

HONEST CONVERSATIONS

Episode 1 - Screening, Diagnosis & Services

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You are listening to the first episode of “Honest Conversations”, a podcast about Canada’s Autism Strategy. After the Federal Government’s Commitment in 2019 to produce a national plan to improve the lives of people with autism, the Autism Strategy was announced on Sept 26th. The objective of this series is to share the Autism Alliance of Canada’s expertise and reflections, with our members, as key leaders at the national level, now that the Strategy has been released.

Ally Garber 00:00

Hello and welcome. You're listening to *Honest Conversations*, a podcast about Canada's National Autism Strategy. I'll be your host, Ally Garber. Well, I'm really excited to have a conversation, um, with our three guests today. We're, of course, here for Honest Conversations about Canada's Autism Strategy. And today we're going to be focusing on area one, which is screening, diagnosis and services. And I'm just going to set the stage a little bit to dive into what we are going to focus on: the vision that is outlined in, uh, Canada's Autism Strategy for screening, diagnosis and services reads a Canada where Autistic people, their families, advocates and caregivers have access to timely, consistent and accessible screening diagnosis and neuro-affirming services throughout the life course. So we'll get into how our guests feel, uh, about the different measures and actions that are outlined in the Strategic Plan, but I'll share, uh, a couple to provide a little bit more context. Um, the government has said that they're going to use, uh, convening power to improve information-sharing across federal, provincial and territorial jurisdictions in key priority areas, including approaches to improve wait times and promote equitable access to screening, diagnosis and autism services. So, working with federal provincial and territorial partners, the Public Health Agency of Canada is going to advance opportunities to develop and update national guidelines for screening, diagnosis and services. And Public Health Agency will also collaborate to assess the current and future outlook of human resources in healthcare and allied services. In terms of, uh, the actions, they are also looking to develop information and communication materials to support human resource strategies at provincial, territorial and community levels. So this includes facilitating the development of training materials for healthcare and service providers on autism, its signs and available resources, as well as toolkits for hiring and accommodating Autistic employees. So again, those are just a couple of the measures and actions that are outlined. And I'm going to now just, uh, turn it over to our guests to give a quick introduction and, uh, tell us about their experience and expertise and their connection with Autism Alliance of Canada. Anne, maybe we'll start with you, if that's okay.

Anne Kresta 02:45

Hi, I'm Anne Kresta. I work for a company, a non-profit based in Manitoba called Level It Up, promoting and supporting greater employment, uh, of Autistic job seekers. Um, I have a long history with autism, um, because I am the parent of two sons on the spectrum. They're in their 30s. So I have been advocating for change and inclusion and appropriate supports for over 30 years, um, not just here in Manitoba, but across the country and internationally. And I am currently a member of the Board of Directors of Autism Alliance of Canada.

Ally Garber 03:23

Thank you so much, Anne. I'm really excited to, uh, to chat with you today. Rebekah, would it be okay if we went to you next?

Rebekah Kintzinger 03:30

Yeah, I'm Rebekah Kintzinger. I'm an Autistic educator and consultant, and I spend my time advocating for the rights and perspectives of Autistic Canadians as a Board Chair for Autism Alliance of Canada. Um, I've had the honor of working on key initiatives, from publishing advocacy documents on inclusive language to speaking at the United Nations about disability rights. Through my work with the Canadian Journal of Autism Equity and collaborations with other organizations, I definitely strive to amplify the voices of Autistic Canadians in health policy and education.

Ally Garber 04:09

Excellent. Thanks, Rebekah. All right, and we, uh, just have, uh, one other guest to introduce, So Kim, if you wouldn't mind, uh, sharing your story.

Kim Ward 04:20

Sure, my name is Kim Ward, and, um, I'm a registered psychologist, and my connection to autism has really been, over the years, as a service provider. I'm the, uh, executive director of an autism serving agency in Calgary, and we provide supports across the lifespan and across the spectrum, and I think over my career, um, really looking at advocacy for those that have complex needs, uh, and really seeing um, a, disparity in terms of families that are able to access services. So that's one of the reasons, you know, I sat out a board position. So I've been on the Autism Alliance of Canada board for the last five years, um, and that was really what motivated me, is, you know, just seeing the disparity in who was able to access services and supports and who wasn't, and really seeing, you know, the injustice there.

