**[Start Transcription]

Interviewer:** And we are now recording, great. And I will be asking you some questions about your perspective about your child's transition to adulthood in relation to his sensory sensitivities and sensory interests. And I'll be doing something called a semi-structured interview, which means I have my planned questions here, but I’ll also be adapting my questions to follow our conversation to make sure they actually fit for us and fit for what we're talking about. Do you have any questions before we begin?

**Interviewee:** Well, I'm assuming you're a PhD student, is that right?

**Interviewer:** No, I'm actually a project coordinator. I have a Master’s in Education and I'm currently just staff. I will be applying to Graduate School soon.

**Interviewee:** No, that's Great!

**Interviewer:** Yeah, it is, I'm enjoying it **[chuckles].**

**Interviewer:** And then also if there are any questions that you don't want to answer 'cause they make you uncomfortable or you don't know, that's totally okay, we want to make this a positive experience. Ok, awesome, so my first question, could you please start off by telling me about your son's sensory sensitivities and sensory interests?

**Interviewee:** Starting from right now or as a child? I mean he's 24 years old, so.

**Interviewer:** So, I'll be asking you both about current and past. So if you want to answer it in whatever way makes sense to you, feel free.

**Interviewee:** Well, we've always…I won’t say always, we’ve interpreted that he had sensory issues for a very long time to the point where his occupational therapists we would try to screen them for whether they were familiar with sensory processing disorders or prescribe sensory diets, and we've done lots of different things. I remember back when we brushed him all the time. We did a program for sensory issues around food because he was so restricted in what he would eat. At one point he would only eat tan colored, room temperature crunchy foods. Basically, that was French fries, so had to do something about that so he really has always been impacted by sensory type issues.

**Interviewer**: And so you talked about how he used to be very restrictive in his diet. Is it no longer as restrictive?

**Interviewee**: Correct, it is no longer as restrictive and he will sometimes even try new foods for me, fairly regularly.

**Interviewer**: That's great. And on the screening form you indicated touch was also something that was challenging for him, could you talk a little bit about that?

**Interviewee:** He has always – and he still does it to this day, likes to come up, he only does it to me, behind my head and presses his upper lip and the philtrum between the nose and lip against me very hard. A lot of people think, *“is he smelling your hair, or is it a loving, affectionate gesture against you?”* **[00:03:10 inaudible]**. We’ve always thought he craved deep pressure right here, you know. Why? If that's related to speech or words or whatever. We used to be afraid that he would start doing it to strangers or other women. Fortunately it's always been to me, maybe he would do it to his sister a little bit when she was at home, younger, but that's my one thing that I think about touch and there are times when I will even touch him here and then see if it will calm him a little bit.

**Interviewer:** Yeah, absolutely. What about smell? I think you indicated smell as well.

**Interviewee:** And I wrote that smell because people thought, *“is he smelling your hair?”* And I am like, *“well if he is, he's not getting anything out of it,”* you know **[00:03:59 inaudible]**. I've never thought…I don’t want to say...it's just hard for me. We’ll come on our walk and we’ll smell a pretty flower and will ask him to smell it, So I've actually thought he might be hypo-sensitive to smells, but yeah, really hard to say.

**Interviewer:** Absolutely, absolutely. And that brushing you did in ABA, was that because you thought about the touch due to his pressing against the back of your head?

**Interviewee**: It was recommended to us as part of a sensory diet from an OT. I forgot the protocol name of type of brushing they were

**Interviewer:** It's like ‘will something’.

**Interviewee**: Yeah, they were like surgical scrub brushes, soft. Yeah, it was something with a *W*.

**Interviewer:** Yeah, I know what you're talking about.

**Interviewee:** It was time consuming. And they wanted us to do it all the time and [**00:04:55** **Inaudible**]

**Interviewer:** And so how have his sensory sensitivities changed overtime?

**Interviewee:** That's a tough one to say, 'cause it definitely has changed. He tastes better, will try different foods, but he certainly has foods that he doesn't care for and we can't get him to try those. He used to do a little thing around his eyes, a visual stim. He doesn't seem to do that anymore. Trying to think. Boy, this is going way back up. He used to not be a good sleeper, he's a better sleeper now, but we do use some meds for that. I don't know I. I guess you'll have to ask me more specifics, I can't.

