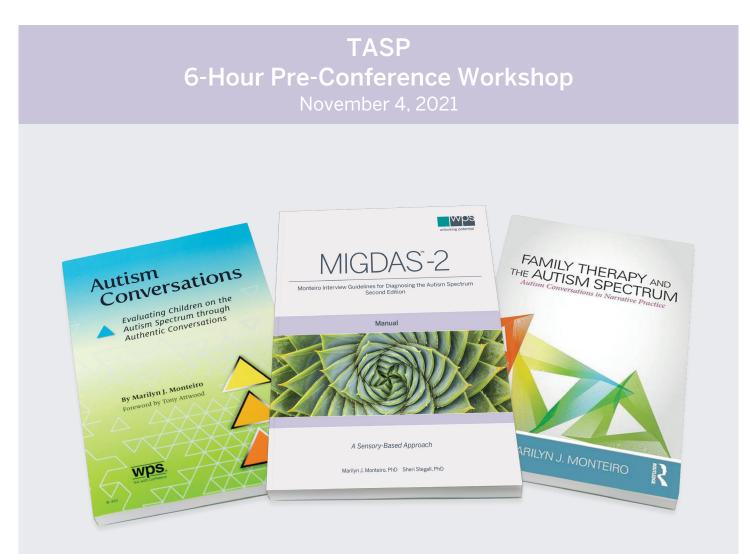
Using the MIGDAS-2 Process to Individualize the Diagnosis

Marilyn J. Monteiro, Ph.D.



marilynmonteiro.com wpspublish.com

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TASP

November 4, 2021

Agenda Topics

The Autism Spectrum

- Developing the individual narrative
- Developing true intuitive expertise

A Framework for Understanding Autism Spectrum Differences

- The Descriptive Triangle
- Quick Reference Chart
- DSM-5 and the Descriptive Triangle

Developing the Student's Individualized Behavioral Profile

- Organizing the collected data and information
- Making sense out of conflicting data
- Differential diagnosis and comorbidity considerations
- Discussing the diagnosis with parents and teachers

Behavior Plans and Educational Recommendations

- Organizing recommendations into three key areas
- Writing effective narrative reports

Effective Tools to Individualize the Diagnosis

Marilyn J. Monteiro, Ph.D.

The Power of Narrative

- Your evaluation work with students, their families, and their teachers is a powerful part of how the student and his or her family shape their story...
 - ...and a powerful part of how teachers view the student and the family
- "Change the story and things get better"

The Autism Spectrum Narrative

- Emphasizes areas of strength and differences
- Teaches you to "translate" or reframe negative labeling
- Instead of "obsessive," "OCD," and "hyper," the positive translation becomes...

...The student organizes and regulates by creating and maintaining predictable routines, including movement routines

- This descriptive reframe shifts the conversation from the negative to a focus on describing the *form* and *function* of the behavior routines
- Describing the *form* and *function* of routines leads to creative ways to use those patterns to teach deficit skills
- Building with Legos becomes: three-dimensional, visual, low-load language and social thinking
- The function becomes: organizing activity, regulating activity, and blocking out incoming sources of stress (language, social, and demands made by others)
- Shifts the narrative from the story of autism to the story of the individual
- Shifts the narrative from the global criteria to the singular presentation

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Best Practice Methods for School Evaluation Specialists

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Autism Spectrum Disorders: No longer a "low incidence" disability

- Current prevalence rate is 1 in 59 (CDC 2018)
- Girls are considered to be under-diagnosed
- 46% of children identified with ASD have average or above average intellectual abilities
- Co-occurrence with one or more non-ASD developmental, psychiatric, neurological, chromosomal, and genetic disorders is 83% (CDC 2014)
- Co-occurrence with one or more other psychiatric diagnoses is 10% (CDC 2014)

What is the cause?

- No known cause or "cure"
- Defined as a neurobiological developmental disorder
- Current medical research indicates a genetic component
- Current research suggests not a single condition but rather a group of related disorders with similar symptoms but different causes

What types of autism make up the "spectrum"?

- DSM-5 subsumes the full range of ASD differences under Autism Spectrum Disorder:
 - Classic autism or Autistic Disorder
 - Asperger's Syndrome (ICD-10 continues to recognize Asperger's Syndrome as F84.5)
 - Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS)
 - Includes Childhood Disintegrative Disorder

Current terminology

- Refer to individuals "with autism" or individuals with an "autism spectrum disorder" or individuals with "autism spectrum differences"
- Avoid referring to an individual as "autistic"

Educational role of the autism evaluation process

- By establishing eligibility you are making an educational diagnosis
- Correctly identifying autism spectrum differences is essential in understanding the underlying behaviors and planning accordingly
- High-functioning students with autism spectrum differences are at risk of being misdiagnosed or unidentified in the school setting

Best Practice Methods for School Evaluation Specialists

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What information is needed to complete an autism evaluation?

- Cognitive and achievement measures
- Speech and language measures
- Adaptive measures if developmental delays are suspected
- Multiple observations
- Parent and teacher interviews
- Screening checklists
- Autism team diagnostic student, parents, and teacher interviews
- Teaming with multidisciplinary colleagues to gain consensus

What are the best practices autism evaluation behavior rating scales?

- Childhood Autism Rating Scale 2 (CARS2-ST and CARS2-HF)
- Social Responsiveness Scale-2 (SRS-2)
- Autism Spectrum Rating Scales (ASRS)
- Gilliam Autism Rating Scale-3 (GARS-3)
- Behavior Assessment System for Children-3 (BASC-3)

What are the best practices autism team evaluation tools?

- Autism Diagnostic Observation Schedule-2 (ADOS-2)
- Monteiro Interview Guidelines for Diagnosing the Autism Spectrum-2 (MIGDAS-2)
- Psychoeducational Profile-3 (PEP-3)

Why is it important to combine qualitative and quantitative measures?

- To identify the behavioral profile of students with this complex spectrum of developmental differences, a *multimodal, multidisciplinary* approach is best practice
- The diagnosis is made by considering the preponderance of evidence, with all measures and information taken into consideration

Autism Evaluations Effective Tools to Individualize the Diagnosis

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Developing Intuitive Expertise

Ask Yourself These Key Questions:

- What exactly makes us sure that an autism spectrum diagnosis is correct for an individual child?
- How do you develop confidence in your diagnostic decisions and clinical judgments?

Recognize These Common Pitfalls:

- Pitfall for evaluators new to the process:
 - Overreliance on standardized measures and diagnostic criteria
 - Selective interpretation of information based on assumption that the student is unlikely to have autism spectrum brain style differences
 - Reluctance to give a formal diagnosis of Autism Spectrum Disorder
- Selective interpretation arises when we develop a diagnostic story and confident predictions before entering the diagnostic process...

...This leaves us vulnerable to explaining away autism spectrum differences and explaining the child's behavior to fit our diagnostic story ("that's because of ADHD, anxiety, depression, ODD")

- Instead of describing the child's behavior we interpret the child's behavior to fit our narrative
- Overreliance on standardized measures, such as the ADOS, causes us to overemphasize cutoff scores and deemphasize parent input...

... It also shapes our diagnostic process to focus on behaviors observed during the examinerdriven administration of the test...

...while milder forms of autism spectrum differences are masked under those circumstances

Effective Tools to Individualize the Diagnosis

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True Intuitive Expertise

- *Practice* and *experience* with children within the interview routine are necessary for you to distinguish the autism spectrum behavior profile from other conditions
- Requires establishing a *routine environment* to enable predictions from the available evidence
- Does your evaluation process establish this environment by including systematic interactions with the child that go beyond formal ADOS testing?
- Does your behavior sample include having a *dynamic* and *interactive* conversation with the child that elicits that child's unique worldview and perspective?
- Does your process include an element of uncertainty throughout the diagnostic process?
- Do you hold off on labeling the child until the end of the entire process?
- Does your process include carefully considering parent input?
- Do you use the visual framework and descriptive language to develop the child's descriptive behavioral profile and to "back into" the diagnosis?

