

Questions/Answers: How the Sensory-Based MIGDAS-2 Individualizes the Autism Diagnostic Process
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1. When you use the term narrative, does that relate to Narrative Therapy?

The term “narrative” refers to the use of the MIGDAS-2 interviews with parents, teachers, children, adolescents, and adults to create an individualized understanding of the individual with autism spectrum brain style differences. Narrative therapy and specifically Michael White’s narrative therapy work (the idea that individuals and their life stories are separate from their problems) aligns with the MIGDAS-2 strength-based positive language and visual framework.
2. How can practitioners do a remote Autism evaluation?

The MIGDAS-2 sensory-based interview process works well remotely as well as in person. Guidelines for the MIGDAS-2 remote use are available on the WPS website (<https://pages.wpspublish.com/telepractice-101>). Scroll to the bottom of the page under the FAQs section. I teach monthly CE courses for clinicians on the remote and in person use of the MIGDAS-2 diagnostic interview process (www.marilynmonteiro.com).
3. What has your experience been with assessing individuals who camouflage their autistic traits (i.e. compensation, masking, and assimilation)?

The MIGDAS-2 diagnostic interview process invites individuals to share their worldview through the entry point of preferred topics and sensory materials. This entry point is paired with reducing the social communication and task demands. So, when individuals have the experience of being invited to share their worldview, masking becomes unnecessary. Individuals with autism spectrum brain style differences often use masking to manage stressful interactions with others. When they encounter the clinician and interview setting in which social communication demands are minimized and their worldview is encouraged, respected, and shared, they do not experience the need to mask their differences. Many individuals who typically mask but have been through the MIGDAS-2 sensory-based interview process report a sense of relief that their experiences are recognized and understood.
4. Does the MIGDAS help with identifying whether certain behaviors are due to severe ADHD or Autism?

ADHD and Autism Spectrum co-occur often, making it challenging for the clinician to recognize both during the assessment process. The MIGDAS-2 sensory entry point, using preferred topics and objects with interesting sensory properties, amplifies the presentation of the autism spectrum object-focused creation and maintenance of predictable routines. This provides the clinician with the contrast with the drive for novelty and shared social experience that occurs with the ADHD brain style. The MIGDAS-2 Pattern of Observations descriptors help the clinician identify and describe patterns of behavior that are consistent with ASD or not consistent with ASD in the three key areas of Language and Communication, Social Relationships and Emotions, and Sensory Use and Interest. Individuals with ADHD brain style differences without autism spectrum differences do not present with this pattern of differences when the clinician completes the Pattern of Observations process following the MIGDAS-2 diagnostic interview.

5. Is there a report writing template in the MIGDAS-2 manual since the “parent’s narrative” can be included in an assessment report?
The MIGDAS-2 Parent/Caregiver Questionnaire is designed for clinicians to create their template to transcribe the parent narrative into their evaluation summary reports.
6. Is this diagnostic interview process appropriate for use with an interpreter, including ASL for a student with hearing loss?
The MIGDAS-2 interview process can be adapted for use with an interpreter. When working with individuals who have a hearing or vision loss, I recommend teaming with a specialist to note the differences observed from expected behaviors of other individuals who have a specific sensory loss but who do not have social communications differences and routines that are hallmarks of the autism spectrum brain style.
7. Is there a recommended minimum time length for a teacher to have had the child before completing or participating in the teacher interview?
As with any other assessment, the teacher will be the best contributor to the process if they have known the student long enough to have had multiple interactions and observations of behavior.
8. Is there a way we could observe an administration of the MIGDAS-2?
Because the MIGDAS-2 sensory-based interview is designed to adapt to each individual, it will look different across individuals. There is a three-step process clinicians are prompted to follow. Participants in my monthly CE courses are shown sample excerpts from diagnostic interviews across age and ability levels.
9. I have administered the MIGDAS-2 but was hoping for information on narrative report writing today.... can you direct us to a resource for MIGDAS report writing?
I provide monthly CE courses for clinicians on narrative report writing using the MIGDAS-2 (www.marilynmonteiro.com).
10. So, if you already know the child has autism, is there a value in giving the MIGDAS-2, for that qualitative information?
This is such an important question. Even when a child already has a diagnosis of autism spectrum, it is more than likely that the parents and the child have not yet had the child’s brain style profile of strengths and differences identified and described. This strength-based narrative is empowering and reassuring for families. It naturally leads to a focus on strength-based interventions. Providing parents and individuals with a narrative report where they recognize their child as an individual instead of reading about problem behaviors linked to meeting the criteria for a diagnosis can be life changing.
11. For remote evaluating, how do you address the tactile sensory portion?... Ask the parent to provide something and observe?
For remote MIGDAS-2 evaluations, the sensory component can be translated into using materials in the individual’s home environment. This works quite well.

