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AUCD
SUPPORTING FAMILIES IN THE POST-COVID WORLD
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CART provider is standing by.
Thank you for joining us, everyone. We will be starting in about 6 minutes.

>> Can everyone see my slides?
>> Very clearly. Thank you.
>> You bet.
>> Hello. Good afternoon. Welcome to supporting families in the post COVID world:
using technology to maximize and reach those connected. Thank you for joining us
today. Before we begin I would like to address a few logistical deails. Since we have a
large number of participants we ask for folks to mute their microphones throughout the
call. You can unmute when you have a question at the end when we do question and
answer. We will also do a short survey at the end of the evaluation -- you survey at the
end of the webinar. We hope that you provide us with feedback about the webinar and
future topics for the series. With that being said, I would like to pass the microphone
over to the first presenter, Dr. Eric Bowden. Eric?
>> Thanks, Auna. Thank you to everybody for joining us today for what I think is a very
important topic. Everybody is excited to be here and to be able to share some of the
work that we've been doing recently related to supporting families in a post COVID
world. Very briefly I'm the director of research and evaluation at the Wyoming Institute
for disabilities. I'm trained as a social psychologist, but a lot of my work, in fact, the
bulk of my work really focused on trying to understand health care systemsing,
educational systems, other types of support systems for families and how to improve
the quality of life for people that have loved ones with disabilities. So what I'm going to
be talking with you about today is a program that we have been running for about five
or six years now. It is called project ECHO. As you'll see, we really developed this in
response to some of the geography and demography of Wyoming. But it turns out it
has really, really helped us for dealing with the post COVID-world. Very briefly I don't
think this is shocking to anybody. We're in a whole new world. It is not entirely clear

where we're going or how we're going to get there or what the outcomes are going to be. We know at least in Wyoming and this was largely true before the pandemic and also even more true today is that for people with DD and their families are aren't a ton of services. In fact with the channels that we're facing regarding the economy and Wyoming got a double whammy. Not to mention the economic downturn related to COVID. There's a human part of the economy. Some programs are not being targeted for reductions, but flat out being cut entirely. It is a scary world out will for people. And as a result we really don't have a lot of opportunity for people to access what we would consider best practices. For example, people with autism the applied behavior analysis or even access to assistive technology or behavioral supports or whatever. It is not as available as it needs to be. And also for a lot of families the very real experience they face if the Hoffed one has medical conditions that make hemorrhage Jill. They tend to stay at home. We've worked with a lot of pokes that have done just said. They said we can't risk this because my child will die if he or she gets COVID. That sense of isolation for a lot of people is -- it is just staggering. I don't think this is unique to Wyoming, I think this is the whole globe right now. Which means we have to rely on things like telehealth and distance services. What struck me is it has traditionally been on mental health and behavioral services and there hasn't been focus on the other piece of the pie. That's extremely important. That's the family. Let me tell you more about Wyoming and why we zeroed in on the ECHO model and that really related to the state of Wyoming. Just what it is. And this is a map of Wyoming as you can see. It is -- it looks tiny on a map. It looks like a square.

But the reality is it is a very large state. We're the tenth largest state by land mass at 98,000 square miles. We only have about 550,000 people in the whole state. The huge region -- we're the smallest population total of any state in the nation. Which means our population density is the second lowest -- second only to Alaska. So these long roads there's not a lot between them. We have a couple of cities. They tend to be larger. That's where all of the services are clustered. A lot of the communities in between don't get a lot of access. In fact, this was data from the health resource and services administration. It is a little out of date now. The outcome is still the same. I've checked it recently. This is their provider shortage area. And for mental health and primary care if there's a yes that means that county does not have enough providers to provide that care and mental health and primary care. Every single county in our state has a shortage of providers. We have a few -- those are the ones in green. A few county that have enough dentists. That's not good enough; right? And so let me put this into some human terms as well. Let's say there's a family who live up in the lovely time called Cody, Wyoming. Let's say they have a child with autism. There's truly and honestly one psychologist in the whole state that has any training and experience in autism. That's way down here in Laramieing, Wyoming. You'll notice this is a five and a half hour drive one way. This is not the kind of scenario that is conducive to getting the child services. It creates a lot of isolation for the family. It was reality that we saw and we decided we had to do something about it. We had to find a way to get around this to figure out how to get information into the hands of people that could do something with it and do it effective hi. That's where we settled on the thing called the ECHO model.