Caution:

If you find yourself saying "It's not autism" or "It's not autism, it's something else," or "How can we be sure it's autism and not something else?" ask yourself:

Does the most compelling way to describe this individual's behavioral profile include "autism characteristics" and does your written report include describing "autism characteristics" while ruling out the diagnosis?

If the profile you are describing tells the story of autism spectrum differences, the story is autism spectrum. Name it for what it is.

Ask yourself:

What are my reservations about naming the characteristics as the disorder?

Individualizing the Diagnosis for Parents and Teachers

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Diagnostic Challenges for School Evaluators

Telling the story of the individual child, not the story of Autism Spectrum Disorder

- School psychologists must be familiar with the full range of Autism Spectrum Disorder differences in development and use a range of diagnostic rating scales, tests, and interview techniques to gather diagnostic information
- This requires developing diagnostic language that emphasizes recognizing deficits, as the global criteria are defined by deficits
- This negative language creates a barrier between the school psychologist and parents and teachers
- Creating the story of the individual child requires learning and using descriptive language that shifts the story from global criteria deficits to the student's individual brain style strengths and differences

How does the MIGDAS-2 process target this challenge?

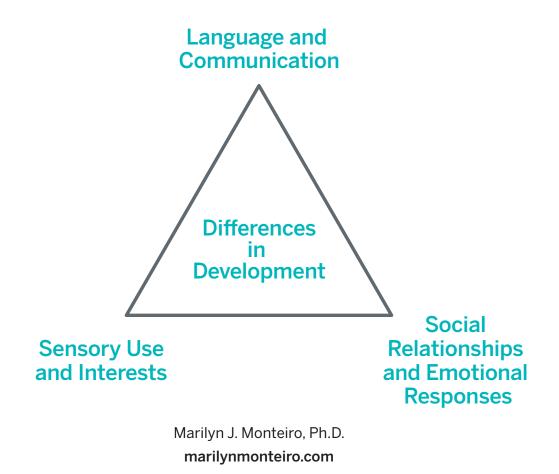
- The Descriptive Triangle and Visual Framework structure the process of collecting descriptive data to individualize the diagnosis
- This adds a dimension to the process that cannot be achieved through the use of standardized evaluation measures
- Standardized measures, including behavior rating scales and the ADOS-2 modules, provide important information and give the school psychologist a set of measures that are linked to a normative sample
- Oftentimes, there are significant differences between the ratings provided by parents, teachers, and the ADOS-2 testing for an individual child
- This leaves the school psychologist hesitant to make an autism spectrum diagnosis and susceptible to attributing autism spectrum behavioral differences to other factors (attention challenges, emotional and behavioral challenges, and parenting styles)
- When the individual's entire narrative profile is organized and laid out using the MIGDAS-2
 process, the school psychologist gains confidence in recognizing the pattern of behaviors that are
 most compellingly described and understood as the autism spectrum brain style

The Visual Framework for Autism Spectrum Disorder

The Descriptive Triangle

This framework helps you:

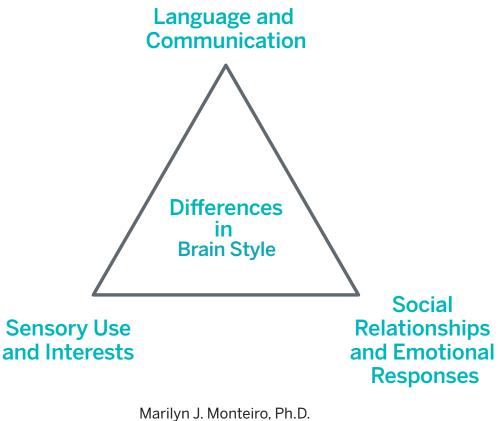
Understand the Autism Worldview Take the Perspective of the Child Describe Behavior Patterns Instead of Using Labels Start with Strengths and Then Describe Differences Link the Student's Autism Behavior Profile to Practical Interventions and Educational Supports



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The Visual Framework for Autism Spectrum Disorder

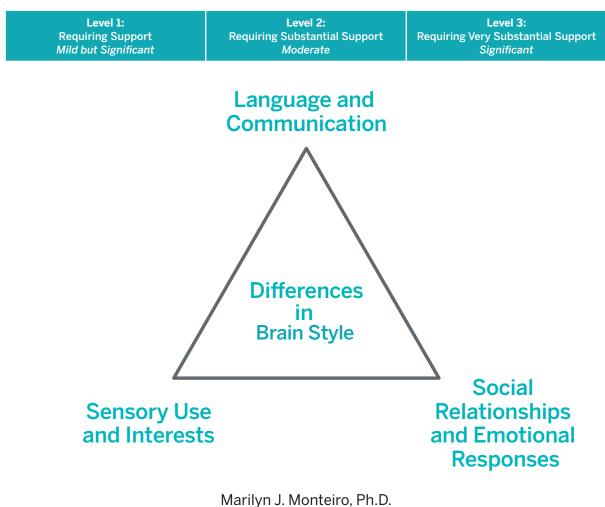
The Descriptive Triangle



marilyn J. Monteiro, Ph.D. marilynmonteiro.com

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The Visual Framework for Autism Spectrum Disorder The Descriptive Triangle



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Autism Evaluations Introduction to the MIGDAS-2 Process

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The MIGDAS-2 Process

The Manual

- The manual describes the entire process in detail
- Sample cases are provided for the three levels of protocols for individuals across age and ability levels, including adults
- Rule-out sample cases are included to highlight the different patterns of observations seen in individuals with behavior patterns consistent with autism spectrum differences, and individuals who do not display patterns of behaviors consistent with autism spectrum differences

The Questionnaires

- The Parent/Caregiver Questionnaire provides the structure to conduct a conversational interview, resulting in a descriptive narrative
- The Teacher Questionnaire provides the structure for teachers to record descriptive details regarding the individual being evaluated

The Diagnostic Interview Protocols

- Three levels of protocols are available to address autism spectrum differences across age and ability levels:
 - Limited to No Verbal Fluency
 - Verbally Fluent
 - Adult
- Each protocol provides prompts, descriptive language contrasting behavior patterns consistent with autism spectrum differences with patterns not consistent with autism spectrum differences, and space to record specific behaviors displayed by the individual during the sensory-based diagnostic interview
- Each protocol has three sections, organized into the Descriptive Triangle
- Each page highlights a behavior category with contrasting descriptions of autism spectrum behavior patterns and patterns not consistent with those differences
- A summary page is provided to help the school psychologist summarize the pattern of observations
- The descriptive language provided in each protocol allows the evaluator to summarize the individual's areas of strength and differences in a Behavioral Profile Summary that can be readily linked to individualized educational and intervention recommendations

Autism Evaluations Introduction to the MIGDAS-2 Process

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The Parent/Caregiver and Teacher Questionnaires

MIGDAS-2 Parent/Caregiver Questionnaire

- The questionnaire booklet is designed for the school psychologist to either have a face-to-face conversation with the parent, or have the parent complete the booklet and have a follow-up conversation
- Conversational prompts are organized to start with areas of present concern and include prompts for parents to discuss positive qualities and attributes
- The questionnaire is designed to provide parents and caregivers with a structured way to provide their unique and singular narrative about their child
- The autism spectrum narrative can be clearly identified as the narrative unfolds
- Understand the power of storytelling when structuring the parent interview
- Parents and caregivers need to tell their stories, and they respond to school psychologists and the evaluation process with a sense of trust and collaboration when they are provided with the opportunity to tell their stories and read their stories as part of the diagnostic summary report
- The questionnaire provides an organized way to record and report stories that highlight the individual presentation of Autism Spectrum Disorder
- As a school psychologist, you have a structured opportunity to establish a relationship of trust by listening and believing what you hear rather than explaining away autism spectrum differences when rating-scale data differ across raters and settings
- Recognize that rating scales only tell part of the story, and that behaviors may be less pronounced in the school setting than in the home setting until the demands of the environment exceed the individual's capacity to manage incoming demands