Ally Garber 05:07

I'm glad you brought that up. And certainly, I think that's really prevalent when we talk about this particular, um, priority area in terms of accessing, um, diagnosis. And it's something, you know, just as a caregiver, as a parent of an Autistic child, it literally keeps me up at night. Certainly, when advocating for, um, additional supports, there's a huge disparity starting from, um, accessing diagnosis. So I think, you know, that's where we'll start. I'd love to hear what your initial thoughts were. You know, obviously, particularly on this priority area. But, um, please feel free to share your feelings about the Strategy as a whole. Uh, so Rebekah, maybe we'll start with you. Um, what

were your initial thoughts, when reading, um, through this, uh, priority area, and is it what you expected to see?

Rebekah Kintzinger 06:01

Yeah, when I read the actions, I saw a lot of the essential components covered, but it still felt a little bit general to me. It touches on improving screening and diagnosis and services, which is great, but the implementation plan seems vague. I get that this is a federal Strategy, so it has to be broad, but I think more specifics are needed, especially, um, around how we diagnose autism. For example, um, we still tend to base our diagnostic approach on the male phenotype, which means a lot of Autistic people, especially women, girls and people of other genders or ethnic backgrounds, are, uh, under-diagnosed or misdiagnosed. I was hoping to see more about using current and new research to develop diagnostic tools that better reflect the diversity within the Autistic community. It's there, but I wish it was more prominent and actionable.

Ally Garber 06:58

Really good point. Specifically, you know, in terms of the intersection, um, that exists. Um, Anne and Kim, would you agree with that assessment? Do you have anything, um, that you'd like to add in terms of your observations?

Anne Kresta 07:13

Uh, yeah, I agree, definitely. It's a very general overview, and the language is very general. There's a lack of hard targets. Would have been nice to see some targets. If this is truly a strategic plan, you usually have target dates, so you know, within five years, are we going to see, you know, what are, what's the output outcome we want to see when it comes to, uh, diagnosis, screening, assessment, or, as Rebekah was stating, the development of new tools that are more in line with what is needed, uh, with what we know is evolving, um, when it comes to the autism spectrum.

Kim Ward 07:51

I think, you know, I was happy to see a first step, um, because I think a National Autism Strategy is something that we've worked towards for a number of years, um, and I was pleased to see that there was a recognition of some of the issues that the Autistic community is facing: long wait times, having to pay out of pocket, expenses, capacity issues for services, you know, insufficient workforce to deliver the services that the Autistic community deserves. So I was glad there was recognition of those issues. But like everyone else on this, you know, this, uh, chat today, um, you know, felt it. It felt, uh, short, because I would have liked to have seen more tangible action items in terms of: here's the issue, so we are going to target it with these three action items. So a good start, but certainly, work remains.

Ally Garber 08:41

It seems as though, uh, that is the consistent, uh, message that I'm hearing from people who are, you know, really in tune, um, and who have advocated for a National Autism Strategy, that, um, this feels aspirational, um, and there's a lack of tangible action. It's almost like you can see in the document that certain things have been perhaps, um, you know, watered down a bit because of

fear of like, you know, be very careful what we say here, because in the next election cycle, you know, we're going to be held to that, um, target. Um, and I think that that has been difficult, uh, for a lot of us, you know, caregivers, and, um, you know, certainly for Autistic, uh, self-advocates who have been on the front lines, uh, calling for more, uh, federal leadership. So I think, um, my next question would be: Is there anything in this priority area that you can see, uh, that would, that is going to provide immediate help, um, that's going to either, you know, impact, uh, the, your quality of life or the work that your organization does? And Kim, maybe we'll kick it off with you this time.