I'll talk about what this is briefly. I'm not sure everybody has had a chance to hear about this. The ECHO model was developed by a doctor at the University of Mexico. We does a lot of work with things like hepatitis C. Back when he starred the ECHO model, there was a human problem with hepatitis C in the state of New Mexico. Very much like Wyoming, it is a very large state with very few urban centers. The medical school there would have wait lists of two years long. For people to come and see him while they had active hepatitis. And he was confronted with the reality that a lot of people were dying as they wait for the ability to see him. He was on a Skype call with his daughter, and he was really upset about this and talking to her about it. He lived in India at time. It dawned on hill, the platform, the very platform that we're on right here today, has tremendous power to be able to move knowledge. Instead of moving patients to start moving knowledge. There's where at the ECHO model really came from. He decided we can take this really powerful tool and teach practitioners out in rural New Mexico who hepatitis C is, how to treat it, instead of them putting their patients on a wait list to see me. They can treat the patients right there in the home community. They built this platform on adult learning theory. It is short and manageable chunks of information. Every session starts with a 30 minute didactic. It is a short little presentation about what X, Y, or C is related to hepatitis or anything else for that matter. Followed by a case presentation. This is the secret sauce. If somebody out in the community can say, okay, here's a patient that I'm working with and a problem that we're confronted with, here's what I've done, and here's what I'm trying to accomplish. What am I missing? What's really cool is it becomes the really vast network. There's one central hub team of experts and people throughout the whole state they all get on a Zoom, just like what we're doing right now. Through that case registration they can come up with really novel and innovative ideas to help that patient right then and there. What you can see is now we're not talking about putting a patient on the two-year health list, we're in the community. Because it has that practical component, it allows people to help very, very quickly instead of getting stuck on the two-year wait list. It is all built on the model of expert advice. It is the all teach and all learn mod. Everybody on the network whether it is the hub team or everybody else across the whole state can chime in. You know what? I've confronted the exact same problem you had. Maybe you can't find the medication that you need. I know a back source. If you talk to this guy, you can get access to the drugs. That's hypothetical. The idea is they are confronted with the same kind of problems. That allows people to come up with actionable solutions in the moment. So it is all built on the idea of co-learning and this ongoing case consultation where people are able to talk about it. If they try one thing, they can come back to the community. I tried. It didn't work. What else would I do? It is the approach and everybody learns from that and allows them to -- that individual it is the relevant model. It did start from health care. They found all kinds of outcomes. What they talk about is the deme noellyization of knowledge. It has become a global movement. The University of Wyoming is called a super hub to provide training. You can see all of the dots and all of the different color countries. These are all places that are actively doing this. And right now the ECHO Institute is on its way to impacting the lives of $1 billion people as a result of this model. It is extremely powerful. As I said it was really developed primarily for health care practitioners. Well, in Wyoming you remember I just told you we don't have hardly any

