**WPS July 22, 2021, Webinar Q&A:**

***Autism Conversations: Individualizing Educational Interventions with the MIGDAS-2 Evaluation Process.***

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1. Many of my adolescent-adult Autistic clients present with comorbid anxiety/social anxiety disorders. What recommendations do you have for best practice guidelines?

   *Generalized anxiety and social anxiety are often identified before verbally fluent adolescents and adults receive their autism spectrum diagnosis. The missing piece for them is to understand their brain style differences in processing social information and incoming sensory demands. Using the visual framework to lay out these individual patterns of strengths and differences provides a context for understanding anxiety triggers. This leads to coaching or counseling to support the development of regulation and communication routines that an individual can apply to situations triggering anxiety, negative thinking, and the retreat from incoming demands.*

2. I am very interested in any caveats/modifications/tips for using the MIGDAS-2 with individuals who have advanced cognitive abilities (WPPSI/WISC/WAIS IQ scores 130+).

   *The MIGDAS-2 conversational and sensory-based interview for verbally fluent individuals works very well with twice-exceptional individuals. You are prompted to provide:*

   - *Social overtures by inviting the individual to talk about areas of preferred interest*
   - *Interesting sensory materials to explore*

   *This amplifies the object-focused (sensory) conversational entry point—and allows you to see how the individual uses materials to create and maintain routines that organize and regulate during the conversational interview. With this population, I like to have puzzles available in the form of cubes and magnets because the exceptional brain often seeks out problem-solving visuospatial routines as a regulation strategy.*

3. I was wondering the same thing. Can we use MIGDAS-2 to diagnose autism with clients with advanced cognitive abilities?

   *Please see the previous response. In my experience, individuals with advanced cognitive abilities really enjoy this conversational and sensory-based process. Be sure to research the individual's areas of interest so that you can make the topic-focused overtures.*

4. Do you administer the MIGDAS-2 any differently to individuals with the PDA subtype/profile of autism that is more well-known in the UK? These folks have an anxiety driven need for control and refuse to comply with expectations/demands. They don't respond to routines/rewards, etc. in the same way as more typical ASD....

   *The individual's low threshold for managing incoming demands usually triggers the resistant and avoidant reactivity component of the autism spectrum brain style. From a sensory perspective, once such a reaction is triggered, it can be challenging for the individual to reset their regulation level, resulting in withdrawal, refusal, or disengagement. I once spent the first 15 minutes of a MIGDAS-2 interview in silence but intensive focus while the child sat with his back towards me and his face close to a water ring toss game. By the way, the child was highly verbally fluent when not in a reactive brain mode—a characteristic of the complex brain style profile for this group of individuals.*

5. What is the overlap between people identified as having an autism spectrum brain style using the MIGDAS-2 and people diagnosed with ASD using other standardized measures (ADOS, SRS, etc.)? Are you identifying the same people, or would some people be detected using one method but not another?

   *Research studies comparing the consistency of diagnoses using the MIGDAS-2 qualitative interview and more formal assessments like the ADOS-2 have not been done. Because individuals tend to be more relaxed using the MIGDAS-2 process and because they have access to sensory materials and topics, the evaluator is able to observe subtle but recognizable patterns of behavior that are consistent with autism spectrum brain style differences. The evaluator is then able to describe behavior patterns with accessible language and examples that resonate with the parent, teacher, and individual's understanding of how they respond to the world.*

6. What if no sensory or special interest can be identified? (e.g., DSM only requires 2 out of 4 RRBs)

   *The following systematic process will help you make a differential diagnosis if the individual:*

- *Does not display any areas of preferred interest (things that notably alert and engage the brain and sustain engagement and conversation)*
- *Does not create and maintain any routines with the sensory-based materials*
- *Does not display or have any reported sensory sensitivities*

*When you complete the MIGDAS-2 Pattern of Observations, you will have the descriptive language to distinguish between patterns of behavior that are consistent with ASD versus not consistent with ASD.*

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7. What about MIGDAS-2 vs. ADOS-2 and insurance requiring the ADOS-2 for the patient to be reimbursed for services?

   *Find out if the insurance provider requires an ADOS-2 administration for an autism medical diagnosis. If you use the MIGDAS-2, you should also use standardized behavior rating scales as part of your process, including standardized autism-specific behavior ratings scales like the SRS-2 or the ASRS as well as the CARS2, which is completed by you after taking all sources of information (caregivers, teachers) into account*

8. Has there been any research conducted on this approach?

   *No research beyond field-testing the application of this approach in schools and clinical settings where thousands of individuals have been accurately identified. Parents and teachers who have participated in this diagnostic process have endorsed it based on the results.*
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9. Where can I go to get video of a practitioner giving a MIGDAS-2? I've done the online training and read the manual, but I feel I need to observe.

   *WPS and the author are in the process of creating videos for training purposes.*

10. What is the research / evidence-base for this tool?

    *Please see above response*

11. How does this tool compare to the ADOS?

    *The MIGDAS-2 provides a set of interview guidelines and protocols to:*

- *Collect information from parents and teachers*
- *Guide the clinician through a clinical interview with a child, adolescent, or adult*

*The MIGDAS-2 process helps the clinician invite the individual to share their worldview through exploration of sensory-based topics and materials. The clinician then gains a descriptive profile or Pattern of Observations that will either describe patterns of behavior consistent with ASD or not. No score is derived. It can be used alongside the ADOS-2 or independently with standardized behavior ratings scales.*
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12. Any interested in developing the MIGDAS-2 in another language? If so, what's the requirement for the developer?

    *Contact the publisher, WPS at rights@wpspublish.com.*

13. Is it necessary to use alongside ADOS?

    *No, it can be used independently along with standardized autism-specific behavior rating scales. It is an assessment interview process, not a screener.*

14. Is this a screener?

    *Please see above.*

15. What do you do during Migdas-2 administration when there is no reported/indicated preferred interest?

    *When an individual does not have autism spectrum brain-style differences and specialized interests, the individual will engage with you in a shared social exchange pattern of behavior, like discussing a range of topics and focusing on social information. The individual will offer both social information and make social queries of the clinician.*
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16. Do you feel like the MIGDAS-2 is helpful/able to better identify girls with autism, especially given the ongoing discussion of how girls may present differently, etc.? (I feel like this is a major weakness of the ADOS).

    *The MIGDAS-2 process works very well with girls and women.*

17. Considerations when working with "minority populations", especially QTPOC (queer trans people of color) autistic clients.

    *Because the MIGDAS-2 interview process is organized around the clinician adapting to and experiencing the individual's worldview, it is a culturally friendly process.*

18. Without scores, how is the diagnosis determined?

    *Each diagnostic protocol guides the clinician through a systematic process of identifying the descriptive language that matches the interview experience in each of the areas of the descriptive triangle, leading the clinician to either describe a profile of behavior that is consistent with ASD or one that isn't. The Pattern of Observations page in each protocol yields this descriptive profile instead of a cut-off score.*
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19. Guidance on transitioning to an affirming strengths-based approach to diagnosis in an inherently deficit-based model.

    *Using the visual framework and descriptive language when talking with parents and teachers and in your summary reports is the best way to include strength-based*

*affirming language into your practice. The only time to use the language of deficits and weaknesses is when determining special education eligibility or making a formal clinical diagnosis. In talking with individuals and their families, I emphasize the strength-based individualized language and approach.*

## 20. Can the MIGDAS-2 be administered over telehealth?

*The MIGDAS-2 process works very well with telehealth.*