
- **Other** – Again, a nice statement about how his mom is trying to engage him and play with him. Question of hearing.

PEDS SCORE FORM

Child's Name Roger Birthday _____

Find appropriate column for the child's age. Place a checkmark in the appropriate box to show each concern on the PEDS Response form. See Brief Scoring Guide for details on categorizing concerns. Shaded boxes are predictive concerns. Unshaded boxes are non-predictive concerns.

Child's Age:	0-3 mos.	4-5 mos.	6-11 mos.	12-14 mos.	15-17 mos.	18-23 mos.	2 yrs.	3 yrs.	4-4 1/2 yrs	4 1/2-6 yrs.	6-7 yrs.	7-8 yrs.
Global/Cognitive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Expressive Language and Articulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Receptive Language	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Fine-Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Social-emotional	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

Count the number of checks in the small shaded boxes and place the total in the large shaded box below.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
							4					

If the number shown in the large shaded box is 2 or more, follow Path A on PEDS Interpretation Form. If the number shown is exactly 1, follow Path B. If the number shown is 0, count the number of small unshaded boxes and place the total in the large unshaded box below.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
							2					

If the number shown in the large unshaded box is 1 or more, follow Path C. If the number 0 is shown, consider Path D if relevant. Otherwise, follow Path E.

Case Examples – Roger

- Roger falls on Path A
- Roger's pediatrician recognized that his mother was looking for lots of help with Roger. She suggested further testing and services through the local early intervention program and asked to have a copy of the report sent back to her. She also referred Roger for an audiological evaluation (which he passed) and conducted a lead screening (which was normal).



Case Examples – Roger

- Early Intervention administered a range of measures and determined that Roger met eligibility criteria for enrollment. One of the measures was the Modified Checklist of Autism in Toddlers (M-CHAT) which Roger failed.
- Roger was referred to an autism specialist.
- Roger's family was evaluated for family stressors, mental health issues, and other external contributors to Roger's difficulties, but felt the family was healthy and coping well under the circumstances.



What Next?

- What are all the things needed for children who land on Path A or B
 - Locate the correct procedure and diagnosis code
 - Locate the phone number/website for referral resources
 - Generate a letter for the child's chart, and for sharing your findings
 - Conduct vision, hearing, lead screening
 - Offer additional screening/diagnostic testing, including an autism specific screen

What Next?

- What are all the things needed for children who land on Path A or B?
 - Offer additional screening/diagnostic testing, including an autism specific screen
 - Locate, copy, and provide parent educational materials
 - Arrange for other office staff, e.g. PNP, to administer additional screens.
 - Chart documentation



-
- There is an electronic version of PEDS that takes care of all these tasks for you!
 - Available at www.forepath.org
 - The electronic screening may be done by parents prior to the office visit.
 - PEDS is scored automatically
 - To evaluate for your practice, visit the website.



How to Start in Your Practice

- Decide on a point person
- Explain rationale to staff
- Allow staff to help with decisions about where, when, and how
- Place posters of critical milestones in exam rooms and waiting areas
- Gather list of referral resources and patient education materials
- Screen and screen again!



What if you FIND something?

- Before screening, let parents know what you are doing and why
- If you are responding to parents' concerns, it is easier to convey difficult news, because you are supporting their observations
- Use descriptive terms to describe your findings, not diagnostic terms (e.g. he's a little behind, she has some unusual behaviors)



What if you FIND something?

- Present news in a thoughtful, caring way, preferably in person
- Provide hope – be optimistic about intervention programs. They always help children to do better (if not get better).
- Help parents establish an action plan – phone numbers, information
- Offer on-going support, including talking with the parent or relatives who were not present



CPT Procedure Codes for Screening

- Modify the preventive services code by -25 (to show that standalone services were also provided) and then add:
 - **96110** Developmental screening (times the number of screens administered).
- You can also add:
 - **99420** Administration and interpretation of health risk assessment (can include Family Psychosocial Screen)
 - **96114** Neurobehavioral status exam if you've done a thorough evaluation of tone, reflexes, etc.



Diagnosis Codes

- **783.4** Developmental Delay
- **309.23** Academic Inhibition (school problems)
- **315.4** Developmental Coordination Disorder
- **784.5** Other Speech Disturbance
- **309.3** Disturbance of Conduct



These are the common codes suitable for Paths A and B that likely will not interfere with subsequent billing when developmental diagnostics are performed.

Locating Referral Resources

- Early Intervention/Child Find
- Quality day care and preschool programs
- Head Start and Early Head Start programs
- Mental Health services
- Parenting classes
- AAP's section on Developmental- Behavioral Pediatrics
www.dbpeds.org
- Resource links at www.azaap.org

