**Title**: Experiences of Autism Service Providers in the Mexico Border

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**Introduction:** Autism varies globally, with significant differences in identification, access to intervention, and policies across countries (de Leeuw et al., 2020). In Mexico, the prevalence of autism remains uncertain, given that the most recent data is a decade old (Fombonne et al., 2016). Existing studies have shown that caregivers are typically the first to raise concerns with professionals when seeking diagnosis and services (Montenegro et al., 2022). However, there is a gap in understanding the training of Mexican professionals to work with autistic children and provide services in a Mexico-U.S. border city.

**Methods:** Participants included Mexican psychologists (n=9), child psychologists (n=1), special education teachers (n=1), and school psychologists (n = 1; N = 12, Mean age = 29) through purposeful and snowball sampling. Inclusion criteria included 1) working in a Mexican border city and 2) working with at least one autistic child. Participants completed a consent form, a demographic form, and a semi-structured interview via Qualtrics. Inductive thematic analysis was performed using the Dedoose software.

**Results:** Using a convergent parallel design, the study evaluated providers’ experiences using surveys and semi-structured interviews (Creswell, 2014). The analysis generated four main themes: 1) Notable gap in autism-focused training in university-level education in Mexico. Ten participants reported not receiving specialized autism training during their undergraduate and graduate studies, and all sought additional certifications from international sources such as Europe, the U.S., or other Latin American countries. 2) Providers highlight the challenges faced by the Mexican government and mental health systems, such as the high costs and waiting periods ranging from 1 week to 6 months for services. Providers complete a socioeconomic assessment to offer families free therapy sessions, psychoeducation, school support, and materials. 3) A range of both evidence-based practices (EBP) and non-EBP were provided, including ABA, play therapy, speech therapy, occupational therapy, sensory therapy, art therapy, recreational therapy, equine therapy, and music therapy. All providers reported working with American families, adapting to caregivers' cross-border travel needs, and offering English-language resources. However, providers expressed frustration with the U.S. health system’s lack of flexibility, particularly in allowing Mexican providers to complete school rotations to better support their clients.

**Discussion:** There is a critical need for autism-specific training in Mexico. Access to services is heavily influenced by socioeconomic factors, creating disparities in service delivery. Despite these challenges, autism providers in Mexico are highly motivated to meet their clients’ needs by adapting their therapy practices. The services provided in a border city reflect a mix of EBP and non-EBP, shaped by resource limitations but also highlighting innovative approaches in binational settings.

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