Kim Ward 10:02

In terms of immediate, I don't see anything that's gonna, you know, in the foreseeable future, result in, you know, a tangible change in the world I work in. I mean, I think the concept of developing nation-national guidelines for services, I think is something that I find really intriguing, I think that could address, you know, some of the things Rebekah was talking about in terms of considering, um, beyond sort of the existing, uh, diagnostic criteria, which were generated at a time, uh, you know, long ago, and thinking about current conceptions of autism. What I see in my world is really variable quality of services and supports for the Autistic community, um, and a lack of recognition of, um, sort of, what would be considered essential components for services or best practice, whatever term you want to use. So I've been really concerned, because, I think for a family, um, you know, there's wait lists, and if they're told this, you know, this service provider or this support has capacity, you know, they can see you next week. Uh, you know, families are signing up. And I just worry about the quality of some of those supports and services. Um, you know, are they neurodivergent, affirming practices? I think we still have service providers that are, you know, providing services that, you know, maybe, I don't even want to say we're acceptable 20 years ago, but were standard practice 20 or 30 years ago, right?

Ally Garber 11:29

No, it's an excellent point.

Kim Ward 11:30

So that, yeah, the quality, I think national standards could maybe help us, um, you know, ensure that the quality is there for the Autistic community.

Ally Garber 11:40

I'm wondering, Rebekah, if you think that the National Autism Network may be able to provide some first voice insights into what is wrong with the current diagnostic, um, criteria and what is wrong with, you know, uh, or what needs to be improved, um, with the screening. Do you have any thoughts on the network and the involvement that they will have in bringing the Strategy to life?

Rebekah Kintzinger 12:13

Well, I think that the network does have a strong chance of involving first voices in a way that does help identify what's not working with those national guidelines for diagnosis and what's not working in terms of how people are flying under the radar and getting misdiagnosed or undiagnosed. So it does start with involving first voices in that National Autism Network, and the

more that those voices can be, uh, heard, then, you know, yeah, I think the impact will be there, and...

Ally Garber 12:54

Yeah, I hope so. Because, you know, again, you're, in your introduction, you're talking about, um, the criteria. It really has been frustrating for a lot of people to have to receive that diagnosis later in life when they knew that, you know, um, their way of learning, their way of communication, was different, but yet they didn't kind of, um, fall within the typical, uh, criteria of autism, which is, as you said, you know, it's very male-specific.

Rebekah Kintzinger 13:28

Yeah, like, as fun as it is to get diagnosed in your late 20s and have to reframe your whole childhood and everything you've experienced, um, you know, all the things that were either positive or negative, it's also very nice to have an accurate and timely diagnosis. Uh, and I'm hoping that if we can get meaningful change in the way that we create these diagnostic tools and how, um, the nation approaches, yeah, diagnosis, then people aren't going to fall under the cracks or through the cracks.

Ally Garber 14:11

Yeah, no, that, I mean, that's, I can't imagine. You know, when my son was diagnosed at age four, and so it did allow him some context in terms of: 'Hey, this is why your perception of the world is different from ours. Um, and here's, you know, how we're all going to work together to kind of make sure that, you know, we're all supportive of one another'. You know, to get that diagnosis in your 20s would be exceptionally mind-blowing.

Rebekah Kintzinger 14:41

It is. And, unfortunately, my son, one of my sons, got diagnosed, um, when they were 12, and this is not a great time either, because he didn't want access to services and supports because the last thing that he wanted was to, uh, receive those services and supports and be different from anyone or appear to stand out. So, um, not a great time to get diagnosed.

Ally Garber 15:13

Completely understandable. I have an 11 year old, and every day is a massive battle, so adding that in. Um, and I'm going to ask, um, just about the, obviously, there's a focus on, um, workforce capacity, um, as a strategic priority. And I'd really love to, you know, get your thoughts on some of the different, uh, actions that they outline, you know, in terms of labour market dynamics of recruitment, training, retention and reasons for exit, and then intersectional considerations. So, region and, sorry, region and traits of both service providers and service seekers. Are, were you happy? I'm assuming you were happy to see, uh, this as a focus, but do you think it went far enough? And what do you hope, um, you know, where can we go from here to build from this?

Anne Kresta 16:01

Again, it's a lofty goal, but I didn't see any concrete action, aside from a mention of including Autistic voices or perspectives in already existing working groups.

Ally Garber 16:15

Right.