12. Is the MIGDAS-2 designed to use with the ADOS-2?

The MIGDAS-2 diagnostic interviews can be used on their own, along with autism specific behavior rating scales, or with the ADOS-2 modules. For clinicians using the ADOS-2 modules who want to include the MIGDAS-2 sensory-based interview information, it works well to have the sensory-based conversation and interactions prior to administering the ADOS-2 module. This allows for an amplification of the individual's pattern of sensory routines, preferences, and sensitivities that are challenging to note during the ADOS-2 administration. It also allows the individual to form a bond with the evaluator, resulting in more engagement and cooperation during the more formally structured and examiner-driven ADOS-2 tasks.

13. What has been your reception by teachers for taking time to have an interview during the pandemic given time constraints they are already under.

My experience has been the same as before the pandemic in terms of the range of teacher responses. The challenge lies in having teachers who have not met the student in person know them well enough to complete the questionnaire. I have been asking the teachers from the previous school year to complete the teacher questionnaire in some cases, as they have more experience with the child.

14. My main problem with something like ADOS-2 is that I work with gifted/2e people and that score well on the ADOS-2 because they know what they "should" do. This sounds like using their interests as an entry point addresses that weakness.

The MIGDAS-2 works really well with twice exceptional individuals, as you invite the individual to share areas of interest with you. They enjoy it because the focus is on inviting a conversation and exploration of objects of interest without placing artificial performance demands on them. This interview process amplifies the presence of differences in the individual's brain style ability to flexibly shift from their agenda to the agenda of others, and the differences in language use when they are in charge of the topic versus when they are responding to incoming demands.

15. So, for schools returning to in-person schooling, can PPE be used to administer if the child is on site?

Yes, if you are completing an autism evaluation in a school setting using PPE, you can use the MIGDAS-2 interview protocols. Focusing on objects of interest and preferred topics at the start of the diagnostic in-person interview with PPE is encouraged, just as you would do in-person without the pandemic-required use of PPE or when you are doing a remote interview.

16. Discuss more about use with children 18 - 30 months.

With very young children, the protocol for Individuals with Limited to No Verbal Fluency provides you with an opportunity to observe and engage with the child using objects of interest. Having the parents present in an observational role is important, as it will help them see the patterns of behavior that emerge when you provide access to objects of interest paired with limited language demands and limited social overtures. The absence of social overtures provides an amplification of the young child's differences in initiating and sharing social exchanges and the differences in creating and maintaining object-focused routines.

17. Does this help you differentiate between ASD and Emotional Disturbance? I have evaluated students with a diagnosis of ASD but then I determine with lots of data that they are ED. This is a complex task that takes a lot of time. Can this help with that?

The MIGDAS-2 sensory-based interview and the accompanying Pattern of Observations provides the entry point to address the differential special education eligibility question of ASD versus ED. The key is obtaining a qualitative interview sample of the sensory-based, object-focused conversation or play style that characterizes the autism spectrum brain style. Unless you explicitly invite the student to discuss preferred topics and engage with materials that contain interesting sensory properties, the presentation of autism spectrum differences may not appear in a pronounced enough way for you to make the differential diagnosis of ASD. That being said, some students with ASD have secondary and co-occurring emotional challenges that merit identification of both the eligibility of ASD and ED.
18. Is it possible to purchase only the adult diagnostic interview protocol?

Yes, you can purchase the adult interview separately. The adult booklet contains both the interview questions and the protocol to identify behavior patterns (currently and by history), and the Pattern of Observations descriptors to help inform your diagnostic determination.
19. AT NASP last year I was told the MIGDAS can be utilized along-side the ADOS. I know this topic was touched upon as far as a standardized tool versus this less structured child-focus tool, but can these two be utilized in the same swing?

