**[Start of transcript]**

**Interviewer**: Ok we are recording! I will be asking you about your perspective about your child’s transition to adulthood in relation to her sensory sensitivities and we’ll be doing something called a semi-structured interview, which means I have a set of planned questions here, but I’ll be adapting them to follow our conversation to make sure they actually fit what we’re talking about. Do you have any questions?

**Interviewee**: [*inaudible*]

**Interviewer**: Ok. You’re a little bit quiet your end, could you try to increase the volume if possible? I can try on my end too …

**Interviewee:** [*inaudible*]

**Interviewer**: Ok let me try mine … alright let’s see … I think this might be better now? Can you try saying something?

**Interviewee:** Is that better for you?

**Interviewer**: Yes, ok. I changed my input volume so hopefully that will be better … Sorry?

**Interviewee:** That’s on like auto adjust so see if that works better.

**Interviewer**: Right ok, we will see. Do you have any questions before we begin?

**Interviewee:** No.

**Interviewer**: Ok awesome and if there are any things you don’t want to answer that’s ok. We want to make sure this is comfortable for you. Could you start off by telling me about your child’s sensory sensitivities and interests?

**Interviewee**: As far as sensory, she is very tactile, very hands on. She is not sensory sensitive in many ways. If she has like food all over her face, dirt on her hands, and stuff on her clothes she does not care at all, she’s not bothered [*inaudible* …] happy as a clam. So we have been working a lot with getting her to wipe her hands, getting her to wipe her face, and she doesn’t like to be cleaned up. So in that regard she gets frustrated when we try to wash her or try to wipe things, but it’s an ongoing process getting her used to that.

[2:37]

**Interviewer**: Yeah. Do you know why she doesn’t like being cleaned? Is it the physical act of it or does she not like the sensation of it?

**Interviewee**: So that’s where it’s hard to tell because she is so minimally verbal. There’s not really a good way for her to tell us like exactly what the issue is. You know, it seems to be the feeling itself. Because she’ll see us coming with a napkin and she’s like darting around and running away. That’s I think one of the hardest parts about having a kid with special needs, because when they’re so minimally verbal and you know … she has a few signs that she’s kind of adapted from ASL [American Sign Language] into her own way. But they’re not extremely specific. We can’t completely rely on her nonverbal cues. So yeah, I don’t know exactly what the reason is. I don’t know if she just doesn’t understand that if you’re messy then you need to clean up or it’s that she doesn’t like the feeling of ... and it doesn’t seem to matter if it’s a paper towel, if it’s a tissue, or if it’s a wet wipe [*inaudible …*]. It just seems to be that we’ve been most effective with repetition and modeling behavior. So we kind of, at dinnertime my husband and I will like almost overexaggerate us doing it and she is such a copycat so that’s the most effective way that we can get her to, I say comply, but you know.

[4:38]

**Interviewer**: Yeah, that’s great. You said that she is very hands on and tactile, does she seek out certain things or is it that she just doesn’t really care what she’s touching?

**Interviewee**: A little bit of both. She really likes the therapy putty, like physical therapy and occupational therapy use putty. She likes the feeling of that, she likes to carry around paper towels and wet wipes and things like that. She’s a big spinner and twirler, like the fidget spinner – she’s really good at those. Anything she can manipulate with her hands, whether it’s twisting it, spinning it, twirling it, those kinds of motions are big for her.

[5:25]

**Interviewer**: Absolutely, and then for things that she dislikes, how does she manage, handle, or cope with things like that?

**Interviewee**: Normally if she dislikes things she’ll either throw it, or she’ll try to kind of run away from it, or she’ll hit or kind of swat at us – not so much lately but it used to be a big issue for us a few years ago – but she’ll usually just push things away with her hands or shake her head, “*No*,” and turn away.