Autism Evaluations Introduction to the MIGDAS-2 Process

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The Parent/Caregiver and Teacher Questionnaires

MIGDAS-2 Teacher Questionnaire

- The questionnaire booklet is designed to have the teacher keep the booklet for several days and fill out observations about the student in response to the questionnaire prompts over the course of several days
- It can also be completed in a face-to-face interview
- The questionnaire is designed to provide teachers with a structured way to provide their unique and singular narrative about the student
- The questionnaire structures the teacher interview to maximize storytelling
- The pattern of autism spectrum differences clearly emerges when teachers are asked to describe the student in daily situations
- The teacher narrative provides the entry point to support the shift from the language of deficits to the language of differences, including areas of strength associated with autism spectrum brain style differences
- Be prepared to counsel some teachers to articulate positive qualities about the student when they respond to the query to identify three qualities that best describe the student
- Teachers need to tell their stories, and they respond to school psychologists and the evaluation process with a sense of trust and collaboration when they are provided with the opportunity to tell their stories and read their stories as part of the diagnostic summary report

MIGDAS-2 Parent/Caregiver Questionnaire

Marilyn J. Monteiro, Ph.D.

Sample Questions Excerpted from MIGDAS-2 Brody B. Case Study

Brody B. Age 8 years, 1 month

C	oncerns
1.	Describe your major concerns about your child at the present time.
	Doesn't understand social rules and hasn't made any real friends.
	_Worries about things a lot
	_Has trouble paying attention and following directions
	Gets upset when things don't go his way.

Activities and interests

5. What activities does your child like to spend the most time doing? Describe your child's special skills or areas of particular interest in as much detail as possible.

-Anything to do with space or weather	-Has a collection of rocket and space
-likes to tell us new facts	shuttle models
-Reads almanacs	-Watches the cartoon Jimmy Neutron
-Uses the Internet	becanse it is about a boy genins who
-Watches science programs	loves science and makes inventions

Sensory behaviors

6. Describe your child's responses to sensory input and changes in his/her surroundings, including any preferences and aversions.

Food

What types of food does your child prefer?

Chips, chicken nuggets, but only one specific brand

pi	icky eater, no meat or fruit, smells his food before eating it
•	-
	your child is bothered by specific foods, have you noticed what is bothersome, for example, specific textures, food buching other food on the plate, or food mixed together?
W	ill not eat foods that are mixed together: takes sandwiches apart and eats each
in	gredient separately.
	oes your child follow any dietary restrictions? Describe any specific changes in mood or behavior you've noticed nce putting the dietary restrictions in place.
Tr	ying to get him to eat a more balanced diet but he gets anxious and agitated when
۴o	prced to try something new.
R	efuses to eat new things after he smells them.
	<i>lothing</i> re there types of clothing your child prefers?
ρ	refers loose-fitting pants and shirts and has several preferred outfits.
A	t home, he likes to wear his NASA t-shirt or his homemade astronaut suit.
	your child bothered by clothing, for example, tags, seams in socks, long sleeves, tight or loose clothing, • types of material?
C	complains about tags and seams in his socks.

Visual details

Does your child seem to notice or comment on visual details that others do not pay attention to? Can you give an example?

Notices things in the background and scans the room to find objects that are of

scientific interest.

How does your child react to changes in visual details, for example, if something is moved or rearranged in his/her room or elsewhere?

Gets very upset when his brother touches his model rockets and other things.

Got upset when we changed the conch in the family room.

Emotions – anger/frustration

7.	Describe how your child manages anger and frustration.
	What situations trigger anger or agitation in your child?

Gets frustrated when his brother teases him or touches his things. Homework projects

that involve writing frustrate him, and he cries when he doesn't want to finish his

homework and we make him do it anyway. Gets upset when Tyler has friends over and

they want to play on their own. Anytime something new or unexpected comes up. Doesn't handle change very well.

How does your child express anger or agitation?

-Balls up his fists, shakes his head and yells -Once he gets upset, it takes him

-says things like "This rocket's about to blow!" awhile to calm down, and then

-Not aggressive towards others he doesn't want to talk about it.

What helps your child to calm down when angered or agitated?

Leaving him alone helps, but usually he has to go through a whole cycle before he

calms down again.

sometimes he follows us around and argues.

School experience

11. Describe your child's school experience. What interventions or supports have worked well? What changes would you like to see put into place for your child?

Past experience

His teacher last year didn't seem to understand Brody or try to help him. It seemed

like she was blaming us. Once we pushed for the evaluation, things got better.

Current

We are very happy with his teacher this year. She understands him and helps him as

much as she can. We can see that she genninely likes him and "gets" him.

We would like to see additional supports put into place to help Brody feel successful

and to help him form some true friendships.

Three words/qualities to describe child

15. What three words or qualities would best describe your child?

Good natured but serious

Intelligent

Enthusiastic about his interests

17. What do you hope to gain from this evaluation?

Brody has started saying that his brain isn't working right when he has trouble completing his homework. We are worried about his self-esteem. We hope this evaluation leads to everyone involved in his life to have a better understanding of him. We want to learn ways to help him become less frustrated and to play better with his peers. Parent/Caregiver Questionnaire 11

MIGDAS-2 Narrative Report Writing

Parent Information

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Parent Interview

As part of this evaluation process, Mrs. B. completed a detailed parent interview with this evaluation team in addition to completing several behavior rating scales. The MIGDAS-2 Parent/Caregiver Questionnaire was used to structure the interview process.

- When asked to describe her main concerns regarding Brody, Mrs. B. stated that Brody is
- When asked to talk about family life and Brody's relationships with family members, Mrs. B. stated that Brody
- When asked to describe the activities Brody enjoys, Mrs. B. noted that Brody loves to
- When asked to discuss Brody's sensory preferences and sensitivities, Mrs. B. noted that Brody
- When asked to talk about Brody's early development, Mrs. B. stated that he met his milestones on time but
- When asked to describe Brody's patterns of expressing anger and agitation, Mrs. B. stated that Brody
- When asked if she had read much about autism spectrum differences, Mrs. B. noted that since her son was quite young she has wondered if he might not have autism spectrum developmental differences.
- When asked to pick three words to describe Brody, his mother stated that he is
- When asked to discuss additional school supports she would like to see put into place for Brody, Mrs. B. noted that Brody

MIGDAS-2 Diagnostic Interview Process

Ten Tips for School Psychologists

Marilyn J. Monteiro, Ph.D.

- 1. Follow the 3-step flow:
 - Sensory materials and topics
 - Social relationships and emotions
 - Physical movement
- 2. Remember the goals of the interview:
 - Experience sharing
 - Taking the perspective of the child
- 3. Familiarize yourself with the child's areas of interest
- 4. Decide which sensory materials are appropriate to use; probe for the sensory entry point to establish the shared conversation
- 5. Start out by following the child's lead in terms of level of talking (limit verbal input with children who are not verbally fluent) and focus on objects or topics of interest
- 6. Ask comparison questions and make factual statements; mirror the child
- 7. Let things go in an unexpected direction with the child as your guide
- 8. Include comments and social probes
- 9. Prompt the child to ask you a question at the end of the session
- 10. Consider completing the sensory-based MIGDAS-2 interview prior to administration of the ADOS-2, as the sensory-based conversation alerts and engages the individual and provides information about the degree and type of input that organizes and regulates the individual; the ADOS-2 modules provide information about the individual's responsiveness to examiner-driven prompts and allow for scoring of the algorithm and the resulting autism comparison score

Autism Evaluations The Sensory-Based Interview

Marilyn J. Monteiro, Ph.D.

