**Q&A – Fit Annual Meeting, June 2020**

1. *Why do LEAs or school districts not always accept an ECEP or ASEC diagnosis?*

Diagnoses that are given by ECEP, ASEC or other medical professionals are considered “medical diagnosis” in that they are a comprehensive look at the child and also provide any comorbid diagnoses that may exist. Medical diagnoses may allow the child to access additional therapies such as applied behavior analysis.

School districts are required to determine a child’s need for special education services that allow a child access to the general curriculum. Educational eligibility for autism is outlined in IDEA and is similar but not exactly the same as the medical diagnosis that is found in the DSM 5.

School districts may accept a medical diagnosis but are not required to; they will also likely do their own diagnostic testing which often looks at a child’s achievement and is useful for school programming.

1. *Don’t forget that children who are blind or deaf may also not look at you or use gestures.*

Absolutely! Any child who may have suspicions of ASD, should have hearing and vision testing. This can be confusing **and** any child who is not using gestures or looking at adults at a time when that is expected should be screened for a variety of challenges.

1. *What if you are seeing some of these signs but a family is absolutely adamant about not following up with any further testing?*

You can still provide the family support and begin to treat the child “as if” he does have a diagnosis. You are likely seeing social communication issues; insure that the parents understand how to engage the child in possibly creative ways. Learn as much as you can about ASD so that you can answer questions if/when the family has them.

1. *How often do children get misdiagnosed with ASD instead of sensory processing disorder and visa versa.*

Sensory differences are just one aspect of children with ASD. Remember it is the collective characteristics that contribute to the diagnosis and not any one single factor. A skilled team is able to look at the whole of the child and determine which characteristics may indicate an autism spectrum disorder.

1. *Is CESU the same as ECEP, ASEC, yikes!*

ECEP (Early Childhood Evaluation Program) and ASEC (Autism Spectrum Evaluation Clinic) are both part of the Center for Development & Disability. CESU is an internal designation that refers to all of our clinical activities within the CDD. ECEP (birth -3) and ASEC (3+) are in close communication with each other and have worked to stream line the ability to refer from ECEP to ASEC if a child turns 3 prior to being seen. This is seamless for the family.

Referrals processes remain the same; no changes have yet been made to information that is needed for referral.

Wait list for ECEP are approximately 9-12 months; ASEC are similar for young children.

We continue to work on decreasing our wait time; the demands remain high as prevalence numbers continue to climb. We have attempted more streamlined models with varying degrees of success. We continue to reach out to colleagues in other states, all are facing very similar waits and demands.

ECEP website: <http://www.cdd.unm.edu/clinics/early-childhood-evaluations.html>

Contacts: 505.272.9846/1.800.337.6076

Should a family wish to refer their child to ASEC clinic after child turns 3, intake forms are on our website:

<http://www.cdd.unm.edu/clinics/autism-evaluation.html>

These are available in both English and Spanish.

Contacts for ASEC: 505.272.9337/1.800.270-1861

We are still for the most part working remotely except for clinic visits. Please leave a voice message and we will return as soon as possible.

1. *How do you think the telehealth initial parts of the evaluation are going?*

They are going well. Many families are grateful that they do not have to spend as much time in our clinic. We are aware, however, that this may not work for all families.

1. *Is a provisional diagnosis the same as a diagnosis of ASD?*

I think different professionals use these words differently. If we give a provisional diagnosis it is generally because the child is demonstrating many characteristics of ASD and could benefit from specific ASD interventions AND we would like to see the child again to confirm.

1. *I love Project Impact!*

We are excited to be working with the creators of this evidenced based, parent mediated coaching model. Once our cadre at the Autism Programs have fidelity with the model, our vision is to bring to early intervention. For a preview, please register for our webinar (September 10 & 17, 2020) which will review the model in detail.

1. *If a family does not have a diagnosis of ASD for their child, do they still have access to the Autism Portal?*

Yes! Absolutely. All of the resources are open for anyone. <https://cdd.health.unm.edu/autismportal/>

1. *How can we support rural families who have a child diagnosed with ASD and are struggling to find resources?*

We get these questions from families weekly. With the current times, many rural families have been able to join activities , groups, etc. through telehealth or other online platforms. Many therapies have moved on line as well. Of course this doesn’t work for all families; New Mexico still has connectivity issues and some families don’t have internet at all. All families who are Medicaid eligible with a diagnosis of ASD have a care coordinator through their MCO. Parents should be encouraged to contact their care coordinator for support and help in locating resources.

1. *Currently the M-CHAT R/F is the established screening tool at 18 and 24 months. Would you recommend looking at other screening tools?*

Not necessarily. It is important that ASD be screened; when we look at prevalence numbers, we know that ASD continues to rise – and is seen in all of our systems. I think the field of ASD is always evolving given increased funding for research and as a field we need to continually evaluate new screening tools, new evaluations, and new interventions.

1. *Question about Autism Speaks and its mission to “end Autism”. Many adult advocates with ASD have real concerns.*

I agree; I know many adults who do not support Autism Speaks and its mission. Having said that, I also know that many families have benefited from Autism Speaks advocacy and information provided on their website. I use it for informational purposes, however, I will give families the caveat that not everyone agrees with their premises.

1. *Sometimes it feels like we are looking for autism – how would you advise teams?*

I am thrilled that you are looking for ASD! I think even if weren’t looking for it, it is present in ever increasing numbers and to ignore this would be unethical. The combination of characteristics of ASD truly set the child up for so many social, communication and learning challenges that the earlier we can begin intervention, the better the outcomes are for that child. It is also often comforting for families to have a “name” and to recognize that ASD is not due to poor parenting, lack of discipline or other ways that parents tend to blame themselves.