**Interviewer**: And then what about things that she does like, does she seek them out?

**Interviewee**: Yes. She’s a paper towel snatcher. You can’t sit down at dinner with a napkin. We have to hide them from her [*inaudible* … ] or she’ll take them from us [*laughs*] [*inaudible* … ]

**Interviewer**: [*laughs*]

**Interviewee**: She *loves* water. So we have to be very careful about that. We just recently moved into this house about a year ago and we were looking and a lot of the houses around us have pools and a lot of houses have bodies of water nearby, we live near the bay. So we have to be very careful about that because she will definitely go and find any source of water.

[6:49]

**Interviewer**: Will she go swim in it unsupervised?

**Interviewee**: I don’t know if she would, because we’ve been lucky so far and we’ve always been right there with her. But the concern is like if we live here all the time and the water is always there then like the temptation is always there. But we have a water table that we put outside, we just have to remember to empty it every night because she loves to just go and dunk her hands in [*inaudible …*]

**Interviewer**: I’m sorry can you repeat that please?

**Interviewee**: She likes the feeling of water between her fingers. She likes to kind of like pick it up and manipulate it.

[7:30]

**Interviewer**: Does she like certain types of water, like warm water, cold water, ocean water, pool water?

**Interviewee**: She does *not* care.

**Interviewer**: All water? [*laughs*]

**Interviewee**: Yeah.

**Interviewer**: Does she have certain things she does in the water? You said she likes to have water in between her fingers, does she move her fingers back and forth, like what does she do in the water?

[7:48]

**Interviewee**: She’ll like kind of splash at the surface. It’s almost like she’s trying to pick it up with her hands and then lets it fall through. She likes to pour it out, she’ll take two cups and pour it back and forth, I think she just likes the movement of it.

**Interviewer**: Yeah. Does she like the rest of her body in the water or just her hands?

**Interviewee**: Yeah, she’ll try to get all the way in. She has [*inaudible* …] a hard chair that she sits in outside on the deck so she usually drags the water table over to her preferred chair and then plays in the water table that way. And then we have a little inflatable pool and she’ll just sit right in that in whatever clothes she’s wearing. She loves showers, she loves baths. She doesn’t like water in her eyes that much, but that’s pretty much it.

[8:47]

**Interviewer**: Yeah, exactly. And then regarding her sensory sensitivities, has she received any therapies or interventions to help her manage them?

**Interviewee**: Yes. So she has been receiving EP [emotional processing], OT [occupational therapy], speech therapy, and ABA [applied behavior analysis]. She’s been out of PT [physical therapy] for probably five years now, maybe six years, because they kind of graduated her. She didn’t have anything that they could kind of achieve any more with physical therapy. Most of her issues were like all fine motor skills, which is more OT based. Most of it’s been through ABA and the ABA center that we have used here has been more play based and it’s more like social interaction throughout the day. So it’s less of a one-on-one clinic setting and more of like a let’s just go about our day and we’ll handle things as they come up, which we really like because her attention span is so limited that it’s hard to just stick her in a room at a desk and expect her to attend for a long period of time. Our biggest thing with Taylor is her social skills and her behaviors in public and how to appropriately respond to people and their interactions [*inaudible* …] that’s mainly what ABA’s goal is for her, like her independence and how many skills they can get her to do on her own, and kind of like how she presents herself with other people around.

[10:41]

**Interviewer**: Absolutely.

**Interviewee**: [*inaudible*]

**Interviewer**: For the OT she received, did they help target any of the tactile things that you talked about?

**Interviewee**: Yeah. So they do … mainly right now they’re focusing on getting her to brush her teeth with toothpaste and getting her to play with the putty, the therapy putty. They’ve been working on her going to the bathroom more independently and helping put her clothes on and off, things like that. But brushing teeth is one of the biggest goals right now. She seems to have a lot of sensory issues with her top teeth. She’ll brush the bottom with a dry toothbrush all day long if you let her, but then [*inaudible* …] we’ve tried *so* many different flavors of toothpaste, I think we’ve tried every toothpaste on the market and there’s only a couple that she seems to like. She seems to have issues cleaning her top teeth. We’ve gone to the dentist to see if there’s any issue with her teeth on top that might be causing soreness or sensitivity, which is another thing, because she can’t tell us like, “*I don’t like it because it hurts*.” She pushes the toothpaste away or she turns her head, so we know she doesn’t like it but we haven’t been able to nail down a reason why.