Suggested Sensory Materials and Fidget Items Available at Amazon and from other online vendors

These materials provide the object-focused sensory entry point for the diagnostic interview conversation across age and ability levels.

- Meteor Storm LED Changing Pattern Spinner Wand and various other hand held spinners Having multiple and varied spinners is helpful in starting the conversation and engaging children with limited verbal fluency.
- Roger Von Oech's X-Ball, Star Ball, Ball of Whacks creativewhack.com

Use these as conversation starters across age and ability levels by having partially constructed magnet balls set out for exploration. Have multiple sets with increasing levels of construction difficulty to introduce as the interview progresses.

Thunder Tube percussion instrument remo.com

Shake this during the interview at a random point and note the reaction. Explain what it is and how it works. Hand it to the individual to explore. Have a second one available to mirror the child's exploration.

Aluminum alloy infinity cube, Meferts Gear Ball, Rubik Snake, Rubik Cubes, Rainbow Puzzle Ball, Cube Bot

These handheld puzzles and fidgets work well with adults as well as children and adolescents, and are of interest to twice exceptional individuals who have highly developed visual problem-solving skills. They invite individuals to organize and regulate during the interview by creating and maintaining predictable routines.

TOMY water games fatbraintoys.com

These are of interest to children and provide a way to observe whether the verbally fluent child uses language while engaging in visual, tactile, and goal-directed play.

- Geo Flux Kinetic Sculpture This provides a tactile and visual experience for all ages and ability levels.
- Switch Pitch, Velcro ball and mitt, Phlat Ball These all provide an interesting way to complete a game of catch with children and emerging adolescents.
- Sensory stress balls, Hoberman mini-sphere, Monkey Noodles

These allow individuals to explore materials that have visual and tactile properties.

- Mini glitter wand, feelings cards
 Use the wand as a transition place holder when
 asking the verbally fluent child to tell three
 wishes, three facts about self, and three things
 to change about school. Use the feelings cards
 to prompt discussion of emotions.
- Water Wow Books, wind-up animals, TOMY Hide and Squeak Egg Shape Sorter, Push and Spin Popper Toy, Hinged Puzzles
 For young children and early elementary-age children, these materials provide opportunities to create routines that incorporate visual, tactile, and movement sensory input. They also provide structured materials for the evaluator to make social play overtures and note the responses to those overtures.
- Magnetic Fishing Puzzle, Magnetic Inset Puzzles

For young children and early elementaryage children, and for children with no verbal fluency, these provide a structured way to introduce task demands with a visual context.

Can I validly administer the MIGDAS-2 while practicing social distancing and/or wearing personal protective equipment? How about administering it remotely over a secure video-conferencing platform?

The MIGDAS-2 process uses sensory materials, conversation, and a visual framework to help evaluators gather and organize the qualitative information needed to diagnose autism in children, adolescents, and adults. This process includes guidelines for gathering information from parents/ caregivers and teachers and for conducting a sensory-based interview with the individual being evaluated. The interview is intended to be an interactive and dynamic social interaction. As with any social interaction, maintaining an unusual physical distance and/or wearing a face mask/ plastic face shield may change the nature of that social interaction in a variety of ways, such as by interfering with establishing rapport and obscuring facial expressions and spoken language. In this sense, the MIGDAS-2 interview may be impacted by social distancing and personal protective equipment. Although the interaction itself may be affected, the evaluator may still be able to make informative observations and gain useful qualitative information from the interaction. In addition, the questionnaires can provide information from the point of view of parents/caregivers and teachers to consider alongside the interactive evaluation.

The MIGDAS-2 materials can be particularly useful as a guide to conducting the parent and teacher interviews through a secure video-conferencing platform. The process can also help guide a virtual interview conversation with the individual being evaluated. With school-aged verbally fluent children and adolescents, for example, the virtual conversation with the child and parents in their home setting can start by having the child share interests and show favorite items they have with them at home. Children often show materials that have distinctive sensory properties, allowing the evaluator to share an exchange related to the child's areas of preferred interest and observe the child interacting with preferred materials.

This type of shared object-focused exchange between the evaluator and child is generally not possible during a remote observation for children with limited to no verbal fluency; however, the MIGDAS-2 protocol can still serve as a useful guide for observing the nonverbal child within his or her familiar environment, with access to preferred objects. For example, social communication features that are consistent with ASD can be readily observed during the child's interactions with his or her parents who are present remotely, and with siblings if they are there as well.

A MIGDAS-2 virtual interview conversation works well with adults being evaluated. Because the adult interview includes sensory information currently and by history, the lack of in-person access to sensory fidgets is not as limiting as it is with children and adolescents. During the conversation, the evaluator can observe routines that may be displayed with body movements, use of objects, and thematic topics of interest.

While the results of all evaluations with any assessment measure should be interpreted with care during the current pandemic, and it's important to specify the conditions under which diagnostic information is gathered, the qualitative focus of the MIGDAS-2 allows the evaluator to gather the necessary information to begin the process of recognizing neurodiversity without emphasizing diagnostic terminology.

The information gathered through the MIGDAS-2 process helps the evaluator consider all sources of available information (e.g., observations, rating scales) and facilitates writing a narrative evaluation report that describes useful treatment recommendations. These recommendations include identifying brain style strengths and differences, coaching the development of necessary skills, introducing positive supports, and providing individualized tools to address regulatory, organizational, and social/emotional needs.

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MIGDAS-2 Diagnostic Interview

Ten Tips for Remote Diagnostic Interviews

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- 1. Schedule the remote diagnostic interview after completing the parent interview
 - Establish trust with the parent
 - Gain valuable information about the child's interests and routines at home
- 2. Prepare the parents for the remote interview process
 - Explain the goals of the remote interview and observations using the 3 areas of the descriptive triangle and the language of "patterns of strengths and differences"
 - Emphasize the importance of having the child and parent in a setting at home with access to the child's preferred objects
 - Remind parents to support but wait for your prompts to guide or direct the child's play
 - Prepare them to expect a prompt to initiate a game of catch with their child
- 3. If you are conducting the interview as a team, set up one evaluator with visual access to the child and parents, with remaining team members logging on with their audio and visual features on mute
 - This allows the team members to actively observe and script out the behavior patterns during the remote diagnostic interview while minimizing the distractions for the child and parent
- 4. Greet the parent and child
 - With verbally fluent children, start the conversation by prompting:
 - "Show me..."
 - "Tell me about..."
 - With children who have limited to no verbal fluency, prompt the parent to provide the child with objects of preferred interest
- 5. Add the social question elements
 - Prompt the child to hold an object to prepare for a question (3 wishes one at a time; 3 facts about self one at a time; tell a joke)
 - Model this yourself with an object
- 6. Remember to allow "careful thinking" time
 - Immediately follow the child's response with prompt to put down the object and continue with own play or routine
 - Repeat in a "work/break" routine with the transition object

