

Developmental Profile 3

DP-3



MANUAL

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INTRODUCTION

The *Developmental Profile 3* (DP-3) is a completely new, standardized, and updated revision of the DP-II (Alpern, Boll, & Shearer, 1986), a well-established measure of child development. The DP-3 utilizes input from parents or caregivers (as an interview or a checklist) to provide scores in five key areas of development: physical, adaptive behavior, social-emotional, cognitive, and communication. The current version maintains continuity with the DP-II by combining the strong history of the latter instrument with current psychometric standards in test development. The DP-II has been viewed by users as quick, easy, informative, reliable, and valid. It was designed to cover five important developmental areas across a sizable age range and has been widely accepted and used in psychology and education. The DP-3 maintains all of those characteristics while providing a representative normative sample; updated scale names to better describe current content and uses; standard scores; new administration options; updated item content, including revision of items that referred to dated technology and customs; modern statistical scaling techniques; suggested intervention activities; and expanded computer scoring and interpretation.

In the time between the publication of the DP-II and this current version, cultural and technological changes have had a critical impact on both the rate and the nature of the experience of growing up. The technological changes brought on by the computer alone have significantly influenced how the children of today learn, communicate, socialize, function, and play. Differences in culture, such as diverse family patterns and evolving child care institutions, have children living in a very different world from that of just a generation ago. The combined effects of these technological and cultural changes make it important to update the measurement of children's physical, adaptive, social-emotional, cognitive, and communication skills. Changes incorporated into the DP-3 reflect these recent societal shifts.

The DP-3 can be used effectively in a variety of settings and for a variety of purposes, as it provides norm-based scores and information on individual strengths and weaknesses in child development. The DP-3 can be used to assess typically developing children, and also provides a psychometrically sound instrument that can quickly assess for the likelihood of delay. Research suggests that early identification of and intervention for developmental disabilities is essential (Ramey & Ramey, 1998), thus highlighting the need for an efficient and accurate assessment of child development, such as the DP-3. In defining a child with a disability, current federal special education legislation (Individuals with Disabilities Education Improvement Act [IDEA], 2004) delineates the five areas addressed by the DP-3 as domains in which to assess for delay. Furthermore, IDEA and other government programs specifically require that parents be provided with a means to be involved in the assessment of their child by providing developmental information about their child. The DP-3, with its multidimensional evaluation based on a parent interview, meets the criteria outlined by current government regulations.

General Description

The DP-3 provides five scales, each with 34 to 38 items, designed to assess the development and functioning of children from birth through age 12. The DP-3 tests a full range of skills, from serious delay through above-average ability, up through approximately age 7 to 9 years (depending upon the scale). At higher ages, its primary use is in identifying skills that are below average and in providing assurance that the skills of higher functioning children are at least within the normal range. In this sense, effective use of the DP-3 is supported through age 12 years. In addition, the test has application through adulthood for cases where very serious delay is present and there is the need to document adaptive and

developmental skills in the range assessed by the DP-3. Five scoring options (standard scores, age equivalents, percentiles, stanines, and descriptive ranges) are available for each of the five scales. Additionally, a General Development score is available (and described in greater detail in chapter 3), which is a composite of the following five areas.

Physical (35 items). This scale measures physical development by determining the child's ability with tasks requiring large- and small-muscle coordination, strength, stamina, flexibility, and sequential motor skills. The items are categorized into those that assess gross-motor skills and those that assess fine-motor skills; see chapter 3 on interpretation for more information.

Adaptive Behavior (37 items). This scale (similar to the Self-Help scale of earlier versions) measures competence, skill, and maturity for coping with the environment. It evaluates the child's ability with tasks such as eating, dressing, functioning independently, and utilizing modern technology.

Social-Emotional (36 items). This scale (similar to the Social scale of earlier versions) measures interpersonal relationship abilities, social and emotional understanding, and functional performance in social situations. Specifically, the scale assesses the manner in which the child relates to friends, relatives, and adults.

Cognitive (38 items). This scale (similar to the Academic scale of earlier versions) measures cognitive abilities in an indirect manner, that is, not by actually measuring intelligence and achievement but by assessing the development of skills necessary for successful academic and intellectual functioning. At younger ages, the scale assesses skills prerequisite to scholastic functioning in academic areas such as reading, writing, arithmetic, and computer use and logic. At the preschool and older levels, actual scholastic abilities are measured.