health care practitioners. We adopted the model. We look for the teachers. We took the ECHO model. We can do this with one of the areas of specialty which is assistive technology. We took the exact model. This is focused for teachers and educators rather than physicians. This is what AT is. This is how you can do it and access in Cody, Wyoming five and a half hours away from your nearest psychologist. That was really the start of a huge shift for us, because very, very quickly we went from one network to I don't know 13 or 14. This is just a few of our different topic areas. And what's cool about this is you can see it is an extremely flexible and adaptable model. Here's the original one. Assistive technology. But autism was very quickly it become clear one of the largest needs in our state. We have behavioral health the focus on substance use disorders, early childhood, secondary transition, we have another ECHO for autism for rural health care providers. This one is for teachers up here and health care providers. Behavioral support, student health care, and high-risk obstetrics. It is really, really flexible. What's really cool is it is also a really powerful tool in terms of capacity building. So these totals and this is just a -- these abbreviations -- it doesn't matter what they stand for. This was within one year. We e served almost 6,000 participants in Wyoming with 5,500 people. We were able to impact 6,000 people and train them on new types of services that they might not otherwise have been able to access. Also very, very briefly, and again I'll just put this up really quickly for the statistically-minded people. We've got some hair sample T tests. What we found in our evaluation of this is that on average we were getting about 25 to 30 people. The satisfaction was really extremely high. People and that's what this is over here. People thought the didactics were really useful and relevant. It also demonstrated some pretty substantial change in their -- the knowledge and skills that they reported having as a result of attending our ECHO networks. We also tested -- that was weekly evaluations. Right after the session. We did a pre to post assessment. We asked them what do you know about assistive technology in the beginning. We asked them this in a lot of different ways. I won't get into details. In the different ways that we examined it that we used what's called a retrospective pre and post it showed a very substantial change in their knowledge as well as a traditional pre-to post. It showed a substantial change in their knowledge. And that was an indication to us that it was a really great way to start trading teachers. We also realized very, very quickly that is just not enough. There's really a missing element to all of this. And this is where the families come in. You know, as I said before we don't have access to a lot of traditional health care providers. But everybody has a school and everybody is bidding within the family structure and when you start getting those families and the school systems interacting, this is the kind of thing that a lot of parents report; right? So here this is all about feeling outnumbered in front of the IEP team. And this is -- one of the team members remembers I'm not sure why they always feel compelled to bring an advocate for the IEP meeting. Indeed a lot of the parents that we talked to -- this is kind of their impression of how IEP meetings go. You know, it is all about fighting the good fight. Getting every scrap of resources for your child. At the end of it, you know, you are just exhausted. And you feed an IV, Valium, and a whole lot of beer. It is -- I want to make clear. I'm not -- I hold no ill will towards teachers. They are doing an extremely hard job. They want to do right by our kids. This is such a challenging environment. The stakes are never higher for a parent. That this is

typically how it -- this runs. If all that we're doing is focusing on educating teachers, we're missing a huge piece of the picture. And indeed we know that one of the most important things to deal with all of the stress that's out there whether it is the related to COVID or the upcoming IEP or not finding services or trying to figure out what is the right service for my child or whatever. There's tons of research in the last 34 years showing the family stress. It is true. I firmly believe that's the reality. But we also know there are protective factors. And it is social support. Social support is one of the most important protective factors out there. It improves maternal mental health. Things like anxiety, depression, loneliness. These are really important things. It is not just a trivial thing to say you are a little blue. No. We need to be very mindful of preppal depression. It also increases parents sense of competency to be able to support their child. The more that they feel supported, the more they feel they can actually do what they need to help their kids. It also increases service utilization and emotional quality of life. Even the satisfaction with the care they get. Even if it is not kind of the amount that we would.

, it helps them feel like what they are getting matters and it helps them make decisions to select services that really do matter to them. It has a ton of value. And it was within that framework that we really said you know what? We're taking the ECHO model. We've applied it to the school systems. We need to take it one step further and apply it to families. We need to think about the service in a slightly different way. This comes from a paper in press. I'm happy to share pre-press copies. It was about us reconceptualizing it is not an add on to clinical services, but truly as a matter of public health. That allowed us to think about it in an entirely different way. Your child is getting these services. They can help you find another service. We start thinking about is in terms of this model. Some of you may be familiar with. It is the biology theory of human development. Really all this says is there's the concentric rings of influence around a child. They are called micromeso system and exo system. There's one narrow band that I think people think and lump them all together. That's the family. That's what this one is right here. The family is as proximal to the child as anyone else. The family does mediate a lot of things with organization like the school and neighborhood and day care and all of these other things. You can't ignore the family in favor of the other systems within the microsystem. It does within our view hold a special place. And so that's why we really started thinking about how can we take the idea of distributed intervention that we did with teachers to the ECHO model and how do we apply that to families. What we ended up doing is one of the things and e programs that we have is the family-to-family health and information center for Wyoming. This is a program that's supposed to through other parents disseminate high quality health care information for children and youth with special health care needs through that program what we had been developing and this was based out of work that I've done previously within Colorado called the Colorado parent mentor program. It is all about the idea of mentorship. What we do is we train other parents who are out there living the lifing, trying to get their kids through whatever. They've done it enough they've kind of developed some skills and tools that they are prepared now to help other families. And so what we did is we took these two different things. The ECHO model which is really all about imparting information and creating a collaborative community online with the other type of much more direct intimate