MIGDAS-2 Diagnostic Interview

Ten Tips for Remote Diagnostic Interviews

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- 7. Add sensory probes
 - Thunder tube noisemaker
 - Show sensory materials that have visual and movement properties
 - Observe the child's sensory routines:
 - Object-focused without the corresponding social referencing
 - Pattern of creating and maintaining predictable routines
 - Returning to established routines after being interrupted by the remote examiner, parents, or siblings
- 8. Add the social play
 - Prompt parent to initiate social game of catch
 - Mirror the child's way of speaking
 - Be prepared with sensory materials to "show and tell"
 - This allows you to gather information on the child's ability to flexibly shift agendas and to engage in a shared exchange
 - State your preference to probe for social extension ("I have a favorite...")
- 9. Consider adding a second observation and interview remote session with the child, parent, and siblings
 - This provides a sample of social communication and play, along with information about the child's object-focused play routines
 - You are looking for information about the child in these areas:
 - Social communication (initiation, sharing, extension, and flexibility)
 - Play (object-focused or social in the way the child creates and maintains play routines)
 - These features can be readily observed remotely with children regardless of verbal fluency level and can be observed with just the child and the parent as well as with the child, parent, and siblings
- 10. Immediately following the remote interview, complete the MIGDAS-2 protocol
 - Select the descriptors that best match your observations and remote experience
 - Transfer your notes to the protocol under the Observations section for each page
 - Discuss as a team
 - Complete the Pattern of Observations page
 - Identify your Brain Style Profile descriptors of strengths and differences in the three key areas
 - Consider all sources of information and make your diagnostic determination

Diagnostic Interviev Children and Adolesc	v cents With Verbal Fluency	unlocking potent
	MIGDA	S [™] -2
	Marilyn J. Monteiro, PhD Sheri	i Stegall, PhD
Child's name/ID number:		
Brody B.		
Date of birth:	Age:	Gender:
	8 years, I month	Male
School:		Grade:
		3rd
Date completed:		
Evaluator(s):		

Instructions

Description of this evaluation protocol:

- This MIGDAS-2 protocol is for use with verbally fluent children and adolescents.
- The term *child* is used throughout the protocol to refer to the child or adolescent being interviewed.

The Diagnostic Interview is organized into three sections to facilitate a sensory-based interview with the child:

Sensory Use and Interests Language and Communication Social Relationships and Emotional Responses

Each section highlights specific features designed to help you elicit a unique sample of the child's behavioral profile, as well as share and document the child's areas of interest and perspective. Each feature includes *Prompts*, *Observations*, and *Notes*:

Prompts

Help you structure the interview.

Observations

- Direct your attention to important aspects of the child's behavior and responses to the materials and topics. Although the primary focus is on the child's interaction with you (the evaluator), be sure to also observe the child's interactions with others who may be present during the interview, such as a parent or another team member.
- Help facilitate a team discussion (when applicable) and help you write a detailed review of the child's behavioral profile following the interview session.

Notes

 Provide space to record your specific observations of the child's behavior in response to the materials and topics.

Discussion and summary:

- Either during the interview or immediately afterward, record your observations of the child's behavior in the space provided.
- After the interview, use the Behavioral Profile Summary (located at the end of this booklet) to summarize the key features of the child's unique behavioral profile. Be sure to consider all sources of data prior to making a diagnostic determination.

Preparation/Materials needed:

- Age-appropriate sensory materials (visual, movement, auditory, tactile; to begin the interview, place one or two sensory toys or objects that produce visual and movement effects on the table in front of where you will direct the child to sit)
- Ball (for game of catch)
- Facts and items (objects, pictures, books) to be used as visual prompts related to the child's areas of
 preferred interest
- Compact mirror (for younger children)
- Feelings cards

2 MIGDAS-2

Diagnostic Interview

Language and Communication

1. Intonation and inflection

Prompts:

Listen carefully to the child's intonation, inflection, cadence, and voice volume. Reflect a subtle version of the child's style as you speak. Match the child's voice volume and intensity. Periodically interrupt the child's narrative flow by asking questions or making comments when the child is speaking.

Observations:

How does the child's speech style vary throughout the session?

Speaks with an unusual cadence that is distinctive and unvarying throughout the session: Lilting Exclamatory High-pitched Nasal Stilted Monotone Exaggerated or overemphasized Halting flow	Varies his or her cadence to match the flow and content of the conversation
Speaks in a formal or scripted style	Speaks in a style consistent with range displayed by typically developing peers
Does not modulate voice volume to fit the conversation (consistently loud or soft spoken)	Modulates voice volume as a natural part of the conversation
Responds to interruptions by increasing voice volume in a pronounced way	Responds to interruptions without increasing voice volume
Distinctive differences in speech patterns become more pronounced as the session progresses	Intonation, inflection, cadence, and voice volume remain consistent throughout the session

Notes:

Nasal, monotone quality to his speech.

Formal sound to his statements.

Lots of hesitation when answering questions and shifting from his preferred topics

to social questions.

Overrode Ev.'s comments throughout the interview by speaking louder.

Enunciated each word in an exaggerated way.

Exclamatory quality when he was making his point and stating facts.

Diagnostic Interview

Children and Adolescents With Verbal Fluency 9

Behavioral Profile Summary

Sensory Use and Interests

Strengths:

- Visual and three-dimensional thinker.

- Has age-appropriate academic skills and excels in the areas of science and math.

- Has developed several age-appropriate skills and interests (reading, science

and space, weather).

- Attends to visual details and retains information well when encoded visually.

- self-regulates by engaging in solitary activities (reading, building rockets,

following weather patterns).

Differences:

- Captured by his thoughts and topics of interest.

- Displays some sensory sensitivities.

- Transition times are unsettling for him.

- Flexibility can be challenging when he is required to switch from his agenda to

the agenda of others.

Diagnostic Interview

Children and Adolescents With Verbal Fluency 25

Language and Communication

Strengths:

- Highly verbal
- Logical thinker
- Learns and retains facts about areas of interest (space, weather).
- Enjoys talking to others about his areas of interest.

Differences:

- Low threshold for conversations that are initiated by others and do not involve his

areas of preferred interest.

- Prompt-dependent on adults to keep a conversation going outside of his special

interests.

- Challenging to talk with same-age peers about social topics.

- Harder to organize and use language when the conversation does not involve his areas of interest.

- Initiates conversations but has difficulty with reciprocity, extension, and flexibility.

- Has not yet developed a nuanced understanding of his worldview or the vocabulary to self-advocate.

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Diagnostic Interview

Social Relationships and Emotional Responses

Strengths:

- Congenial demeanor

- Connected with family members

- Genuinely enjoys sharing his preferred interests with others.

- Has a developing vocabulary to discuss emotions.

Differences:

- Awkward around people, especially during unstructured social times.

- struggles to use and interpret conversational cues (eye contact, tone of voice, joint

____attention, reciprocity, flexibility).

- Has difficulty understanding the perspective of others.

- Has not yet developed self-advocacy tools to manage successfully when he becomes

____anxious or agitated.

Diagnostic Impressions

Level I - Requires support		

	Consistent with ASD	Not consistent with ASD	Unclear
Sensory Use and Interests			
1. Response to materials that have visual and movement properties	X		
2. Response to materials that have auditory properties	Х		
3. Response to materials that have tactile properties	X		
4. Response to introduction of preferred topics	X		
5. Body movements and mannerisms	X		
Overall for this section	X		
anguage and Communication			
1. Intonation and inflection	X		
2. Content of preferred topics	X		
3. Quality, clarity, and relevance of speech	X		
4. Reciprocity	Х		
5. Idioms and colloquial expressions	X		
6. Jokes and riddles	X		
Overall for this section	X		
Social Relationships and Emotional Responses			
1. Eye contact and eye gaze	X		
2. Facial expressions and overall quality of emotional responses	X		
3. Perception of self in relation to others	X		
4. Anxiety or agitation level	X		
5. Self-awareness of anger and agitation triggers			X
6. Feelings and description of wishes, self, and ways to make school a better place	X		
Overall for this section	X		
Overall pattern (all sections)	X		

Best Practice Methods for School Evaluation Specialists

Marilyn J. Monteiro, Ph.D.