[12:18]

**Interviewer**: Yeah, and it’s just her top teeth not her bottom teeth?

**Interviewee**: Yeah. Every once in a while she cleans her top teeth ok but she definitely doesn’t focus on them like she does on the bottom ones. I think part of it is probably because it’s easier for her to hold the toothbrush like … versus like … she has a hard time turning it, so I think part of it is like a comfort thing too, like it’s easier so she’s not going to try to do it the harder way because she’s got the easier way now.

**Interviewer**: Yeah exactly. Do you think OT has helped her with these skills?

**Interviewee**: I think it’s a little half and half so it’s interesting, because when it’s just her dad and I at home she’ll do it independently pretty well, but she does *not* like us to do hand over hand. If either one of us try to do hand over hand, she just does not want us to do it. But I also think that part of that is because every so often I mean we basically have to hold her down and just brush all of her teeth because at a certain point it gets [*inaudible* …] [unhygienic?]. I think she doesn’t like us doing hand over hand because she knows that the more she resists and the more that she doesn’t do it, the more we’re inclined to do it for her and force her to do it. And that’s like, part of the struggle is we want her to be independent and we don’t want to make it a traumatic event, but at the same time somebody’s got to do it.

**Interviewer**: Yeah.

**Interviewee**: But with OT, when her therapists are here, she will not do it very independently at all. She’ll pretend like she doesn’t know how to do it, like “*What is this foreign object?*” But she lets *them* do hand over hand so much more than she lets *us* do it and I think part of that is she knows that they’re not going to hold her down, because they really don’t do anything too forceful or too restricting. So I think a little bit of it is like almost trust related, like she lets them do hand over hand more because she knows that they’re not going to hold her down, they’re just going to hold her hand. So it’s kind of interesting seeing the difference because she’ll go and sit down and we’ll say, “*Ok, go brush your teeth*,” and she’ll just start brushing. Whereas when they go in, they sit her down and say, “*Ok, brush your teeth*,” and she like tries to throw the toothbrush down, she tries to just hold it and play with it, she screams every time they try to tell her to do it. So it takes longer for her to start brushing her teeth with OT, but then once she starts she does a better job with them. Whereas with us she starts sooner, but she doesn’t do as good a job.

[15:23]

**Interviewer**: Interesting. That’s a really interesting difference.

**Interviewee**: Yeah.

**Interviewer**: On your form you also talked about sound therapy briefly. Can you talk a little about that?

**Interviewee**: So she hasn’t been able to get it lately because she’s not … the center isn’t open right now because of COVID. But they do have a program at her clinic where they have headphones that play certain sounds while she does certain tasks on the computer, or they’ll do matching or simple puzzles. They’ll do it without the headphones first and they’ll see how well she does and then they’ll do it with the headphones that play ­– I don’t remember what the program is called, I wish I did because it’s been so long – but they’ll play certain sounds and they’ll see if her attention span changes or if her focus gets better [*inaudible* …]. [They didn’t give me too much data?] about how effective the therapy was before everything got shut down, but they have said that her actual timing of wearing the headphones was going way up. Because it used to be that she put them on for a second and then she’d take them right off. So they worked with her and worked with her and we got her some headphones to wear at home that she could practice with. And then they were getting to the point where she would wear them for five or ten minutes at a time, which is great. I know that they’re working on her compliance with the headphones and they’re working on playing the sounds and everything and seeing how that works for her.

[17:09]

**Interviewer**: And was that therapy targeting attention, hearing, or the tactile sensation of having something on your head?

**Interviewee**: Well initially it was the tactile sensation, just to get her to actually hear them. Her hearing seems to be totally fine so the goal of the program is to increase her focus and concentration.

