

Pervasive Developmental Disorders (PDD)

Early Childhood Mental Health Fact Sheet

About the Disorder

**For children younger than 24 months, “Multi-System Development Disorder” (MSDD) is preferred. For more on MSDD, see box on the back of this fact sheet.*

Pervasive developmental disorders (PDD) include autistic disorder, Rett’s disorder, childhood disintegrative disorder, Asperger’s syndrome, and PDD-NOS (not otherwise specified). For children with autism, the disorder will progress continually; children with other disorders in this category may develop normally and then experience a regression. For all disorders of this type, however, the onset will occur in early childhood, and except for Rett’s Disorder, which has been seen only in females, the rates of occurrence are higher in males than in females. This category of disorders involves a delay in a child’s development of basic social, communicative, and learning skills.

Children with this diagnosis may have impairments in the use of several nonverbal behaviors such as eye contact, facial expressions, body posture, as well as other gestures used in social interactions and to communicate. Because every child is unique and PDD covers a wide spectrum of symptoms and behaviors, no two children with this diagnosis will behave the same. In general, however, children with a PDD diagnosis have difficulty establishing social relationships, resist change, and need consistent structure and routine.

What You May See

In children for whom the onset of the disorder occurs during infancy, parents and caregivers may notice a lack of socially directed smiles and that the child does not respond to their caregiver’s voice. This sometimes leads caregivers to be concerned that their child may be deaf. Infants may also exhibit sensory sensitivities, avoid direct eye contact, be inflexible with regard to routines, and/or they may seem

clumsy. They may also have an aversion to affection and/or physical contact—during infancy this may mean the child seems uncomfortable when being cuddled.

As the child matures and begins to play with toys, they may tend to relate to the inanimate environment better than they relate to people. For example, a child with autism may be clearly enamored with a certain toy, but will not likely rush to share the special toy with their primary caregiver. The child may also seem to have little understanding of the needs of others and may even seem not to notice another person’s distress. It is these behaviors that lead to difficulty in developing friendships and problems with social skills.

It may seem that young children with PDD have little or no interest in establishing friendships. They may even seem as though they have not formed a secure bond or attachment to a particular caregiver. As children with a PDD diagnosis get older, they often desire friendships and express sadness or depression as they gain understanding of being different. Early intervention, therefore, is especially important because it can help them to develop necessary and useful social skills, communication skills, and cognitive skills. With intense behavioral intervention, some preschoolers with autism have achieved higher IQ scores, more expressive speech, and a reduction in behavior problems.

What You May See – At a Glance

The spectrum of PDD is broad—some of these characteristics may be more indicative of autism than Asperger’s.

When – Infancy

What – May exhibit sensory sensitivities, avoid direct eye contact, be inflexible with regard to routines, and/or may seem clumsy; may reject cuddling.

When – Toddler

What – As a child with PDD matures, the initial indications may become more pronounced. Beyond avoiding eye contact, they will avoid direct interactions; language problems may become more apparent or a regression in language development may occur; inflexibility with regard to routine will be more fixed; difficulties in processing visual, auditory, and tactile sensations may appear; and problems with vestibular (sense of balance and equilibrium) and proprioceptive (sense of one’s body in space) sensations may occur.

When – Preschooler

What – Children at this age may not engage in socially imitative play or they may engage in limited types of play; they may also begin to have more pronounced difficulties with peer relationships.

IMPORTANT

This fact sheet is not intended to be used as a diagnostic tool. It is meant to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter.

While it is important to respect a child’s need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult “Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters,” available from the Minnesota Department of Human Services.



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(continued)

Symptoms and Behaviors

- Inflexible adherence to routines or rituals
- Avoidance of eye contact
- Impairment in non-verbal communication
- Abnormally intense focus or interest in a specific area (for example, may be intensely focused on vehicle wheels or may insist that every toy is a guitar)
- Language problems may be apparent—the child may rarely speak, may be unable to initiate or sustain a conversation, or may repeat phrases over and over
- Lack of varied play
- Lack of social imitative play typical of developmental level (for example, will not have tea parties or play store)
- May lack sensitivity to or be highly sensitive to sounds, lights, smells, touch, and/or the taste and texture of foods

Strategies

- Provide a highly structured environment.
- Use graphic or visual schedules.
- Prepare the child for changes and transitions.

Multi-System Developmental Disorder (MSDD)

For children younger than 24 months, Multi-System Developmental Disorder (MSDD) is preferred.

A child with MSDD does not totally lack the ability to develop a social/emotional relationship with a primary caregiver but will have impairment in developing this relationship. The child may avoid contact with caregivers, but will give slight cues that show attachment. These children have difficulty forming, maintaining, and/or developing communication, including pre-verbal gestures. For many toddlers with MSDD, language does not serve a communicative intent. They may memorize parts of songs or dialogue but they do not use speech to communicate.

A child with MSDD may have major difficulty processing visual, auditory, tactile, proprioceptive (spatial awareness of one's body), and vestibular sensations. Most have poor motor planning—they lack the ability to sequence their movements to create a desired outcome—and may appear very clumsy when learning a new skill. Infants and toddlers diagnosed with MSDD also show impairments in processing sensations. For example, they may be extremely sensitive to touch (startling or even having a tantrum when touched lightly), or they may show great pleasure in heavy pressure (being sat on or wedging themselves in small spaces behind furniture).

Early interventions can be very successful in helping a child with MSDD develop processing tools and coping strategies. An assessment and intervention plan that utilizes a speech therapist, occupational therapist, family psychologist, and other professionals as necessary is crucial.

- Teach basic skills such as responding to their name, sitting with a group, and following directions.
- Teach social skills like taking turns and looking at the person you are talking to; if eye contact is too intense, teach the child to look at a person's forehead or nose instead.
- Structure playtime to help the child interact with peers (for example, assign peer buddies or establish cooperative groups to ensure inclusion).
- Find a creative way to show affection—although some children with PDD do not like to be touched, some do enjoy firm hugs.
- Ask the child's primary caregiver if there are any strategies (such as language games the child plays at speech therapy) that could be incorporated into the child's play.

Documenting Your Concerns and Next Steps

When documenting behavior, avoid generalizations such as "Katie appears to have autistic tendencies or difficulty communicating." Instead, record specific behavior, for example, "This afternoon we did not go outside because it was raining—Katie threw the blocks and laid on the floor crying for 30 minutes and no amount of redirecting or consoling seemed to help. I think I am beginning to see a pattern with Katie; she has exhibited similar difficulty with changes in the schedule at other times as well."

If a child's behaviors are causing concern, you may want to suggest to the parents that they take their child to their primary care provider who may refer the parents to a mental health professional, an early childhood behavior specialist, or a developmental pediatrician. When discussing your concerns, focus on the child's behaviors and avoid drawing conclusions about whether the behaviors are indicative of a mental health problem.

For more information about early childhood mental health, see MACMH's *A Guide to Early Childhood Mental Health*, available for order at www.macmh.org.

Ready Resources

- Autism Society of America at www.autism-society.org
- Kami M. Talley Reading and Resource Center at the University of Minnesota offers a bibliography of resources at <http://education.umn.edu/ChildCareCenter/Kamihealingthroughbooks/>
- National Institute of Mental Health at www.nimh.nih.gov
- SAMHSA's National Mental Health Information Center at www.mentalhealth.samhsa.gov
- ZERO TO THREE at www.zerotothree.org

Information included in this fact sheet comes from the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision) and DC:0-3R (Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood: Revised Edition).

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