Best Practice Autism Evaluation Quick Reference

- Make sure your evaluations are focused on obtaining the behavioral sample and profile of the individual student
- Remember: singular presentation of a global disorder
- This means expanding the scope of your diagnostic tools beyond the ADOS-2...
- And using an organizing framework to highlight areas of strength and differences (The Descriptive Triangle)
- Are you routinely:
 - Completing a detailed parent interview and carefully considering parent report?
 - Using a range of best practice behavior rating scales, including the CARS2, ASRS, SRS-2, BASC-3, PLSI, CCC-2, TTAP?
 - Including a behavior sample using less structured prompts while providing sensory materials and/or preferred interests at the start or end of your evaluation session?
 - For students who are at an ADOS-2 Module 3 level, do you routinely include or use the MIGDAS-2 Diagnostic Verbally Fluent Interview Protocol to gain the necessary language to describe the individual presentation of autism spectrum differences?
 - Holding off on your diagnostic conclusions until after you've completed a thorough and systematic discussion and organization of the student's behavioral profile, taking all sources of data into account?

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Creating a Compelling Individualized Narrative Report

Marilyn J. Monteiro, Ph.D.

Understand the Value of Narrative Report Writing

- Guides the reader to a functional understanding of the child's behavioral differences...
 - The child's brain style differences or differences in development...
 - The child's behavioral profile
- Helps parents and teachers recognize the individual child
- Links the identification of the child's eligibility to educational recommendations
- Remember that you are...
 - describing instead of labeling
 - emphasizing positive qualities
 - including signifiers through story narratives

Three Key Report Areas that Require a Narrative

- Background information
- Behavior observations and results
- Educational recommendations

Background Information

- Parents and teachers need to recognize their information from your conversations in the report
- Descriptive language in this section helps the reader place your conclusions in perspective

Behavior Observations and Results

- Remember that your readers are not likely to be proficient in the administration of autism evaluation instruments
- Scores and details about responses to specific test probes provide documentation but cannot be interpreted by your reader without a context
- The use of narrative descriptions allows you to document your findings in an accessible way

Educational Recommendations

- This is an important part of the diagnostic puzzle
- Recognize that providing a rationale for recommended strategies is essential
- Remember: do not assume that the reader knows what you mean without explanations
- At the same time, think global and avoid overly specific recommendations

Diagnostic Intervie Children and Adoles	ew scents With Verbal Fluency	unlocking potentia
	MIGDA	S [™] -2
	Marilyn J. Monteiro, PhD Sher	i Stegall, PhD
Child's name/ID number:		
Mark		
Date of birth:	Age:	Gender:
	5 years, 6 months	
School:		Grade:
		Kindergarten
Date completed:		
Evaluator(s):		

Language and Communication

Strengths:

- Has well-developed language skills
- Enjoys narrating his play scenarios with his action figures
- Is a strong reader
- Has a strong visual memory
- Enjoys learning and has intrinsic motivation to acquire knowledge and master skills
 in his areas of preferred interest
- Communicates his wants and needs effectively unless in a reactive state
- Initiates conversations with others and briefly responsive to social communication
- overtures from others when not dysregulated and when his conversational partner
- follows his lead
- Does best with limited verbal input paired with visual contextual cues when given
 directives

Differences:

- Language use is primarily self-initiated and focused on initiating conversations with
- _others without the corresponding shared exchange and back-and-forth reciprocity__
- Use of and understanding of nonverbal communication functions is limited
- Joint attention is difficult and Mark is often unresponsive or reactive to verbal directions
- Displays difficulties in following social conversational cues in terms of following
- _conversational prompts, participating in shared conversational exchanges with
- multiple exchanges, and flexibly shifting from his preferred topics to topics
- introduced by others
- Low tolerance threshold for high-load incoming language demands
- Often shuts down and loses his ability to communicate verbally, and communicates
- _nsing established reactive behavior rontines of behaving like a younger child, becoming_
- physically active, intruding on the personal space of others, and talking loudly
- Often becomes reactive in response to verbal demands and social input during transition times

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Diagnostic Interview

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Social Relationships and Emotional Responses

Strengths:

- Ontgoing, friendly, gentle-natured, intense demeanor paired with a genuine desire to share his world with others unless his threshold for managing social demands has been surpassed and his emotional reactivity has been triggered
- Enjoys it when others follow his lead and respond to his social overtures
- Connects well with family members, teachers, and peers, especially when relating
 to one peer at a time and when engaging in a shared activity within his areas of
 interest

Differences:

- Initiates but has difficulty sustaining social exchanges for more than one or two exchanges
- Hard work for Mark to respond to a play partner on the partner's terms
- Inflexible at times when working or playing with others Has internalized a negative self-image
- Dominates social exchanges with rontines of directing others and telling them what to do
- Sustained shared enjoyment, flexibility, and extension in social interactions is limited
- High-load language and social demands are a source of agitation for Mark, and he responds by
- _becoming increasingly dysregulated, increasing his repetitive, withdrawal, or reactive behaviors
- Limited vocabulary to express emotions
- Limited vocabulary to describe himself, his interests, and his life experiences
- Highly reactive at times to incoming language, social, sensory, and work demands
- Once he becomes dysregulated, it is challenging for Mark to regroup and reset his brain

Diagnostic Impressions

Diagnostic Interview

Individuals With Limited to No Verbal Fluency 19

Behavioral Profile Summary

Sensory Use and Interests

Strengths:

- Well-developed skills in the areas of visual thinking; systematic in his routines of art,
- creating play scenarios with action figures, and reading
- Enjoys reading and watching videos to gain knowledge and information
- Has developed some age-appropriate interests with reading, drawing, writing stories,
- _ and creating scenarios with action figures
- Attends to visual details and is a visual learner
- Learns through tactile exploration of cause-and-effect relationships with manipulative materials
- seeks out movement, reading, and manipulating objects as routines to self-regulate
- and manage environmental demands
- Responsive to visual input and information
- Organizes best when he establishes an object-focused routine

Differences:

- sensory-seeking routines include specific interests (wrestling, rock music, nature and science facts)

- Transitions from his agenda to the agenda of others often a source of reactivity and stress
- Reactive at times to transitions, and sensory, language, and social demands
- Pronounced inflexibility in shifting from his agenda to the agenda of others
- Fatignes quickly with social communication demands and input
- Challenging for Mark to self-regulate, resulting in frequent but unpredictable behavior episodes of dysregulation and reactive behavior routines
- Has some unusual body movements and mannerisms, including close visual inspection of
- objects, facial grimacing, sitting with his legs in a "w" position, hopping, skipping and
- dancing, moving away from the source of demands, body tensing
- Consistently lond; increases his voice volume when dysregulated to block out incoming sources of stress
- Consistently reactive to unstructured social situation

Diagnostic Interview

Individuals With Limited to No Verbal Fluency 17

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School-Based Considerations Across Age and Ability Levels

Marilyn J. Monteiro, Ph.D.

Mark, Age 5 years, 6 months Kindergarten Brain Style Profile

Organization Supports

In the area of organization, currently, Mark is often prompt-dependent on his teacher and parents to structure transitions and to help him manage changes in his established routines. Because Mark has well-developed language skills, the adults mostly rely on verbal prompts and explanations to guide Mark through daily transitions. This leads to Mark becoming quickly fatigued with processing incoming verbal information and his subsequent pattern of shutting down or reacting to the demands with resistance or agitation. Introducing the use of visual supports while reducing the amount of verbal input in the form of directions and explanations provided to Mark will provide him with input that best matches his visual processing style. Since Mark's brain also consistently seeks out patterns and routines, the use of visual supports will significantly reduce his stress level, as he is placed in charge of checking his schedule, using checklists, and visually anticipating a sequence of "first/then" throughout his day. Mark can then be prompted to "tell" and "show" the adult the steps involved in the organized behavior during transitions, a distinctively different experience from his current experience of following verbal directives.