program. We are able to provide information and emotional support. Really targeted very specific information. As parents have problems, trying to do whatever they want with their kid relating to accessing services or finding their right provider or whatever we can help them with very case-based support rather than saying, you know, you just need to get on a wait list. That become our ECHO for families with autism. We started with autism. We quickly realized it had to go much further beyond that. This is really all it looks like. It looks simple. This is just a Zoom call. This is for the ECHO for families. These are all a bunch of parents and hub team members that are all joining together to talk about whatever the topic is for that day. What I started up for terms of supports for autism, that's my background. That was easy. Parents wanted so much more than that. They wanted things like financial planning and navigating IDEA and figure out how to improve their quality of life or their relationships with their spouses or their other children. When COVID hit there was a lot of need that we were able to incorporate into the curriculum. How do you do home schooling in the world of COVID. How do you do a distance IEP. We had things like traditional guardianship in here. Dealing with behavioral strategy to deal with anxiety or managing screen time. When COVID hit we were able to switch that on really, really quickly. Because it is the distributed network, it worked beautifully. Now within each of these just like any other ECHO, we try to include at the case presentation. The parent is talking about their child. We have a number of different procedures to make sure the anonymity can be preserved. It gets done with our mentors who join the call. It is the same kind of thing. It is not just the webinar. I want people to hear that loud and clear. It is not just about the talking head saying you need to do X, Y, or Z. It is truly, truly about at the community saying these are the problems that I'm confronting right now. What are real world solutions that I push end on the call to try with my child. It is a fundamental difference. It is not a webinar. It is an ECHO. And what's cool about this is these are data from just last year. We were able to impact virtually everyone of the counties in the State of Wyoming. Certainly Laramie county and Cheyenne. Others like Freemont have a few thousand people in the county. We are able to support them that we wouldn't be able to do with the type of resources that we have without the ECHO model. Last year just like our other networks it was on average about 25 attendees. People reported increased in their understanding, their satisfaction, and the topics being useful, improvements in their family life, and this one is really cool. Improvements in their connection to other families. Which is really kind of how the core of what we try to do is connect people with other families. So they can have that connection. And again just a few statistics for those that are interested. This was one that I liked very much. How often will you use something that you've learned from our session. The green is occasionally, -- I'm sorry the purple and blue represent a moderate to a great deal. You can see even people that are occasionally using, maybe it doesn't apply to them all the time. A vast majority are able to use the information they get. It is very, very actionable. And then here's another really cool one. That this is -- their knowledge beforehand and after. And you can see either in the table or in the graphs. But the basic idea is that people's knowledge increased quite a bit. This was statistically significant. I just haven't reported the tests. Here's slightly moderately, and very. As you can see, the slightly category shrank tremendously. It really pushed over into the moderate and then the very inextremely.