**Interviewer**: So like were they more severe when he was younger? Like you talked about him being more restrictive in his diet like…

**Interviewee**: [**00:05:55 inaudible]** I think it was more severe when he was younger, but in general everything was more severe when he's younger and then it's harder to say. Is that because we're now more used to it and it was novel then? So that's really difficult to suss out.

**Interviewer:** In terms of his diet, what does he eat now that he didn't used to be able to eat?

**Interviewee:** Oh, he used to only eat like I said the French fries and everything. But now he's actually a very good eater.

**Interviewer:** That's great!

**Interviewee:** I probably put 12 different things in his lunch bag each day, and he eats all of it. Restaurants…you know, he still has some funny things. He won't eat sausages or hotdogs and I've always thought that that was either a texture or shape issue, because if I take, you know, like a sausage and uncase it and use it in spaghetti sauce, he'll eat it fine, so there isn’t a taste issue there. Like tomatoes, he won't eat ‘em cooked or raw, but if they're all squished out and there's no seeds and there's no peel and it's in a smooth spaghetti sauce, he’ll eat that fine. Again, I thought that was texture related.

He won’t eat eggs at all of any kind, but then I can bake with him and he doesn't know they're in there. Some of it…he was on a gluten free, casein free diet for years and I know we used to stress, *“you can't have cheese,”* so cheese is something he refuses to eat. Now whether that’s from his years and years of being told it wasn't good for you, but he'll still eat pizza that has melted cheese on it, so go figure. So that's where I thought its texture related.

**Interviewer:** [**00:07:35]** And do you think this change overtime is related at all to any independence that he's gained?

**Interviewee**: Well, one can hope so, but he doesn't have a huge level of Independence, so that's hard to say.

**Interviewer:** Yeah, absolutely. We'll touch about that in a little bit, that's like the next topic. I have lots of questions about that too. And then how does he cope with or manage or handle his sensory sensitivities?

**Interviewee:** Some calming behaviors that he has, he rocks quite a bit. He paces a lot, he loves music, so if we know we're going to a brand new place or, like a funeral or wedding or something like that, we're gonna give him his music and earbuds. The problem we run into is that if he gets a song that he absolutely loves, he has to get up and move around and then he really rocks. And if you're sitting in a church pew at a funeral that's not appropriate, so. So we have some coping strategies. He's never been one to have to wear the big ear dampening muffs. We’ve never tried that with him. It's never been recommended to us, but he definitely loves music.

**Interviewer:** That's great! And so you touched...you talked about ABA and OT. So what other services has he received for his sensitivities? Or if it was just ABA and OT, how do you think that helped him?

**Interviewee:** Well, the ABA certainly helped to broaden his narrowing interests, narrowing food choices, that sort of thing. ABA got him to tolerate haircuts. Before that, we could not, his dad was having to cut his hair and it was really, really tough, but he will go to a Barber shop now. Although with COVID, we're back to cutting his hair 'cause he won’t wear a mask. So that's our sensory issue currently that we're dealing with. He will sometimes…at most we've gotten him to wear it was for an hour, but that's it. I keep trying all different types of mask to see one sensory-wise he’ll tolerate better.

**Interviewer:** What about the mask does he dislike? Do you know?

**Interviewee**: He doesn't like the stretchy ear loops on those blue medical masks, so I don't know if they're too thin or the other possibility is that they are too medical-appearing because he hates doctors and dentists and hospitals, and he's been sedated and I'm sure he's woken up and seen someone wearing a mask like that, so that may be part of the anxiety surrounding that. He seems to like better the fabric ones, I don't know if you've seen the white ones that *Hanes* puts out. They almost like it's like underwear instead.

**Interviewer:** Oh, I haven't seen that.

**Interviewee:** The are made of soft white material. Those are the ones we're having the most luck with. And then we also found a silicone insert that takes the mask off of your nose and leaves you space so **[00:10:49 Inaudible]** the claustrophobic or breathing part of it.
**Interviewer:** That's great. And then you also talked about OT. Do you think that has helped him?