Mark would benefit from the following:

- Develop a visual schedule that includes a dynamic and interactive component (check boxes
 off as part of his transition time routine; linked with a visual depiction of a preferred area of
 interest, such as photos of a WWE character following a path through key aspects of each
 activity or setting)
- Implement a routine where the adults talk less, and show while telling using visual supports (schedule, "first/then" card, job cards, T-chart for words and actions); reducing verbal directions and verbal input is critical, as Mark self-reports and demonstrates a low threshold for incoming language demands
- Set up his desk or work area with stacked drawers labeling each sequential activity throughout his day; coach Mark to place his materials for each activity into the appropriately labeled drawer; coach him to have a transition routine of starting activities by opening the appropriate drawer and taking out the required materials and ending the activity by placing the materials back into the drawer; consider having a "pending" drawer or stackable where Mark can have a routine of placing unfinished work as part of the transition from an unfinished activity to the next scheduled activity
- Establish the transition routine of taking materials out of containers and placing them into containers at the start and end of tasks; this helps Mark maintain a sense of predictability and control across work tasks

Diagnostic Intervie Children and Adolese	w cents With Verbal Fluency	unlocking pote	D entia
	MIGDA	<u>\</u> S [™] -2	
	Marilyn J. Monteiro, PhD Sh	eri Stegall, PhD	
Child's name/ID number: Madelyn			
Date of birth:	Age:	Gender:	
	10 years, 9 months		
School:		Grade:	
		5th	
Date completed:			
E shada (a)			
Evaluator(s):			

Language and Communication

Strengths:

- Exceptional verbal abilities

- Well-developed language skills

- Has a passionate interest in reading and retains substantive information

_after reading and researching areas of interest, such as mythology and animal

information

- Enjoys sharing factual information about her areas of preferred interest

- Able to communicate her wants and needs unless in a reactive state

- Organizes her language around offering information (detail-focused narrative) or asking for needs to be met

Emerging skills in using joint attention with familiar people and especially in the home setting (eye contact, gestures, waiting for a response from her conversational partner)

Differences:

- Low tolerance threshold for high-load incoming social language demands; rontinely shuts

down and engages in reactive and negative behavior rontines in response to verbal demands

- Challenging for Madelyn to sustain conversational exchanges while referencing her

conversational partner in a fluid back-and-forth way

- Langnage use is primarily prompt-dependent and there is a notable gap between her object or topic-focused labeling abilities and her ability to participate in social shared conversations

- Use of and understanding of nonverbal communication functions is limited

- Displays difficulties in following social conversational cues in terms of following
- conversational prompts, participating in shared conversational exchanges with multiple

exchanges, and flexibly shifting from her preferred topics to topics introduced by others

- When dysregulated, loses her access to words and is unable to verbally express herself,

relying on routine negative verbal statements

- Will respond well to visual communication prompts, and does best with limited verbal input when in a reactive state

18 MIGDAS-2

Diagnostic Interview

Social Relationships and Emotional Responses

Strengths:

- Loving, affectionate nature, and displays an affectionate demeanor when not in a reactive state
- Has a gennine desire to share her world with others
- Deeply connected with family members
- Has developed a core group of genuine peer friendships
- Seeks out and enjoys participating in self-directed activities with peers
- Displays a desire for peer relationships and seeks out her peers

- Enjoys it when others follow her lead and respond to her social overtures

Differences:

- High-load language and social demands are a source of anxiety for Madelyn and she
- responds by becoming increasingly dysregulated, increasing her reactive behavior routines
- Limited vocabulary to express emotions
- Limited vocabulary to describe herself, her interests, and her life experiences
- Responds to social and sensory demands with increased levels of anxiety and agitation
- Challenging for Madelyn to use eye gaze, facial expressions, and gestures to send social
- _cues, and challenging for her to take in the nonverbal social cues from her social partners
- Initiates but has difficulty sustaining social exchanges for more than one or two exchanges
- Sustained shared enjoyment, flexibility, and extension in social interactions is limited

Diagnostic Impressions

Diagnostic Interview

Individuals With Limited to No Verbal Fluency 19

Behavioral Profile Summary

Sensory Use and Interests

Strengths:

- Is an exceptional and gifted learner who enjoys deeply researching information related to learning tasks

- Has developed age-appropriate interests (reading, building with craft materials, drawing)

- seeks out and organizes with visual, systematic, three-dimensional, and tactile routines

- Learns through visual, tactile exploration of cause-and-effect relationships with

manipulative materials with low-load verbal demands

- seeks out routines with solitary visual learning components to self-regulate and manage anxiety and environmental demands

- Prefers and regulates best with anticipation of transitions and changes in expected routines

Differences:

- Sensory-seeking routines include specific interests (reading, drawing, building and

crafting with manipulative materials)

- Object-focused in her play and routines

- Inflexible thinker who is resistant to input and direction from others when in a reactive state

- Transitions from her agenda to the agenda of others often a source of stress and distress

- Reactive to transitions, and language and social demands

- Fatignes quickly with social communication demands

- Challenging for Madelyn to self-regulate when she surpasses her threshold for input,

__resulting in significant dysregulation and reactive behavior routines in at least one

setting

Diagnostic Interview

Individuals With Limited to No Verbal Fluency 17

School-Based Considerations Across Age and Ability Levels

Marilyn J. Monteiro, Ph.D.

Madelyn, Age 10 years, 9 months Grade 5 Brain Style Profile

Social Skills and Self-Determination Narrative Supports

- In the area of social skills and self-determination narrative, Madelyn is a child who seeks out stories and narratives in the form of mythologies and book series. She does not yet have a repertoire of her own personal narrative to share with others, and she has created an isolating and negative selfnarrative that is triggered each time she becomes stressed and dysregulated. She would benefit from the following social narrative supports:
 - Provide counseling supports for Madelyn that specifically address her brain style profile strengths and differences to help her develop a social self-narrative with a positive and empowered understanding of her brain style and tools that will help her manage her differences; increase her emotional vocabulary through the use of visually structured counseling supports, such as the CAT kit and Tony Attwood's Exploring Feelings materials
 - Directly teach targeted social skills through the use of visual social scripts, comic strip conversations, and step-by-step visual maps; use visual supports to help Madelyn better anticipate and recognize when to apply adaptive and age-congruent social and social communication routines with peers (for example, teach social thinking skills to develop words and actions for Madelyn to use with peers during unstructured social times, and to teach flexible thinking routines when Madelyn perceives others as bothering her or behaving towards her with negative intentions); materials such as Michelle Garcia Winner's books *Super Flex* and *You Are a Social Detective* would be helpful, and also Bryan Smith's Executive FUNction series books, such as *Of Course It's a Big Deal*
 - Use visual protocols to help Madelyn build her flexibility and prosocial behavior repertoire when working or socializing collaboratively with peers (a visual "spin the spinner" with choices for words and action choices to engage a peer during activities; have those choices replace Madelyn's current repertoire of behavior routines of reacting in maladaptive ways or ways that are out of sync with her age and the situation)
 - Develop a notebook about Madelyn with Madelyn that contains all her tools; reference her notebook frequently at school and at home to reinforce skills acquisition
 - Include her personal narrative in the notebook, built with her over time, with her Brain Style Profile, narrative about herself and her life, and her skills, talents, and goals; include information about her interests, ways to regulate, and things she's learned about how to manage her reactivity to be in sync with her age and ability level. Include information about the science behind brain regulation (for example, information using the "hand model" for the reactive brain), as well as information about twice-exceptional thinkers and twiceexceptionality in girls.