Those two groups really expanded quite a bit. This improves knowledge. I do want to make clear though this is not a typical ECHO network. Because unlike others where you can really rely on a professional code of conduct and expectations for what they do professionally, these are parents. These are family members. And we need to acknowledge that and be mindful of that. What we discovered is that if we just did ECHO it would be -- don't get me wrong. To make it hit home we have the other two things. One of them I mentioned. It is very distance based. That's where two parents can get together on the Zoom or call. If they live in the same town, they can get together for coffee. They can have the ongoing connection and conversation which is really important. But the other thing we did was we created a regional leadership. There are champions. There are the people out there who say you know what this matters enough to me. We pay them a stipend to do this. They with the ones inviting from the community to join and be part of the network. It looks like you need some help. Why don't you join me for this ECHO thing coming up. Back before the pandemic, people would even -- the regional leaders would go and find the Zoom room with the library and set it up there or at at the coffee shop or in the school in the auditorium or something. They would have coffee and donuts to make it inviting and to be that source of leadership within that region. These two things really enhanced our ability to connect with people beyond just what ECHO does. And so just to wrap up, what this does then is, you know, this adaptation really does work and it is cool because we've gone beyond just the traditional health care approach. It is not just about a condition, it is really about connecting people together to especially in the world that we work in where we have to work across disciplines all the time. It is very interdisciplinary. It allows everybody to start working together as a team. It leverages the technology which is so critical these days. People like it. It improves their knowledge and skills. It really is designed to work in the post COVID world. It also because of how it was built it is kind of tailor-made to deal with how the realities of rural America work. So just so you know where we are going with this. The curriculum we've developed and will continue to live in. It will be adapted to work with line and community. We're back to business as usual, we have to check in with the community to say what do we need to figure out what's going on. The other thing is to continually access data to figure out what's happening to the people that it is meant to serve. The family is part of it. It is also those loved ones whether it is a child or sibling or whomever to make sure it is getting them access to the things that they need. So I'm going to stop there after just briefly pointing out as always there's a large group of people that contribute to this. I want to thank all of them especially the families in Colorado and Wyoming. I think what we'll do is hold all of the questions to the end. Everybody can speak next. Every to you, Letty.
>> Awesome. Thank you. Let me get my PowerPoint here. We'll get started. Maybe.
Thank you, everybody for joining us today e. I'm Letty. I work for the University of South Dakota Center for Disabilities. I'm the autism family support group coordinator there. And I also assist the executive director as his executive assistant. I'm very interested in engaging with families for many reasons, not only for -- because of my professional role at the center, but also because I'm a mom to an almost 19-year-old daughter with autism. And so finding ways for her to interact especially since COVID

has been challenging. I wanted to talk a little bit today about ways that we can do that. Really my goal for all of you out there and you may be a parent, you may be an individual with a disability, or you may be a professional. No matter who you are, I want you to feel empowered and just that you can do it. It is doable. And in whatever way that you are able to connect with others, I want you to empower you to feel you can do that. So why is family engagement important? Well, Eric brought up a lot of good reasons why. We need to help each other. We're more isolated than ever before. I love the cartoon I added the COVED-19 thing on there. Once COVID hit, everything is coming down on us. All of the negativity. Everything is challenging. We need to work together to help each other and get through this. You know, it is probably going to last, you know, indefinitely. We don't know. So it is so important to lift each other up and to support each other. Especially during challenging times. But always. As a family member myself and my daughter we are struggling with interrupts for routine. She was going to school before and there's no social interaction. Having autism makes it challenging for her really to know how to create opportunity for herself to be social. When she was going to school, she was just around people. Now we're not. We have to be purposeful in our creating those opportunities as parents and as families. It is not just -- I don't like the term social distancing. Living with a person with autism, you have to be direct and concrete. And socially distance, it is not really what it is. It is physical distancing; right? We really need to -- while that term is out there and we're not going to get rid of it. It is really physical distancing. Let's not let that stop us from connecting with others. And, you know, there are a lot of people looking for ways to connect with others. My focus at the center for disabilities here in South Dakota is on South Dakota obviously. And so I didn't even think when I started when COVID hit in March and we started and shifted from the autism -- in-person autism family support group to the online forum. I didn't even think about others joining from other states and other countries. So I've had participants from Texas, from Massachusetts, from Scotland, and they are just finding us. You know, and signing up. That's okay. I have no problem with that. You know, I mean our focus is our state obviously. But --
>> Rabbit. Hi.
>> My point is that people are looking for these opportunities to support each other. So if we can provide more great. And that's what I'm here to encourage everyone to do. So online engagement especially post COVID or having COVID in the lives now that's the solution; right? It is easier for people. We can wear pajamas and talk to other parents. We can -- you know, we don't have to have it be super fancy. It is safer. We don't have to wear at the mask and have the social distancing. I love it. I think it is great. Not from only being able to socialize, but also from the side of accessing services and supports. It is just convenient the tradition and things. The cost of gas and things like that are not there. So regardless of social distancing or physical distancing it is so important to still connect and socialize with people. So I'm going to go through a few things just ideas. Ways to, if you want to, maybe you have a group of people. And you would like to, you know, you think -- we want to do something. We want to get together. We miss each other. Or you want to help a family or families that you know, create something. So they can get together safely. I would first recommend surveying that group or the other people in your group to determine how much people are interested in an online activity. What do they want to do? You know? And how