You most definitely can use both the MIGDAS-2 sensory-based interview and the ADOS-2. The ADOS-2 provides the structured, examiner driven social communication measure. Many evaluators who use both the ADOS-2 and the MIGDAS-2 find that starting with the MIGDAS-2 sensory-based interview provides a bond with the evaluator and leads to more engagement with the ADOS-2 tasks. It also provides detailed information on sensory behaviors, preferences, sensitivities, and routines that can be missed during the ADOS-2 module administration.
20. How long does it typically take to administer to a verbal child/adolescent?

You will be able to gain a detailed and nuanced sample of the verbally fluent individual's behavioral profile in an hour to 90 minutes. Then you will need additional time to review the language in the diagnostic interview protocol, identify the Pattern of Observations, and lay out the descriptive triangle of strengths and differences in the three key areas.
21. Did Autistic adults and/or parents involved in the development of the MIGDAS?

The descriptive language and structure of the MIGDAS-2 diagnostic interview protocols were developed by working with thousands of children, adolescents, and adults and their families. Parents and individuals provided feedback on their experience of being interviewed in this way and having their profile of strengths and differences identified in this way.
22. Is the parent questionnaire meant to be something that can replace the use of the ADI-R?

If you use the ADI-R, you know that it provides detailed information that can be scored and used alongside the ADOS-2 module you give to the individual child or adolescent. It does take quite a bit of time, and parents may have the experience of providing information without the corresponding experience of sharing their individual story. Adding the MIGDAS-2

Parent/Caregiver Questionnaire will address that for you, and you can give it to the parents to write their story on the form to share with you. In turn, you can transcribe their narrative into your report, and they will recognize themselves and their experience in that narrative. This builds trust and confidence in your diagnostic findings.

23. I am interested to see how this would be written up - is there an example of a report using the MIGDAS2 that we could see?

There is a sample report included in the book *Autism Conversations*. In addition, I offer monthly online training CE courses through my website www.marilynmonteiro.com, including a 4-hour course on narrative report writing.

24. Working with the 0 to 5-year-old population, how does the MIGDAS address parents that report that the child has no neuro diversities? Even though your observations clearly suggest differences.

Including the parent in the MIGDAS-2 sensory-based interview is essential for the evaluation of young children. When parents are able to watch you adapt to the child's way of organizing and regulating (object-focused; creating and maintaining predictable routines; consistently moving away from the source of social play demands; proportion of time spent engaged with materials far outweighs time spent initiating and sharing with others, including parents) they have a context for the conversation about strengths and differences. Many times, parents of young children adapt to their child's differences in ways that mask the differences until they are in a setting where they can observe and wait for their child to initiate interactions. The MIGDAS-2 focus on obtaining a Pattern of Observations instead of a score shapes the individualized conversation with the parent who is just beginning to notice the differences that are more apparent to others.

25. What are the verbal demands on the child for the low verbal child protocol?

The MIGDAS-2 protocol for Individuals with Limited to No Verbal Fluency prompts the evaluator to limited talking while offering access to materials that contain interesting sensory properties. This allows the examiner to experience how the individual organizes and regulates by creating and maintaining predictable routines with the selected materials of interest (cause/effect visual and tactile manipulatives for example). The protocol also prompts the clinician to make social play overtures (initiating; sharing; extending; flexibility) with individuals who have limited to no verbal fluency and to pair language with a visual context (labeling properties of objects of interest, for example).

26. What is the MIGDAS-2 administration time?

You will want to anticipate about an hour to complete the sensory-based interview process. This allows time to invite the verbally fluent individual to share topics of preferred interests while they explore materials with interesting sensory properties, and for the individuals with limited to no verbal fluency to explore interesting sensory materials without the accompanying stressor of social conversation.

27. Also, beyond a parent's positive feedback on the strength-based holistic approach, what's been your experience as to how the experience helps a parent to acknowledge their child's areas of need while still intervening w/the strengths?

The visual framework of the descriptive triangle helps parents place the diagnosis into a recognizable and individualized context for their child. When their child's patterns of strengths and differences is laid out for them and they agree with the description, you can readily address the question: How much is this pattern of differences getting in the way of the child's ability to learn? This leads to a discussion of the level of support that would be helpful and what those supports would be in a school setting. It also allows the evaluator to link the areas of strength displayed by the individual to practical interventions.