Marilyn J. Monteiro, PhD Sher s name/ID number: Age: Arcas 16 years, 3 months of	Stegall, PhD Gender: Grade:
s name/ID number: Arcus of birth: Age: 16 years, 3 months ol: completed:	Gender: Grade:
Arcus of birth: Age: 16 years, 3 months ol: completed:	Grade:
of birth: Age: 16 years, 3 months ol: completed:	Grade:
lb years, 3 months	Grade:
completed:	
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Language and Communication

Strengths:

- Has developed an exceptional vocabulary, especially around his areas of preferred interest
- Responsive to questions and comments and can participate well in a structured conversation
- Visual contextual cues and conversational routines are helpful for Marcus in
- conversations with others
- Careful thinker (takes time to formulate his thoughts)

Differences:

- Fatignes quickly with verbal input, especially social conversations

- Prompt-dependent on others to start and maintain conversational exchanges

-	Nonverbald	communication	functions not	always	integrated	with verbal	communication	(eye
				1	5			-

contact, gestures, facial expressions)

18 MIGDAS-2

Diagnostic Interview

Social Relationships and Emotional Responses

Strengths:

- Gentle-natured and cooperative when not in a reactive or agitated state

- Maintains a low-key demeanor most of the time

- Gennine desire for friendships and peer relationships

- Happy when he knows what is expected of him and he has time to focus on his areas

ofinterest

Differences:

- Incoming social demands are a source of stress and anxiety

- Social exchanges are stressful, as processing social information is hard work for him and

takes additional time

Experiences social anxiety and loses his access to his words when anxions, agitated or
 distressed

Diagnostic Impressions

Diagnostic Interview

Individuals With Limited to No Verbal Fluency 19

Behavioral Profile Summary

Sensory Use and Interests

Strengths:

- Exceptional learner who has passionate interests and a vision of how to translate those

- interests into a life path
- Visnal learner
- Binary thinker who organizes best when he knows his schedule and can manage
- incoming sensory input
- Learns best with visual supports
- Needs solitary time to engage in preferred activities and routines
- solitary activities and solitary time allow Marcus to reset his brain and keep him from
 becoming reactive to sensory input and social demands

Differences:

- Transitions from preferred activities to other tasks unsettling for him
- Bothered by crowds and unexpected changes in his routine
- Has difficulty calming down once he becomes dysregulated
- Loses his ability to express himself verbally when upset or agitated

Diagnostic Interview

Individuals With Limited to No Verbal Fluency 17

School-Based Considerations Across Age and Ability Levels

Marilyn J. Monteiro, Ph.D.

Marcus, Age 16 years, 3 months Grade 10 Brain Style Profile

Regulation Supports

- In the area of *regulation*, Marcus would benefit from counseling supports to build his vocabulary
 regarding his emotions as well as social skills and emotional coping skills. Marcus is a highly visual
 learner who organizes, conceptualizes, and processes information best when he has a visual context
 for the information.
 - To help him develop self-regulation routines to replace his current routines of arguing or retreating into anxiety, we discussed helping Marcus create a visual list of activities that "Energize or Reset My Brain." Marcus's brain style drives him to be most comfortable when he is routine-based, so identifying "brain reset" routines will be an excellent fit for him. We discussed several solitary activities that serve the function of providing a brain rest: listening to music, reading, walking, riding his bike. In contrast, it will be helpful for Marcus to identify and list activities that are "Hard Work for My Brain" and need to be offset by brain reset activities.
 - During the consultation session, Marcus was able to identify the following: "Loosely structured social events are draining for me." Marcus was coached to understand the binary brain states he experiences (thinking versus reacting). A visual T-chart was used to help Marcus differentiate between the words, actions, and feelings he experiences when his brain is reset and the words, actions, and feelings he experiences when his brain is in a reactive state (he loses access to his words and starts to mumble, his body feels cold, and he "experiences the symptoms of social anxiety").
 - Because Marcus is a scientific thinker, using scientific terms to explain the fight/flight/freeze reactive brain will be helpful for him.
 - Marcus would benefit from coaching to develop a 5-point regulation scale that uses a metaphor of his choosing to represent the incremental stages of his brain going from calm, organized, and regulated (Levels 1 and 2) to low levels of stress (Level 3) to reactive levels of stress (Levels 4 and 5). During the consultation session, Marcus was able to identify the following: Level 1 = Calm, organized, energized; Level 2 = Working and using brain power but all good; Level 3 = I need a brain reset break because I'm starting to zone out and lose energy; Level 4 = social anxiety/too much input/losing my words/body feeling cold; Level 5 = "cray-cray." For the metaphor for his scale, Marcus cited a metaphor of spaghetti that goes from rigid and inflexible (Level 5) to being cooked and flexible (Levels 1-3). He stated that Level 3, or beginning to feel stressed and needing a break, corresponded to "al dente" spaghetti.

School-Based Considerations Across Age and Ability Levels

Marilyn J. Monteiro, Ph.D.

Sample Regulation Scale

1	2	3	4	5

School-Based Considerations Across Age and Ability Levels

Marilyn J. Monteiro, Ph.D.

Understanding the Autism Spectrum Brain Style The Binary Brain:

T	hinking/Regulat Levels 1–3	Reactive/Dysregulated Levels 4–5			
1	2	3	4	5	
Form of activit visual, solitar	Calm brain and body Form of activities tends to be visual, solitary, and low-load social and language input		TOO MUCH INPUT!!!! Cannot process language Cannot express needs clearly Reactive behavior routines are triggered		

- Select a metaphor to create a visual reference for the scale (weather, battery levels, and so on)
- Identify the words, actions, and feelings associated with each level
- Identify the activities associated with Level 1
- Describe the form of the activities associated with Level 1 (solitary, low-load social demands, low-load social communications demands, high-load visual, spatial thinking opportunities)
- Create a brain reset menu of activities that can be practiced at Level 3 to reset the brain and maintain a regulated emotional state
- Practicing this proactive brain reset routine replaces the counterproductive routine of being triggered into a reactive state

MIGDAS-2 Process

Remote Suggested Supports for Organizational, Regulation, and Social Narrative Skills

Marilyn J. Monteiro, Ph.D.

1. Organizational supports: Engineering the environment to provide meaningful visual prompts

Coach parents and students to:

- Set up a workstation area
- Understand how to work from left to right
- Set up start to finish bins, file folders, stackables
- Develop a visual schedule, checklist, or 1st/then chart
- Explain the use of a work/break cycle and how to structure and pace this
- Identify level of supervision and prompting required for the child to initiate and sustain work efforts

2. Regulation supports: Tools to develop the ability to understand, self-monitor, and self-regulate emotional reactivity

Coach parents and students to:

- Identify the words and actions the students display when calm, organized, and ready to engage in learning tasks or tolerate instructional demands (thinking brain)
- Identify the words and actions the student displays when unavailable to engage in learning tasks or instructional demands (reacting brain)
- Develop visual regulation scale that is linked to the student's selected metaphor
- Identify and make a list of activities and materials that can be labeled as "brain reset" options
- Identify an area where the brain reset breaks will take place
- Use a visual marker for time-based breaks
- Set up a cycle of maintaining regulation through the use of a work/break routine
- Encourage parents and students to practice this routine
- Reserve access to highly preferred activities until the end of the school day

MIGDAS-2 Process Remote Suggested Supports for Organizational, Regulation, and Social Narrative Skills

Marilyn J. Monteiro, Ph.D.

3. Social narrative skills supports: Expanding the student's awareness of and ability to communicate about self and others

Coach parents and students to:

- Set up a student brain book to serve the function of a tangible reference point for social tools
- Include examples of visual supports placed into the context of: I use this to help my brain stay organized, calm, ready to work, relaxed, and so on
- Coach student through the development of a list of 5 things my teacher needs to know about me, highlighting strengths and differences
- Include social thinking concepts and strategies as they are taught and identified
- Include the use of visual step-by-step social routines to use with virtual classroom activities and interactions

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NOTES

Using the MIGDAS-2 Process to Individualize the Diagnosis

Marilyn J. Monteiro, Ph.D.

marilynmonteiro.com wpspublish.com