often once a month and what nights work well for them or days. You want to find out what everybody is looking for first. Because you don't want to just create activities that, you know, maybe you want. You want to know what other people want. That's the whole point. And it doesn't have to be when you do a survey it doesn't have to be some fancy, you know, official survey. I mean question there's -- you know, there are things out there. You can even just e-mail your group of people and say, hey, you know, are you interested? Here are a few things I'm wondering about. And please e-mail me back the answers. Or there's Microsoft forms to create a fancy looking survey or survey monkey. There's a lot of free options as well. I know I was going on to survey monkey the other day to test it out. Don't be afraid to -- I love Google. You can go on and test things out. And really important to get feedback about what to do and when. So that you have good participation. Another thing that is important posting is determining how people are going to sign up for the event. I use EventBrite. It collects information, address, phone, then I know where people are joining from, which is helpful. I can ask custom questions not on the page -- it may be part of the paid subscription but still if you can use Eventbrite, it is very handy. You can e-mail your whole group at one time. And it just had some really great features. If you have access to Eventbrite, I think it is a great solution. But if you don't, that's okay. I'm joining the meeting next Tuesday or whatever. You can call. They don't have to have fancy technology. We don't have to have fancy software to have a registration process. But it helps. You know, especially if you get large groups and things like that. So one thing that I've found that really helps people whatever technology you are using, where it is Zoom, Adobe Connect, Skype, and so forth, it is good to provide information on how to. How to use the software. You know, and easy to understand language with pictures or videos. Nobody wants to read a big, you know, document full of a bunch of words of how to do something. That just makes it, you know, yuck. Who wants to do that? I do always provide kind of a tip sheet that will this cost me anything? No. Answering some of those questions that people are going to ask possibly or reach out to you for so they have the information, so they know ahead of time and can anticipate. I use Zoom like I said. You can create tip sheets and find lots of videos on how to use Zoom or whatever software that you are using. I love the plain language tip sheets that was shared by another network partner. And I included the link there. Another thing that you might consider is that some folks -- if you've never used Zoom or that technology before to offer an opportunity for them to, you know, maybe a couple of days before the event just log in and try it out with you on a one on one basis. They get comfortable. Even kids with autism and so forth. It is always good to offer just because you never know where people are at. I like to assume that, you know, maybe nobody -- maybe the person has not use at all. Think about somebody coming into your event that maybe is never used it before. How can you help them successfully participate and feel comfortable in joining your event? I also think it is important to include reminders after people sign up. Even if it is just one e-mail the day before saying, hey, remember we have an event tomorrow. I hope you can make it. And in that reminder I would make sure to include, you know, the how-to document again. How to connect to the event. You know, the Zoom link or whatever it is. And your contact information, of course, hopefully will already be in there.

Eventbrite has several e-mail reminders. If you use that, it does it on its own. Which is nice.