**Interviewee:** Oh, definitely! And we still do OT except not during COVID, so it's been 5 months since he's had OT. Haven't even heard from her, so hopefully she's alright, but she's older so she's been with him since he was three, so I don't know if we’ll be able to keep doing that or not.
I definitely think that helps with sensory, with fine motor. She's always getting him to do stuff on his hands so that he'll tolerate washing his hands. So that sort of thing.

**Interviewer:** Did he not like the sensation of the water or the soap before?

**Interviewee**: Oh, it was hard to say, but they've always done that where they put it in shaving cream, things like that **[00:11:42 inaudible]** I can tell you. We always just tried to broaden his horizons and present him with as many different sensory type things as we could.

**Interviewer:** Yeah, absolutely, that makes sense. And again, this might be a little bit hard to answer given that he is not particularly verbal. But do you think things that he is sensitive to, perhaps with his diet cause or increase anxiety?

**Interviewee**: Oh sure, 'cause if we really want him and try to force him or make him do it, then he gets more upset by it. You know, we have our battles, you know, like toothbrushing. If he had his way, he wouldn't brush his teeth. You can’t do that. You go to a dentist very often, so he's got to brush his teeth. I do have to pick and choose our battles that we have with him.

**Interviewer**: And for him what does this anxiety or distress look like?

**Interviewee:** He will say, *“no”* very loud and try to get away from you, get to avoidance. I mean if it's really bad, a dog or something, 'cause he has huge anxieties to them, he'll run into oncoming traffic to get away from dogs. Life threatening.
I**nterviewer:** Absolutely. And has that anxiety changed overtime in a way like his sensitivities have changed?

**Interviewee**: And I don't know if it's related to that, but his anxieties have gotten much worse. In fact, I consider it now his most impairing aspect of his autism is his generalizing anxiety disorder?

**Interviewer:** In what way?

**Interviewee**: It keeps him more and more limited. We can't go places where there's dogs and dogs are everywhere. Everybody has fake service animals now and they they go…you see 'em everywhere, and John literally freaks out. We've had 'em on anxiety meds, we've done ABA programs, you name it. We are trying to build up his tolerance, but not to a dog, and truly they are everywhere these days. It really limits…we went to…our vacation this year was to a National Park that does not allow dogs on the trails. That was the reason we did **[00.13.52 Inaudible]** because last year Acadia was horrible. They had too many dogs and John couldn't do anything. This year we went to Great Smoky Mountains and it was much, much better.

**Interviewer**: That makes sense.

**Interviewee:** He’s fine with the bears on the trail that we saw. That was funny, not the dogs. We were the ones freaking out over the bears **[laughs].**

**Interviewer:** Well, that's good, at least, you know, eliminating one animal **[laughs].** And then kind of thinking ahead to the future, what goals or hopes do you have for him in terms of his sensory sensitivities?

**Interviewee:** Well, I would like it not to be as impairing to him. I'd like it to broaden and not limit him so that he can do more things.

**Interviewer:** Yeah, absolutely. And then shifting gears a little bit, thinking about his and your community as he has grown up in age. How has the community reacted to his sensory sensitivities?

**Interviewee:** **[00:14:54]** Well, we're a military family and we moved all the time, so that's…we've lived in this place now our longest ever, and that's coming up on 12 years. So I would say the neighbors know him, they know he's afraid of their dogs or their cats so they will cross the road if they see us while they're walking an animal or they know that he likes to touch their mailboxes. He pushes the flag down, and some of them who know him well enough will tolerate that. They know he's a runner **[00:15:28 Inaudible]** we've had to ask people to help us search for him **[00:15:34 Inaudible]** before the ones in our immediate cul de sac that probably we've increased their awareness surrounding autism.

**Interviewer**: Yeah, absolutely. You mentioned you moved around a lot. Did you find neighbors in all of your communities being as understanding as these ones seem to be?