Anne Kresta 16:16

So it's not like it's bringing anything new, and, um, much like with the whole Strategy, there's no mention of: How are decisions going to be made? Are these decisions, are these people who are part of these working groups able to contribute to decisions? Is the National Autism Network, are they going to be able to contribute to decisions that are going to be made? Like, where is the power in the Strategy for all of the different people who are going to be gathered to bring their expertise to move it forward? And just to digress: in Manitoba, we had an Autism Strategy. In 2008, the government introduced this wonderful framework for moving services and supports forward within our province. They convened all kinds of working groups, but nobody on that working group had the power to make decisions, to actually bring forward decisions to Treasury Board and influence Treasury Board to put the money where the mouth was. The Strategy died. You need to have people involved in those committees and in those networks who have influence with budget, with Treasury Board, with other powers that be, that actually can create action. Um, and I hope I'm being clear, it would be really unfortunate to see this framework, with its lofty goals, become mothballed after four years with a change in government, because we don't have the structures in place that actually influence decisions that are going to be made, that change what's happening for people with autism in Canada.

Ally Garber 18:08

Kim, I'm going to ask you, you know, in terms of the network. Um, what are you hoping the involvement will be? And how do you hope that individuals and families will be, uh, included? And, um, you know, how will their, uh, contributions be reflected in the, I guess, implementation that hopefully comes from this?

Kim Ward 18:30

Well, I guess I want to go back to a couple things that Anne said. One, um, one was that there, you know, that this network, have authority, have power, have decision-making. Um, authority: that's a critical piece. And then the other piece, which I think maybe I was remiss when you asked me the first question about what was missing from the Strategy is, um, and I think what could be missing from the network too is also targeted funding.

Ally Garber 18:55

Right.

Kim Ward 18:56

Because it's great to have recommendations. It's great to have ideas. It's, you know, great to have ideas that are generated jointly by those with lived experience and those with other experience in

autism, but without targeted funding. Again, Anne's point, your expression, things will be mothballed because people can, will only come together so long and, generously, you know, generously share their advice and their time. Um, but if we don't, you know, if people aren't seeing action, you know, again, it will be, I liked your term, and mothballed. Um, and I think there's been a lot of initiatives in the, you know, in the autism world over the years that have had maybe some traction to get, you know, to begin with, people are excited about them, but without people having authority around decision-making, and without targeted funding, we're not going to see tangible action.

Ally Garber 19:45

I think it's really fair to say that, you know, two things can be true here, that people are very welcoming, that this government has brought forward and announced a National Autism Strategy, because it is the first National Autism Strategy. That should be celebrated. I think it's also true, uh, that people have been, um, disenchanted and frustrated and, you know, heartbroken in the past because they have put a lot of effort and energy, um, and expertise, um, into, you know, previous initiatives and consultations, believing that it was going to translate to real action. You know, I guess it was 11 years ago when my son was diagnosed, and we went out very hard, advocating, um, for the, you know, what we saw as a lack of resources and supports. And I remember this mother saying, 'I remember 20 years ago, when I was in the same place you were, and we were advocating for the exact same things you're calling for'. And I just, like, it was just, your stomach sinks. Rebekah, where do you hope we go from here with this Strategy? Um, it is aspirational, and I think people are correct in saying that it doesn't have the targets we had hoped for or the funding, uh, assigned to it. Where do you hope we go from here? Where should this lead?

Rebekah Kintzinger 21:16

I kind of wanted to mention something that I thought that was still missing.

Ally Garber 21:20

Yes. Please do; yes.

Rebekah Kintzinger 21:22

A stronger focus on co-occurring conditions, because, um, many of us, myself and Autistic people, have other challenges, and, like anxiety and ADHD, GI conditions, and oftentimes, um, many more; those other conditions make life harder on top of being, um, Autistic. The Strategy does mention them, but I feel like it could go further. We need more research in Canada. I'm excited for the National Autism Strategy because it does mention, like, some of these things, but like I said, I think it could go further, and, um, we could be collaborating internationally to better understand how these conditions overlap and impact Autistic people. I also think we need to talk more about healthcare inequities. It's not just about diagnosing autism better, but also making sure that we have an inclusive care system that takes into account all the diverse needs of Autistic people, whether that's people in different geographic areas, people from different socioeconomic backgrounds, or people with different, um, and additional disabilities. It is great that we have this profound, like you've mentioned, a profound, um, Canada's Autism Strategy,

this giant step forward in some ways, um, from where we were 20 years ago. But I feel like some things are missing, and I'm, like, cautiously optimistic.