Communication (34 items). This scale measures expressive and receptive communication skills with both verbal and nonverbal language. The use and understanding of spoken, written, and gestural language are assessed by this scale, as is the ability to use communication devices (e.g., telephone, computer) effectively. The items are categorized into those that measure receptive communication and those that measure expressive communication; see chapter 3 on interpretation for more information.

The DP-3 is designed to be administered as an interview of the child's parent or other caregiver and takes approximately 20 to 40 minutes (Interview Form; WPS Product No. W-462A). Additionally, the DP-3 offers a Parent/Caregiver Checklist version (WPS Product No. W-462B), which consists of the same item content as the

Interview Form and can be given to a parent or caregiver to complete alone, and then scored later by the clinician. These administration options are discussed further in chapter 2. Within each of the five content areas, items are arranged in order of difficulty. Scoring is easy, as each item is rated as either *Yes*, indicating that the child possesses the skill, or *No*, indicating that the child has not yet mastered the ability. The responses are tabulated following the interview to obtain raw scores, and the raw scores are then compared to a normative sample of 2,216 individuals to obtain standard scores. These standard scores are consistent with present-day federal, state, and local program requirements. The DP-3 can also be scored using the computer scoring and interpretation report program (WPS Product No. W-462U), which is described in the section titled "PC-Based Scoring and Interpretation for the DP-3" at the end of this manual.

DP-3 Improvements

One major improvement from the DP-II to the DP-3 is the nationally representative normative sample of typically developing children, which very closely approximates the ethnic, geographic, and socioeconomic composition of the U.S. population (U.S. Census Bureau, 2005; see chapter 4 for more information on the standardization sample and study). While the previous version yielded only age equivalents and information about passing rates in the standardization sample, the DP-3 yields standard scores, percentile ranks, and stanines, while retaining age-equivalent scores, thus making it a valuable tool for special education and other evaluations.

In this revision, at the youngest levels ages are broken down into smaller increments in order to capture the rapid developmental growth that occurs during such periods. Additionally, the current version offers norm-referenced scores for children from birth through age 12 years, 11 months. This expanded age range allows for obtaining standard scores for children up through the elementary school level.

Another major improvement in the DP-3 is the updated item content. Items were removed if they no longer reflected current society (e.g., "Can the child strike and light a paper match?"), while items related to technology were added in order to capture recent changes in necessary developmental tasks (e.g., "Does the child purposefully use a mouse, touchpad, or other computerized pointing device to point and click on objects on a computer screen?"). Furthermore, statistical item analysis allowed for deleting redundant items that measured the same developmental skill level as ones that were retained, thus creating an even more efficient and streamlined instrument. However, many older items demonstrated

good statistical properties and were retained from the previous version in order to build upon the strengths present in the earlier version. Oftentimes these items were placed in a slightly different location on the scale, based upon the results of the item analyses.

Another improvement includes the expanded interpretation guidelines and clarification of test items and administration in order to provide more accurate guidance for determining what a child needs to demonstrate in order to pass an item. Finally, the current version provides suggested remediation activities tied to each of the DP-3 test items (see Appendix A), enabling clinicians to quickly turn the test results into intervention programming. All of these changes were done while maintaining the *Developmental Profile's* long history of providing a quick, easy, informative, reliable, and valid developmental assessment.

Principles of Use

The DP-3 Interview Form is easy to administer and score by a person familiar and competent with psychological or educational testing, or by a paraprofessional. Minimal training is necessary for a paraprofessional to produce reliable and valid results. Alternatively, the Parent/Caregiver Checklist may be completed by a caretaker who knows the child well and is able to read and fully understand the items, and later scored and interpreted by a clinician. Interpretation and application of the results require a professional or the supervision of a professional with training and experience in child development, psychology, and/or education. Before using the DP-3, individuals should read and familiarize themselves with the information contained within this manual, including the administration, scoring, development, standardization, and technical properties of this instrument.

Use of the DP-3 in both clinical and research settings should conform to the professional and ethical guidelines developed by the American Psychological Association (2002) and other professional psychological and educational organizations. As with any psychological assessment, this inventory should not be used without the informed consent of the child's parent or legal guardian. Users should also take necessary precautions to safeguard the confidentiality of the test results and to restrict access to results to those with a "need to know." Communication of test results to parents should generally focus on interpretation of the results and their implications rather than on specific scores.