**Interviewee:** Well, again, that's hard to say because usually in those places my husband would be their husbands’ boss, and so they're going to be understanding no matter what, because it could affect the career, the military’s that way in general and we’re very tight community, and everybody knows everything but it's hard to suss out what specifically you're getting there.

**Interviewer**: Yeah, absolutely. And then was the community more or less accommodating or accepting when he was younger?

**Interviewee**: Yeah, because he is easier to control and smaller. Definitely, and cuter **[chuckle] [00:16:32 Inaudible]**

**Interviewer:** And what about now? Would you say they're like less accommodating?

**Interviewee:** No, they'd be more afraid of him. He’s big. He’s 5 foot 10 and 185 pounds.

**Interviewer:** He's a man. And then again thinking to the future, do you have hopes or worries about how his community will react in the future?

**Interviewee:** Always, absolutely!

**Interviewer:** What are they?

**Interviewee:** The hopes, or the fears or what?

**Interviewer:** Both.

**Interviewee:** Well, hopes are that they would be accepting of him, to be able to live in a…well, I guess they're called a group home setting, with two or three other impaired people, and 24/7 care providers, but a lot of communities don't want a house like that in their neighborhood. So, they could be accepting of that. To help look for him if he goes missing, that's always an issue. The police department are quite familiar with him and what he looks like. To not assume that he's on drugs when he does something unusual, to consider that this might be a disabled person and not, somebody doing something strange because he appears very normal from about, you know, until you try to interact with him.

**Interviewer:** Absolutely. And were there or have there been specific like spaces or places in the community that react differently?

**Interviewee:** **[00:18:04]** Sure, yeah, there are,

**Interviewer**: Like which places? Or like, you know, home versus like family versus…

**Interviewee**: It's hard because church requires you to be quiet, and still, so that's difficult. We don't even attempt it anymore. Maybe once or twice a year. And let's see, outdoors is easier than indoor events

**Interviewer:** Especially now.

**Interviewee**: Right, yes **[laughter].** Right now everything is outside. I have to keep him home if there's bad weather and he can't be outside. What else? Schools. Public schools were generally well tolerant unless he became aggressive. Airplanes are really hard, really hard to fly. We almost got kicked off an airplane once.

**Interviewer:** Why were planes hard, because it's so confined?

**Interviewee**: He was screaming. He was having a tantrum. **[00:19:07 Inaudible]** wouldn’t stop screaming. He freaked out when the airplane pushed back from the gateway. I think in his mind an airplane shouldn't go backwards and his father's appointment, so I mean he's very much afraid of everything flying related and medical related. I'm a physician so that…**[laughs]**

**Interviewer:** That makes it hard. So now kind of shifting gears into independence, in the transition to adulthood. Where would you say he is?

**Interviewee**: Well, he's definitely there **[laughs]**

**Interviewer:** Yeah ok, fair enough. So what like what…sorry?

**Interviewee:** He's no longer in public school, so we're all in adult services. I would say that's the big transition point, is when you no longer receive the entitlement of going to school and it now becomes up to the…your community as to whether they're going to serve any of his needs.

**Interviewer**: Absolutely. And what types of independent skills does he have?

**Interviewee**: He can make his bed, he can do laundry, fold clothes, put his clothes away. Set the table, load the dishwasher, clear the dishwasher. You're talking about independent ones, right?

**Interviewer:** Yeah, like generally level independent skills, you know. I have some prompts I can provide if it helps.

**Interviewee:** Ok, sure, go ahead.

**Interviewer:** So, what about taking care of himself physically?

**Interviewee:** No, we have guardianship for him. We have medical and financial guardianship given his…because of his fears about doctors and dentists, he would choose never to seek any kind of medical or dental care, ever.

**Interviewer:** Got you **[00:20:59]** Is he able to, like, take care of his daily hygiene around the house?

**Interviewee:** He's not good at flushing the toilet or wiping himself. He can't shower independently, doesn't turn off the water. It might get too hot, we have to follow through to make sure he washes all of himself, so he's not independent with that.