Ally Garber 22:57

Yeah, I'm really, thank you, and I apologize. I did mean to ask you, you know, your thoughts on what the gaps were, um, and that's a big one. Um, I, again, you know, in our personal experience, and my son has been really courageous in talking about this: his experience with being Autistic and then also having obsessive compulsive disorder. I also have OCD. And he said to me many times, he said, 'Mom, it's just different'. And he says, you know, because I have an Autistic brain, things that give me a lot of peace and comfort, like routines, um, and repetitive actions. He said, 'it's like OCD is making those things bad for me now'. And, you know, it's, the way he articulated it, I absolutely understood. And you have to, and again, I am, I'm a parent, I work in communications, I'm not a medical professional, but you have to think that, you know, medical intervention, you know, medication would impact the brain differently in that regard. And so, you know, he, I have a lot of pride in kind of the advocacy he's taking. Oftentimes, when you get the autism diagnosis, he's been continually sent back to the autism team, uh, at the IWK.

Rebekah Kintzinger 24:18

Aha. I'm smiling. I'm smiling so much because, uh, my child is 15, and just like the leaps and bounds in communicating, um, his needs and articulating what's working and what's not working so well, and even with, like, uh, support staff at school or just at home versus, you know, like five years ago. It's, so, I know what you're talking about when you're having these conversations with your child and it's, um, you're in a different place than you were five years ago. So I'm smiling. It's great.

Anne Kresta 24:58

One of the great inequities, um, is when there are, um, layered diagnoses that, uh, at least I know here, especially within the mental health system, if you say you have autism, then they're not going to see you and talk to you about anxiety disorder or obsessive compulsive disorder, or Tourette's Syndrome or ADHD because, 'oh, but your diagnosis is autism, so you need to go see somebody about autism'. So there's that. And then the training and awareness among practitioners of how to effectively manage and help, um, help self-advocates manage what they're dealing with on a daily basis. So my sons also have complex A, B, C, D, um, an alphabet of different things. And so when they were younger, it was any given day, you didn't know what the predominant challenge was going to be, um, in their diagnoses. It stabilizes as they get older, but finding the right resources that affirms what their lived experience is and meets them where they are, and then helps them to figure out what's an appropriate pathway forward. I think that's a real challenge with our systems and right now it's like, hands off, you know, if, 'oh well, if you've got that diagnosis'.

Kim Ward 26:28

I was just going to add on to that, that I've talked to, you know, a number of individuals, and they said they felt like a hot potato.

Anne Kresta 26:35

Uh-huh.

Kim Ward 26:35

Because they would go to the autism service and then be told, 'Oh no, that's mental health; now you need to be referred to a counselor in the mental health system' only to have that counselor say, 'Oh, I don't have autism expertise, so therefore you need to go back to the autism people'. And that was really profound for me, for someone to feel like they were a hot potato. The other thing I wanted to comment on, back to one of Rebekah's points about sort of access to healthcare. Um, I find it very frustrating that a neurotypical child who needs an EEG gets an EEG, but sometimes a child with, you know, an Autistic child will be told, 'Oh, well, it's going to be too difficult', or 'Oh, we don't have, you know, we're not able, and we're not set up for that'. So, some of the youth that I've worked with over the years with very complex needs, you know, just seeing that sometimes their healthcare needs, we know something's up because their mood has changed. We know something's up because, you know, everything about them has changed. We know something's going on physically with them, and the struggles to work with healthcare, um, to identify what that is, and to have, you know, an appropriate diagnostic workup for somebody who's non-speaking.

Ally Garber 27:44

Right.

Kim Ward 27:45

Um, and the challenges that plays. But, it, you know, again, I come back to: it shouldn't matter whether you're Autistic or not. If you need an EEG, you should get an EEG.

Ally Garber 27:54

The training is such a big one, and it, I know this priority area doesn't focus on, um, P to 12 education, um, but I think it should, a bit more. Because, um, you know, even when we talk about workplace and workplace inclusion, if we don't get P to 12 inclusion right, if we don't get inclusive education right in those early years, we can't even begin to talk about workplace inclusion, because early childhood you're setting the stage for. You know, kids are going to see how their peers are being treated. They're going to see how their peers are being included or excluded. That translates to the workforce later on, in terms of bringing people in to an environment that is just not welcoming for them. That's not inclusion, just because you've, you know, provided an opportunity for somebody. The opportunity needs to be for the entire workplace to be able to accommodate everyone. So I don't, I do, you know, one of the gaps for me in this, uh, Strategy is just, again, it's a bit striking to see how all those areas of the lifespan, because autism is a lifelong, uh, condition and it, they don't speak to each other. And that's kind of the gap for me, is that the, you know, early supports, speaking to, uh, P to 12 education, speaking to transition to post-secondary, speaking to workplace and housing.