**Interviewer**: Got you. That makes sense. Have her sensory sensitivities changed over time?

**Interviewee**: I would say in some ways, yes. She used to be very fearful of loud sounds and she doesn’t seem bothered by them anymore. I mean occasionally if we get something she’s not expecting she might jump.

**Interviewer**: I do that too [*laughs*].

**Interviewee**: Yeah, but she doesn’t seem as bothered by loud sounds or crowds or things like that as much as she used to.

[18:14]

**Interviewer**: Do you know when that change happened?

**Interviewee**: I would say – she’s sixteen now, I met her when she was eight – probably between, maybe around age twelve it changed.

**Interviewer**: Did anything else happen when she was twelve?

[18:31]

**Interviewee**: Not really. She went through puberty kind of around maybe twelve to fourteen and … I don’t know, I don’t know if it was around the time she went to middle school and it’s so much crazier and dizzier there. Her class room in the elementary school … like as you walk into the office and then if you go out of the office and go around the corner her classroom was basically the first one. The cafeteria was on the other side of the school and they didn’t eat in the cafeteria there, they usually ate in their classrooms, so it was all self-contained and it was only a few kids. Then in middle school her classroom was way down the hallway, you had to pass a bunch of other stuff, they eat in the cafeteria with all the other kids, so I think it may have just been like an [immersion?] thing.

[19:36]

**Interviewer**: Yeah, absolutely. What about the fact that she seeks out some tactile things. Has that changed over time?

**Interviewee**: No that seems to be something that she’s always been interested in.

**Interviewer**: Yeah. What about water?

**Interviewee**: Same thing with water. She’s always been a water baby.

[19:56]

**Interviewer**: Ok.

**Interviewee**: She’s a little bit less destructive. She used to tear apart everything, like paper or things like that. Now she is rough on stuff, like she’ll eventually wear her books out pretty quick, but it used to be that we would get her a book and she would tear all the pages out and she would try to break the spine apart. Now it’s like she flicks through the pages so much that eventually they get worn out, but it’s not because she’s intentionally destroying them.

**Interviewer**: Got you. This question may not be so applicable for Taylor, but this change in sound that you just talked about, do you think that’s related to any independence that she’s gained?

**Interviewee**: I don’t necessarily think so, no. I think she’s gained little bits of independence but she hasn’t had like a *big* shift in independence.

**Interviewer**: Absolutely, thank you. So you talked about her disliking the feeling of brushing her top teeth or disliking when you tried to help clean her. Do you think any of these things cause or increase anxiety for her?

**Interviewee**: I think so. I will say she recovers a lot quicker than she used to a few years ago. It used to be that if we snuck up on her and like wiped her nose before she’d had a chance to say no or had a chance to get away it could have triggered a meltdown that would last for ten or fifteen minutes of screaming and crying and getting very upset and throwing things on the floor. Now she might scream once and that’s it, so her reaction to it is definitely a lot different now.

[21:53]

**Interviewer**: Absolutely. What does her anxiety look like? Is it the meltdown that you just described?

**Interviewee**: Yeah, so we can tell sometimes if it’s coming on because she’ll wring her hands or she’ll play with her hair a lot. A lot of times she’ll get more quiet, which is interesting. If she’s not wearing shoes, if she’s barefoot, we’ll see her like kind of [play with her feet?] and start rocking back and forth, and we can kind of tell if she just gets fidgety in that way. Then if it’s like anxiety or if it’s kind of like a reaction then she does get meltdowns where she’s just screaming and crying and hyperventilating, and any sort of comforting her or reasoning with her just goes out the window and we just have to ride it out.

[23:01]

**Interviewer**: Yeah. You said that this has improved over time, her ability to have shorter meltdowns and manage her anxiety?

**Interviewee**: Yeah.

**Interviewer**: That’s great. So thinking to the future, what goals or hopes do you have for her in terms of her sensory sensitivities or sensory interests?