**Interviewer:** What about preparing very simple meals?

**Interviewee**: We don't do that. I do it more

**Interviewer:** Got you. And has he had simple jobs like through his schooling and experience with that?

**Interviewee:** Not really jobs, I mean, they call it volunteer work that they take him to because we don't want him to make that much money or he'll lose some of the government programs benefits. He’s always required a one on one person to be with him. So, the kinds of things he does is yard work, raking, kinda cleaning, janitorial type things. I'm trying to think, he could stock shelves, they worked on with him there, but it's just that he's such at risk for leaving the place and eloping and that puts him in harm's way.

**Interviewer:** Yeah, absolutely. Do you think he'll be able to achieve more independence and more independent skills?

**Interviewee**: I can always hope so.

**Interviewer:** Yeah, absolutely. What do you think would allow him to achieve that? Or what would allow him to move into adulthood?

**Interviewee:** I don't know, he needs a whole lot of support. It would be great if employers would be open to having a job coach and a person with them in the community setting. There again, I find you…it's really one strike in your out if you do something really odd or unusual with a customer, that sort of thing **[00:23:04 Inaudible]**

**Interviewer**: Yeah, you said like you hope that will achieve more independence. What do you think he will be able to achieve with the right type of supports?

**Interviewee**: Boy, I have no idea.

**Interviewer:** That's ok.

**Interviewee:** No clue **[chuckles].**

**Interviewee:** OK, that's totally fine. So now kind of putting these two things together - sensory sensitivities and this transition to adulthood. How do they intersect for him?

**Interviewee:** Well, I guess the anxiety and what causes that anxiety and is that potentially sensory triggered? Which I don't know the answer to that question. And the thing that makes his anxiety greater limits what he's able to do because you put him on medication that then sedates him and he doesn't do anything except sleep, or you know, let him go out and he gets too afraid and he comes back into the house and won't go outside.

**Interviewer:** Absolutely. So it sounds like anxiety is more of the driver here.

Interviewee: It is, but then what causes anxiety? We're not aware that any dog ever bit him or hurt him. But I'll tell you, he certainly freaked out when a dog rubbed up next to him when we were walking, I remember in Newport, Rhode Island, there's a walkway there that's really beautiful along the ocean, it’s really tight. A jogger with the dog ran by us and we didn't…those are when he has a really hard time, is when a dog comes up that we don't know about and there was no way for him to flee anywhere. Thank goodness 'cause he could run over into the ocean! The dog really rubbed up against him and that…I thought he would jump up 6 feet in the air, that really freaked him out. So again, I don't know, is that the sensitivity of the dog, his fur or the actual animal? He doesn't know the dog’s pretty unpredictable what it's gonna do, so.

**Interviewer:** Totally. Is it all dogs or like big dogs or small dogs?

**Interviewee:** All dogs. But it appears that smaller ones are worse, but truly it's all dogs and it's even pups that are firmly on a leash **[00:25:19 Inaudible]**. Or sometimes he won't even walk by a person's house if he hears the dog barking in the backyard.

**Interviewer:** Got you.

**Interviewer:** And I’m thinking about these sensitivities in this transition to adulthood. Do you think his sensitivities are an obstacle, a vehicle or a bit of both towards independence or neither?

**Interviewee**: I would say they are an obstacle.

**Interviewer:** Yeah? How so?

**Interviewee:** Limiting and what limiting him and what he will and won’t do?

**Interviewer:** And then what do you anticipate as being challenging for him as he does gain perhaps more independence in regards to his sensitivities?

**Interviewee:** That's hard to say. I don't know.

**Interviewer**: Yeah, that's ok. That's super ok. Not knowing is perfectly ok. What do you think might help him?

**Interviewee:** For independence or for the sensitivities? I guess, continuing to receive services. I mean, there's always a fear those are going to go away and they have in the last five months, so we hope that we hope that they'll come back, we hope there will always be a way for it to be paid for.

**Interviewer:** Did you experience a drop off in services after high school, but like before COVID?

**Interviewee:** Yes and no. They just changed a little bit 'cause it went from…we were able to get him into a placement with…it does provide it, so. Yeah it changed, they don't give him the OT or speech services that he used to get when he was in school. We private payto continue his OT, they definitely went down.