The DP-3 is a valuable tool for any setting in which an efficient measure of any one or all five areas of functional development is needed. It can be used in schools, clinics, hospitals, or any other setting where an

evaluation of a child's developmental status, strengths, and weaknesses could be useful. Additionally, the DP-3 can serve as either a screening device or a multidimensional tool used to provide information leading toward the diagnosis of developmental delays or other difficulties.

The DP-3 serves well as a screening tool, such that it determines whether a child requires a more comprehensive diagnostic evaluation. Children who are delayed on any of the five scales might be referred for a more detailed evaluation of that specific area. For the Communication scale, children who fall below a critical cutoff point might be referred for further speech, hearing, visual, or language evaluations. Likewise, psychological or psychiatric evaluations can be selected for children screened as having significant delays on either the Social-Emotional or Adaptive Behavior scale. Referrals for orthopedic, metabolic, or nutritional evaluations could be appropriate for children scoring low on the Physical scale, whereas those scoring low on the Cognitive scale might be referred for comprehensive learning disability testing, or intellectual or achievement evaluations.

The instrument is multidimensional and diagnostic in that it allows the user to efficiently determine precisely how the child compares with his or her peers in five essential areas of development. These norm-based comparisons allow the test user to determine whether a child has a significant delay and would therefore qualify for services. Additionally, the results can help tailor an intervention program to the child's particular intra-individual pattern of development based on scale scores and item analysis. The instrument can also serve as a means of follow-up testing to document the child's progress in an intervention program.

Given its ability to function as either a screening tool or a diagnostic instrument, the DP-3 can be used to accomplish a variety of assessment and educational objectives: (a) to determine eligibility for receiving special education and/or related services; (b) to help plan an individualized educational program (IEP) or individual family service plan (IFSP) consistent with the child's strengths and deficits; and (c) to measure the child's progress by comparing profile scores at the beginning of the school year (pretest) with scores achieved at the end of the school year (posttest). Also, since the DP-3 provides a rapid and accurate measure of development along five dimensions, it can be used as a component in periodic developmental screening programs conducted by health practitioners. Additionally, the DP-3 can effectively be used in research when it is necessary to distinguish between typically developing and delayed children or used as a measure of program evaluation. The measure has a history of successful use in research for classifying participants at different levels of delay (e.g., Glascoe &

Byrne, 1993; Sandler et al., 2000) and in program evaluation (Hebbeler & Gerlach-Downie, 2002; Hur, 1997; Sung, Kim, & Yawkey, 1997).

As with any psychological instrument, the DP-3 should not be used in isolation to diagnose or plan treatment for a child. Instead it should be used in concert with other data, such as information derived from concurrent or former assessments, detailed interviews and history taking, and observations. It can serve as an efficient and economical tool for determining individuals who would benefit from a comprehensive evaluation, but it should not, by itself, be considered a comprehensive evaluation.

The interpretation of DP-3 findings, as with any developmental evaluation, requires consideration of social, cultural, and familial environments in order to evaluate the child's opportunities for acquiring specific developmental skills. This point is further discussed and illustrated in chapter 3. Finally, when interview or self-report formats are used, the adequacy of the informant's responses needs to be considered. Inaccurate perceptions, biases, or deliberate attempts to manipulate findings are all potential sources for inaccurate findings. Strategies and methods for

dealing with the validity of interview responses are discussed in both chapter 2 on administration and scoring and in chapter 3 on interpretation.

Contents of This Manual

Chapter 2 of this manual contains instructions for administering and scoring the test, and includes a completed sample of a scale from the hand-scored Interview Form. Guidelines for interpreting DP-3 results are presented in chapter 3. Technical aspects of the test are presented in chapters 4 and 5: chapter 4 reviews the test's initial development and describes how the current version of the test was developed and standardized; chapter 5 discusses the instrument's basic psychometric properties and offers an overview of research that has been conducted with the test. The appendixes present the intervention strategies, normative reference tables, and other tables useful for scoring and interpretation, as well as a section on using DP-II strategies to interpret the DP-3 and another on statistical means of comparing scales to one another.