**Interviewee**: I think right now a lot of our goals for her are kind of compliance based in the sense that we’re working on her independence as much as we can, but from a realistic perspective we know that she’s never going to live alone. Our father and I we plan to keep her with us as long as humanly possible. We want her to do as much as she can for herself, but we know that she’s not going to hold a job the same way that neurotypical kids might do. She’s never going to live alone, things like that. So for us, I would say from a sensory perspective it’s just getting used to all these hygiene things and her ADLs [activities of daily living], getting those all done and out of the way and kind of less negative behaviors from her in that sense.

[24:35]

**Interviewer**: Absolutely, thank you. Right, we’re going to shift gears a little bit to our next chunk of questions. So thinking about your community, as Taylor has grown up and aged a bit, how has her and your community reacted to her sensory sensitivities?

**Interviewee**: Community-wise it’s a little bit … we don’t have a whole lot of resources. We do have the ABA center that she goes to and that’s pretty much like the only one. We have a kids gym that we tried one time and it was horrible. It was such a small space and it was so crowded with stuff that even without very many kids in it she just was completely overwhelmed. There are a few stores that have – I don’t know if you’re familiar with the Caroline cart?

**Interviewer**: No, what’s that?

**Interviewee**: It’s a regular shopping cart but the front of it is like a big seat that faces the person pushing it.

**Interviewer**: Oh, ok.

[25:44]

**Interviewee**: It’s basically like she sits down and is facing me and then I have the handles kind of at her eye level. So she doesn’t have to climb on top of the cart or anything like that, because she doesn’t like confined spaces very much, so it’s like a big seat and that way we can go to a lot more stores. Because there are stores that I think are just so bright and so loud and are so crowded with like … she doesn’t like close aisles. I don’t know if you have Marshalls where you are?

**Interviewer**: Yeah.

**Interviewee**: She doesn’t like it there.

**Interviewer**: Oh no!

**Interviewee**: Oh my gosh, there is just too much going on.

**Interviewer**: Yeah.

**Interviewee**: Whereas Target has kind of wider aisles, it’s big, and they have the cart where she can sit and we can push her, so I think it’s less overwhelming for her.

**Interviewer**: Totally.

[26:48]

**Interviewee**: We try to frequent those places … we have a couple of local grocery stores that have that cart, we have Moe’s that has the cart and Target, so we try to take her to those places to work on her social interactions with other people but keeping her comfortable at the same time.

**Interviewer**: Yeah, absolutely. So you just talked about confined spaces and brightness, do those things generally bother her?

**Interviewee**: I don’t know, but if I had to guess I would say they do because when we’re at a place that has something like that and she has behaviors or meltdowns or she wants to leave, it’s like, “*Ok, well maybe this is the reason*.”

**Interviewer**: Absolutely, absolutely. I’m sorry?

**Interviewee**: I would imagine that that would be a contributing factor.

**Interviewer**: For sure. What about school or friends or religious groups, are they pretty accommodating of her and understanding?

[27:54]

**Interviewee**: So we did try to go to church at one point. We had an elementary school that did like a church in their auditorium, and they were ok with her. I mean we never left her in the little daycare or anything, we always kept her with us toward the back. Nobody directly said anything to us, but you could tell … you know, they were like … We would always try to remove her if she was being loud … but I don’t feel like they have any specific programs or anything like that specifically for kids like her. The school was really good with her in a lot of ways. They had like a sensory room where they had crash pads and bean bags and some different stuff in there where they could take her if they needed to, which she seemed to really like that. They had a small class size and they had consistent teachers and paraeducators there that she really enjoyed, so I think that they did do good with her there. But she’ll actually be going to high school next year, so I have no idea what that’s going to be like and it’s all going to be virtual now, so I can’t really predict what’s going to happen in the future.

**Interviewer**: It feels like no one can right now.

**Interviewee**: Exactly [*inaudible*] I forgot to mention this before we started but I do have to hop off about 8.45 …

**Interviewer**: Ok, great.

**Interviewee**: I do have some time tomorrow if we need to like finish up on anything [*inaudible* …], but Taylor’s therapy will be starting soon, so …

[29:46]

**Interviewer**: Ok awesome, then I will try to breeze through the rest of these questions the best that we can. We can also touch base in about ten minutes and figure out if we need to schedule a follow-up tomorrow. Was the community more or less accepting of her when she was younger?