**Interviewer:** Yeah, what types of services do you think would help him right now?

**Interviewee**: Well, being able to do anything indoors would be great.

**Interviewer:** I know, I know.

**Interviewee:** You know, I guess just get rid of the whole COVID thing would make everything…everybody's life easier so. But we have to prepare him…try as best as possible to stay optimistic or positive for him.

**Interviewer:** Absolutely. Do you think there are gaps in the available services and interventions? Perhaps in an ideal world where COVID didn't exist as it does now?

**Interviewee**: Yeah, I think the fact that everybody’s services stop at age 21. But autism doesn't go away age 21. No, we need far more services for adults similar to what we had for children, so the transportation, they need to consider the aging parents, that wasn't the case as much when they were children, but now as adults that does definitely become so and not wait until there's a crisis to, you know, provide more services.

**Interviewer:** Yeah, absolutely. And how has his sensory sensitivities impacted your goals, hopes, and expectations for him as he does navigate adulthood?

**Interviewee:** Hmm, his sensory sensitivity to these goals? Well, we're always keeping them in mind when we write out his IP adult goals each year. So if we like...we want him to be safer crossing the street, so we have to be aware of the dogs and all that sort of thing, and we're always working on safety issues with him. Being able to tell a stranger his phone number in case he's lost. So, working on that. Going up to strange people to be able to do that, when you spend your life telling kids, “don't go to talk to strangers”

**Interviewer:** Yeah, it's a hard nuance to articulate.

**Interviewee**: Definitely.

**Interviewer:** And so I'm going to move on to my final chunk of questions. We breezed through them all, which is great. As a caregiver, as a mom, as a parent of someone with ASD, but also some sensory sensitivities, what does transitioning to adulthood mean to you specifically?

**Interviewee**: Boy. Just continuing to get services for him, to finding people that will work with him, that will understand him. So education is always big. Advocacy, trying to get more funding for people with autism **[00:30:02]**.Trying to see how there's such a broad spectrum of people with autism, a lot of people only know Rain Man or very, very high functioning people who are married and have jobs and just knowing that there really is a whole bell curve of people on the spectrum.

**Interviewer:** Absolutely. And has this perspective changed overtime?

**Interviewee:** It's probably grown broader the longer we deal with it, the less we are pulled into just our immediate family and we are able to help out other people or people with younger kids, that sort of thing. And it is also good for us to be able to be empowered by helping other people, makes us feel better too.

**Interviewer**: Absolutely, makes total sense. And then what do you see specifically happening in his future?

**Interviewee**: Uh, slowly, as we get older, moving him more into a group home setting. So even if that's like one or two nights a week to a weekend to the week and helping him make that transition as opposed to it just occurring overnight when one of us or both of us dies.

**Interviewer:** Do you see him having a job of sorts?

**Interviewee**: Not really.

**Interviewer:** So, I have one final question, breezing through them, how has his sensory sensitivities impacted this current perspective that you just articulated?

**Interviewee**: Well, they're gonna have to adapt where he lives, somewhat similar to what he's in now. I mean, our home is a fortress because of his elopement issues and alarms go off. He's the kind of person that would just eat and eat and eat if we didn't stop him, so we have locks on our refrigerator, our food, that sort of thing. So they have to make those modifications or just be prepared for him. We lock a lot of rooms in our house to keep him from going in them and doing damage to things in there, taking things apart or getting into them, so they might have to lock off other areas of wherever he lives. Does that help?

**Interviewer:** Yeah, no, that’s perfect. Thank you. So that’s actually all I have for my formal questions. Would you like to add anything else?

**Interviewee:** No. Well, when are you gonna complete this? I know I think I signed up that we wanted to get whatever sort of results or whatever might come out of it.

