

Question & Answer (Q&A): Serving Adults on the Autism Spectrum Webinar

Webinar participants asked these questions during the Q&A portion of the Serving Adults on the Autism Spectrum webinar held on February 28, 2018. Please note, the responses in this document have been edited for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

https://www.resourcesforintegratedcare.com/DisabilityCompetentCare/2018_DCC_Webinar_Series/Autism_Spectrum

Featured Webinar Speakers:

- Christopher Duff, Disability Practice and Policy Consultant
- Mahsa Hesari, M.A., BCBA, Autism Program Supervisor, Behavioral Health Department, LA Care
- Dr. Christina Nicolaidis, M.D., MPH, Professor Portland State University, Adjunct Associate Professor Oregon Health Science University, Co-Director Academic Autism Spectrum Partnership in Research and Education

Q1: Do tools exist to help educate ambulance providers or emergency medical service (EMS) professionals in accommodating autistic adults and kids given urgent situations?

Dr. Christina Nicolaidis: As of now, I am not aware of tools specifically aimed at emergency personnel. However, I appreciate how much this is needed. The AASPIRE Healthcare Toolkit, available here: <https://www.autismandhealth.org>, is for primary care providers, but it could also be helpful for emergency personnel. I would say that 80% of the information would be useful for people in the EMS system. That being said, it is an important need, and we have it on our list to make supplements that are specifically for EMS.

Q2: Could you provide more detail as to why diagnoses of women, including those of color, have a lower rate than those of men?

Dr. Christina Nicolaidis: I do not know if we have a 100% answer to that question. Part of it is that diagnoses, in general, for people of color are going to be lower because of lower access to health care services. Due to the numerous social determinants of health, we find that there are disparities in health care practices for people of color. Dr. Zuckerman, a colleague, specifically focuses on Latina individuals, and has found that there is both an issue of access to health care and different ideas and awareness of what autism may be within the community. There is a combination of factors here. When it comes to women, this is trickier. Much of our image of

autism has been focused on how it presents in males. We find that there are some gender differences. When you have created a definition that is based on characteristics that are more commonly seen in males, then it becomes a self-fulfilling prophecy where we don't see it as easily and we don't recognize it as easily in women. We find that women who are diagnosed have more severe intellectual disabilities and are diagnosed at older ages. Many of us are interested in this topic and are working on it through new research. My own speculation would be that ten years from now, we are going to have a different definition of what autism is for any gender. It will, hopefully, also be a little more inclusive of how it presents in women. This is an ongoing issue of great concern in the research world.

Q3: Are there specific resources for adults diagnosed with social communication (pragmatic) disorder that you could share?

Resources for Integrated Care: The American Speech-Language-Hearing Association provides information and strategies for treatment of [Social Communication Disorder](#). They also describe treatment modalities that can be used to implement treatment options for diagnosed adults.

Q5: Have any of you worked with social (pragmatic) communication disorder (SPD)? Do you think that at any time it will be added to the DSM or will be addressed by physicians?

Resources for Integrated Care: According to the [American Psychiatric Association](#), the new diagnosis of social (pragmatic) communication disorder in DSM-5 will more accurately recognize individuals who have significant difficulties using verbal and nonverbal communication for social purposes, leading to impairments in their ability to effectively communicate, participate socially, maintain social relationships, or otherwise perform academically or occupationally. Previous editions of DSM did not provide an appropriate diagnosis for people with such symptoms, which led to inconsistent treatment across clinics and treatment centers. [Autism Speaks](#) provides the diagnostic criteria for autism spectrum disorder (ASD) and the related diagnosis of SPD as they appear in DSM-5.

Q6: What is the best way to find local resources for my daughter who was not diagnosed with ASD until she was in her 20's? Since she was never in the system as a child, it is hard to find resources for her.

Resources for Integrated Care: Autism Speaks' [Adult Services](#) initiative focuses on providing resources that impact all facets of adult life including employment, housing, community life, and post-secondary education. The website provides tools to support individuals with autism and

their families to find information about programs and supports that would allow them to live as independently as possible.

Q7: Are ASD services only covered by Medicaid?

Resources for Integrated Care: On July 7, 2014, CMS released an [Informational Bulletin](#) to provide information on the options available under the federal Medicaid program for furnishing services to eligible individuals with ASD. The informational bulletin outlines the Medicaid coverage categories that are available to cover services eligible for federal match under Medicaid to treat ASD. For individuals over the age of 21, services and eligibility will vary since they are determined by a state's Home and Community-Based Services §1915(c) waiver. Additional information on ASD services and Medicaid is available at: <https://www.medicaid.gov/medicaid/benefits/autism/index.html>.