**Interviewee**: So her dad was active duty, so for a while they were moving around a lot, so it’s a little bit hard to say like in the past … and when her dad was active duty her mom and dad were still married at the time and from what I understand her mom kind of kept her really sheltered so didn’t take her out very much. And then her dad retired and as soon as he retired her mom left to go and live overseas. There was kind of a lot of transitioning. Her mom was in and out of her life a lot. So for a while it was like the first few years of her life her mom was always there, while dad was deployed and active duty. Then once he got out he was kind of the stable factor in her life and her mom was totally gone for years at a time. And then her dad and I got married … so it’s kind of like the stability was all over the place.

[31:25]

**Interviewer**: Absolutely.

**Interviewee**: So it’s hard to say.

**Interviewer**: Yeah, no for sure. Are specific aspects of her and your community more or less accommodating or accepting of her?

**Interviewee**: I would say that when we take her to places that she’s comfortable going, like I said like Target and Moe’s, there are specific people that are very good with her, that are familiar with her, like the cashiers all know her and people from school. A lot of people recognize Taylor out in the community. The public pools that we take her to and things like that are all really good with her. But there just aren’t many resources in the community for special needs kids in general I feel like. So I think that we’ve worked hard to foster certain relationships where we can out in the community, while working on putting things on the register and paying for it and things like that. So we try to work on her skills in that way, but I don’t feel like there’s a whole lot of programs for her.

[32:46]

**Interviewer**: Absolutely, no that make sense. Again, thinking to the future. What are your hopes or worries about how the community will react to her and to her sensory sensitivities?

**Interviewee**: So they do have a day program that she could go to after high school is over and they have a nurse, they have staff members, they have kind of like different therapists, and they have like a bus system, so a bus will come pick her up in the morning from our house and take her to the program and then drop her off at home in the afternoon. We are kind of limited to just that one day program, which we have heard good things about, so I think we’re lucky in that sense, but I don’t know … it’s hard because … they do have their own transportation because public transportation is so lacking. So things like that I feel like we don’t have a whole lot of resources with. The day program does do [*inaudible* …] they have some places out in the community that they work with where she can have a job and she can go, but she would have to have a person with her one-on-one all the time. So I don’t think we’ll truly know how that is until we get there, because we know what they offer, but we don’t know how she’ll respond to it. And a lot of the people that we know from the community that go to this program are a lot more independent than Taylor is – at least right now – so it’s a little bit hard to judge too because they need maybe less support in some ways, but maybe other support in other ways. I just don’t think we’ll really know until we kind of get there and she gets older in the future.

[35:04]

**Interviewer**: So there’s a little bit of uncertainty just because you haven’t experienced it yet?

**Interviewee**: Yeah. But also it’s like we only have the one day program and if they go under I don’t know what we’re going to do.

**Interviewer**: Absolutely, no that’s reasonable. So switching gears a little bit and you just gave me a nice segue, in the transition to adulthood where is Taylor?

**Interviewee**: So right now she’s sixteen. She’ll be starting high school soon, so she’ll be at high school for six years. She’ll get a certificate of completion, so she won’t get a diploma, and then after that the plan is for her to go this day program. We’re hopeful to continue with her ABA therapy and her speech therapy as long as we can, so we’re hopeful the clinic will continue with that. They have a lot of like … they try to do more intensive stuff in the summer when schools are out for the kids, just to keep them progressing in some way. Pre-COVID they did a proper summer camp and they would do outings to the park, to the pool, they would got to different stores, they would go on different field trips, and things like that. So I’m hopeful that we can stay with that as long as possible as well.

[36:28]

**Interviewer**: Absolutely. In terms of level of independence, what types of skills does she have, or like stages, if you will?