So obviously after you've set up your event, you need to let people know about it. There's lots of free ways to do so. You know, you can create fliers and hang them up. You could -- social media is a great tool to use. To spread the word. I also use and have a list for my autism parents and families that I just e-mail out at the information to join if they would hike. I have some professionals on there too. So make sure you market it so people show up and, you know, there's word of mouth too. But it is good to at least use those free options that are just there attend just takes a little bit of time to get it out there. Obviously the fun part of it is actually hosting the event and having everybody join and I'll go through some of the types of events that I've had. And similar about that in a little bit. And also what's important not only to survey before you have your event, but after. You want to know how people felt about it. Did they like it? Did they have problems with technology? You know are there things that, you know, you didn't even think about that could be -- make it better for them? And as well as getting ideas for other future events. So I also -- surveys are great. I don't want to survey somebody to the point of them being annoyed by it. But it is always good to get feedback and to improve. E we want -- you know, we want to know if something is not ideal or is just not working, that's important to know. I always ask if they want to hear about upcoming events. They might have heard about it on social media or something. They are not regularly hearing about it. Think about having a list of your participants that you build on. So the events that I've had I kind of briefly mentioned in March we had, you know, our COVID hit South Dakota and I had in-person autism family support group. I was having a support group of parents and caretakers every month come in person to meet and was wonderful. And then we also had child care. So for the younger kids like 12 and younger. We had teen and adult activities. Playing with the lend students and that's the leadership in the education of neurodevelopmental disabilities. So we couldn't have that. And I was -- we had our March group right before everything happened. And I really didn't want to -- as a parent, I rely on that connection. I love interacting and helping families. That's really my and the reason I came to work for the Center for Disabilities is to help people. Right away we just decided, well, I thought we're going to do it online. We're going to give it a shot. We have. I've had people join every month. Sometimes it is very small. A very small group. Sometimes it is a bigger group. Kind of summer is difficult. People are busy. But I did do a poll before I started to find out when and what works for people and so forth. And then tried to accommodate that or, you know, as much as I could. And then I've been offering some events for both younger kids with autism and their siblings and then older like teens and adults with autism too which have been super fun. Again with the students they help me with the kind of interaction with those kids. So some ideas for having events obviously support group is one option. It can be autism family support or any kind of support group, you know. Anybody where there's a common interest or they are in a similar age group or situation. You can create an event for that. I've had some one on ones that have been really wonderful and I've been able to connect with family members that way too. You can use Zoom or the online event to help teach people things. Cooking you can demonstrate. It can be interactive too. It doesn't have to be just talking and, you know, listening. Arts and crafts, projects and