**Interviewer:** So, you are my 18th interview out of 45, so we're right under the halfway mark.

**Interviewee: [00:33:03 inaudible]**

**Interviewer:** We have about a year at this point with them, we are probably going to be able to request for a no cost extension on our funding, so we could have, you know, much more time, but this…

**Interviewee:** Due to COVID – the extension?

**Interviewer:** No, just in general. I mean, I'm assuming COVID will impact funding agencies’ ability…willingness to give these types of extensions. But I mean I've done 18 interviews in six weeks, so I'm pretty confident that like it'll get done pretty quickly.

**Interviewee**: Will you be doing them throughout the country or you just?

**Interviewer:** Yeah, I mean, it's all Zoom, so as long as we can find a time that works for both of us, there's no limit. Yeah, so like I just had someone who wants to do it and they're in California, you know. Someone's in Missouri, someone was in Canada, so you know, as long as there's an internet connection.

**Interviewee:** Are you going to publish something on this?

**Interviewer:** Yeah, that's the goal, absolutely. The hope is to make this into a manuscript, because right now there's a lot of literature on sensory sensitivities, and there's a good chunk of literature on how parents understand their kids transition, but there's nothing on the two of them together, so we're hoping to fill that gap. Yeah, and I believe you indicated that you wanted to see our results. So, whenever we do finish coding all the data and collecting it, you will receive it in some form soon, hopefully.

**Interviewee:** Right

**Interviewer:** Yeah, do you know anyone else who may want to participate in this study?

**Interviewee**: I probably do because I'm trying to remember where I found it from, but they may be on the same…it's probably through the internet on the different autism Listservs that I'm on. So I guess do you have like a blurb, an advertisement? Because I could put it out in some of the groups that I belong to if you send it to me an email.

**Interviewer:** Absolutely. Send the blurb, I can do that.

**Interviewee:** I think he’s just barely gonna qualify since he's probably in the upper limits of your transition age for adults.

**Interviewer**: He is 24?

**Interviewee:** What age do you go up to?

**Interviewer**: We go up to 25 and 11 months, so there's a good you know 12 to 15 months above him. So, we're trying to get a big range because transition to adulthood means so many things, I'm still doing that, you know **[laughter]**.Do you know what Facebook group you did find it in because I know that you indicated that?

**Interviewee**:I knew you were going to ask me that, a bunch through Northern Virginia, Washington DC. Yeah, I really I am in just in so many of 'em.

**Interviewer**: No, that's fine. I've just been posting and spamming everyone, so I want to know what stuck. But I mean you're here, so it did.

**Interviewee**: I'm even trying to think of some that aren't just Facebook groups, that are emailed to me. Northern Virginia has a really big one.

**Interviewer**: Is it the MC Listserv?

**Interviewee**: No, the MC Mcniece, as Montgomery County, that's Maryland.

**Interviewer**: Ok, 'cause someone in our study did distribute it so that would have been a listserv possibly.

**Interviewee:** And it could have been me, that could have been how I see it too, Mcniece or MC transitions is the other one, it’s for people in that. So, it may have come from one of those, which are emails that I get each day on listserv.

**Interviewer**: But yeah, either way I can send you some content and if you don't mind we would love the help in spreading the word. We still need about you know 20 more people.

**Interviewee**: OK, sure will do

**Interviewer:** Thank you. And this video needs to render and as soon as it does, I will send you a gift card as a thank you. We appreciate your time and also I appreciate the headache that you experience with the sensory profile so I'm sorry for that.

**Interviewee**: Maybe it'll help keep you from somebody else having that problem

**Interviewer:** Yeah, I mean it's good to know that if I click ahead twice it solves it. So that's definitely valuable then.

**Interviewee:** If you had told me, I would've gone sooner, I was like, *“oh, I hope this isn't too close to the deadline for me to fill in.”*

**Interviewer:** It worked out totally fine. Honestly, the demographic form is the most helpful one to read ahead of time, because that's the one where I know, that is minimally verbal and that helps me make better questions for you. So don't worry about that.

**Interviewee**: Nice to work with you Rachel.

**Interviewer**: You too. If you need anything, please let me know. I'm happy to help in whatever way I can.

**Interviewee:** Thank you. Bye bye

**Interviewer**: Bye.

**[End of transcript]**