**Interviewee**: She is able to feed herself if we set everything up for her. The food has to be cut up, it has to be at an appropriate temperature, and everything has to be put on the plate for her. She needs help undressing, she needs help getting dressed. She can’t really work any appliances independently, like I said we have to prepare everything for her. She would never drive herself, but she can sit in the car with her seatbelt on. She can to a degree ride a tricycle, but not like … it’s not like we could get on our bikes and ride a trail. We would be standing next to her and watch her go in like a circle. She’s dependent on somebody for pretty much all aspects of daily life.

**Interviewer**: Absolutely. Does she have friends at school or things like that?

**Interviewee**: She does, but with the minimal verbal aspect it’s hard for her to make meaningful relationships from their side. I feel like most of the time the kids are being nice toward Taylor, but you can tell that Taylor has preferred people. She definitely has friends, but she doesn’t understand the idea of turn-taking, or social cues, things like that, or conversation. She doesn’t seem to really truly understand things like that. But she likes to be around people, she likes to watch people. She kind of likes just to be nearby, like even if they’re playing a game and she doesn’t understand, even if she can just stand there, she’s happy with that.

[38:53]

**Interviewer**: That makes sense. Do you think she’ll be able to achieve more independence in the future?

**Interviewee**: I think that we’ve definitely seen some degree of independence gained, but not at *big* functional levels. She’s getting better at taking her clothes off, she’s getting better at pulling them up, but not to the point where we could say, “*Ok go potty and come back when you’re done*.” I don’t know if we’ll really ever get to that point. So I mean for us we’re just so used to celebrating any little milestone. You know, anything that she does a little bit better is great, but I don’t know how high her potential is [*inaudible* …]. She does have a genetic brain condition. That is actually the reason why she has autism, from this genetic brain condition. It has to do with the amount of folds in her brain and the amount that her brain can physically understand. So we know that at a certain degree her capabilities are limited, no matter how much therapy you do, how much training you do, she has something that is physically stopping her in that regard.

**Interviewer**: Absolutely, that makes sense. Perhaps with that in mind, what do you think would continue to help her move into adulthood?

**Interviewee**: Definitely just the therapy support. I do feel happy that a lot of the techniques that the therapists do her dad and I are either already doing it or are working towards that. Definitely like repetition, imitation, modeling behavior, it’s just a constant daily thing. That’s what we’ve kind of been working on, but I think she’s just always going to need a role model right in front of her at all times.

**Interviewer**: Absolutely. So you said therapies, which therapies in particular, like OT, speech, ABA?

[41:26]

**Interviewee**: ABA I think, because that’s the longest one. OT is like half an hour here and there, speech therapy is like half an hour here and there. So I think ABA just because it’s the longest and they’re there with her for the most amount of time.

**Interviewer**: Got you. So I know you have therapy for her coming up soon. So we have probably about ten more minutes left in the interview. I don’t want to keep you late, would you like to schedule another time for tomorrow? What works for you?

**Interviewee**: Yeah, we can do tomorrow.

**Interviewer**: Ok, what time works for you? We can always do next week if you need to, I don’t want to …

**Interviewee**: No, that’s ok. I can do tomorrow 9 o’clock.

**Interviewer**: Sure. Perfect. So we can use the same exact link and we kind of just have two chunks of questions left, one is really quick, one kind of ties together sensory sensitivities and transitioning to adulthood, so it shouldn’t be too too long hopefully.

**Interviewee**: Ok great.

**Interviewer**: Awesome. So 9 a.m. tomorrow. Would you like me to re-email you the Zoom information?

**Interviewee**: No I’ve got it.

**Interviewer**: Ok, awesome. I’m sorry it’s taking a little bit longer, I apologize for that.

**Interviewee**: It’s probably me talking too much.

**Interviewer**: No it’s great. You talking is more data for us so it’s great. Awesome well I hope you have a great rest of your day and I look forward to seeing you again tomorrow morning.

**Interviewee**: Ok great, thank you, see you then.

**Interviewer**: Bye.

**[End of transcript]**