tutorials if people are looking for things to do from home. And socializing or that's really the topic that I'm focused on is getting my child or my adult child with autism connected with others so that she can just have some socialization. Other than sitting in her room doing video games all the time and wanting to talk to me about video games. And so some of the ideas that we've had I really love Scattegories. It is super fun. That can be modified. Whether it is you get to use different letters or any letter or whatever. Any game can be modified to make it more accessible to everybody. Bingo is kind of fun. If you have some prizes to give out, what's nice is to have their address through the sign-up process. You can create your own trivial. Some people are meeting online. I always think school clubs. Any kind of school club you can probably do online. Video games, music, I mean really the possibilities are endless. Pretty much anything that, you know, people would hang out together and do. Try to do it online. Hey, I'm going to have work out class at 9:00 a.m. on Tuesday. Let's -- whoever wants to join in let's do yoga. Whatever it is. I've heard a lot of virtual happy hours going on. I know a lot of kids on the spectrum like to watch YouTube videos. They could get on and share YouTubes and take turns sharing. There's so many different options. Get creative. You know, and -- sometimes you have to give your group options. Would you like to do this or that and so forth. A couple of things in regards to actually having a meeting. I want to share and so I find that, you know, people don't want to be on Zoom. We're all getting Zoomed -- there's lots of Zoom. And distance learning going on. I wouldn't do a meeting for longer than 90 minutes. It just gets too long for me and a lot of people just get kind of -- oh, not another long meeting. I also like to build in breaks every 20 minutes or so. Even for adults. We use this thing called rainbow run. Where, you know, we'll play our game for a while. Okay. Now run and whatever you have in your room or in your house. Go grab three thing that is are green. They bring them back and show everybody to the group. It is really fun what people find in the short amount of time to share with the group. Sometimes it is pretty wild. Build in the breaks so that it keeps your people engaged and not just ready to fall asleep. I've found that I have to disable annotation and screen sharing for my participants. I had even young kids on the spectrum that are making notes across the screen as I'm talking and want to share screen. They want to share their video game that they made and so forth. I would disable that in the settings. Look for that. I always use a waiting room. All of the participants come. If you have another facilitator, you can bring those in first and the group in as a whole. I really like for depending on the type of participants, persons with autism the balance is a little difficult. Depending on their ability level. I find a nice four or five-person group is really nice for interacting online if we can all be unmuted, it makes it more real. Like the real life experience versus, you know, a giant group and trying to manage commuting can be challenging. If you are limiting participants, if you are waiting and e somebody contacts them, you can mute them. I typically mute people on entry. They don't know what kind of noises are happening when they are joining. If you do provide forms to your participants. Make sure they are fillable on mobile. Create a PDF -- a fillable PDF form. A lot of people don't have printers. Or it is a good idea to help people with printing. It is always a good idea as a facilitator, you learn a lot by doing. At least I do. It is good to practice that. I like to have two support people. When it is the activity like the game, one person is facilitating the activity and the other person is admitting people to the event,

they are watching the chat, they are, you know, doing all of the behind-the-scenes work to keep everything going isn't having to do that. I find a lot of people joined via Zoom. I like to make sure we rename people. We know who they are referring to. Maybe they are using their friends computer or whatever the reason is. I like to make sure it is at least their first name. You can as the host do that. Obviously always log in early to do a quick touch base with the other facilitators. We know what the plan is. I always try to start on time. People are joining they might have some issues. Make sure the name is correct and show the activity. By that time hopefully everybody is on. In the beginning make sure to go over the event rules. What are your expectations are as far as participation and instructions and that kind of thing. Make sure everybody knows how to play your game or do whatever activities. It is always good to go through that at beginning. I ask people to mute, because that can be distracting and challenging. If you have to step away, that's okay. Turn off your video. Totally fine to do so. Let them know how to communicate with the facilitators. If it is in the chat box or however you want them to do that. It is easier. Depending on the level people are at. They will have a break and come back and do something else. They know what to expect. Part of that at at the beginning is introducing yourself and doing some kind of ice breaker. I always start and then I always ask people to share something fun or, you know, or whatever about themselves. And, you know, so you star the conversation and then model what you expect them to kind of include in there introduction. And there's a lot of ways to pass along the conversation with younger kids during our games, we'll say, okay, could you choose a friend to go next? Or I've heard -- I've talked to some people who use an imagination ball. I'm going to throw the ball to so and so. You know, all in all just make sure to have fun. You know, don't get too stressed out about it. The important thing the event that you are having it and people are getting together and interacting. All of the other stuff will work itself out. It is very important to do a post event debrief or just with yourself and write that down that worked. That was not great, you know, or whatever. You can make improvements for next time. So I know I kind of went through that quickly. I wanted to make sure to get through everything so everybody had time for questions. If you would like to contact them or myself, I've included the contact information here. Thank you so much for joining us here today.

>> Thank you. Thank you both for a great presentation. We have a couple of minutes for questions. If you want like unmute and chat in the chat box on the webinar consult. I can move them out. I went ahead and put the slides on the event page so you know what to get them and on the event page is also where the recording will be available at the end of tomorrow.

All right. Well, that being said, thank you, guys, for an amazing presentation. Thank you, everyone, for attending. I'm going to put the evaluation survey in the chat box. We've put it in a couple of times lot the thing. We would just love your feedback on the webinar and what you would like to see in the future. Be well. And have a great rest of your day. Thank you again to our presenters.