Anne Kresta 29:24

Absolutely, absolutely, you build the expectation and comfort, um, with diversity, um, early on in school, so that managers and hirers, recruiters are not afraid, are, and it doesn't take much to sway or to have them consider, um, what a neurodiverse workforce looks like. So I can see, definitely, that we also need to work, um, within the current systems, because there, many are so conservative and well-established that it's hard to move the ball when it comes to, um, building neurodiverse, uh, workforces and autism-affirming workforces. Um, so there's a lot of work to be done. This is a good first step. It's a matter of getting teeth in it, um, so that it will make a difference. And that's what we all want. We all want to work together to make that difference. Um, it's great that the federal government is, uh, you can see the commitment and passion among the people involved, but, you know, let's see how we can put power into it so that it actually affects change. It actually improves the lives of people with autism in Canada.

Ally Garber 30:39

That's very well said. And I think, you know, one of the ways is just, you know, making sure that the government, um, and other partners, uh, do feel that this is going to be a collaborative effort. Um, that, you know, when we identify gaps, it doesn't mean we want to, you know, uh, scratch the entire thing. This is, uh, a great first step. We're talking about it. That, in itself, is huge. Um, I know we're about, got a minute and a half, um, left in our conversation, and so I would just like to kind of turn it over to see if there's any last things, uh, any last remarks that you might have, uh, to share. And Kim, we'll start with you.

Kim Ward 31:20

One thing that stood out to me is: I was thrilled to see the emphasis on lived experience at every level, at, you know, at every stage of this Strategy. And in, you know, when we're talking about workforce challenges and building the capacity to provide the services we need, I think that lived experience is critical. I'll use a personal example. I, you know, I've been a psychologist for, you know, over 25 years, and I would say the most beneficial and the most effective, if you want to call it, professional development I have had in the last decade has been sitting and having very meaningful conversations with those with lived experience who are generous enough to share their thoughts and their expertise. So I think as we look towards building that capacity in our graduate training programs, we need to look at: How can we move away, just from the research and the book-learning? And how can we integrate in a very meaningful way, um, the perspective of those with lived experience? Because I know for myself, as a psychologist, it's had a profound impact on everything from the language I use to how I approach my work day-to-day. Um, and I think that needs, it needs to be there; the next generation of professionals should have that right from the get go. So that was one thing in the Strategy that I saw that did stand out is just that, the emphasis on lived experience.

Ally Garber 32:40

Well said. Rebekah, is there anything that you'd like to add?

Rebekah Kintzinger 32:45

I'm excited. I think Canada has the potential with the Strategy to create, like, not only a more inclusive diagnostic process, but, which is what I want and which what I would look forward to, but also a truly holistic care system that prioritizes co-occurring conditions that affect so many in the Autistic community, and we can use research to develop solutions and consider every Autistic person's needs, background and location. And I do really appreciate what, uh, Kim is saying about lived experience. It's funny because I'm Autistic and I use my voice and advocacy, but I oftentimes don't think it holds the same weight as, uh, things like the other components that we're putting into something like a Strategy that we're building. And so, it's so, um, to me, it's actually really, uh, nice to hear that, um, other people value that, it's good to hear it. It's affirming.

Anne Kresta 33:47

Oh yes, absolutely affirming. Your voice is definitely one that needs to be heard. But not just because you're Autistic, but because you're a great strategic thinker, right? So it's both, and ensuring that we recognize both: that yes, you have lived experience, you also have these gifts and talents that bring value, and whether it's because or through that Autistic experience, that's, uh, one thing, or whether it's just because you're just that great a thinker, but can also bring that perspective, if that makes sense.

Rebekah Kintzinger 34:25

And it's like, I feel that way about, um, the kids too, that, who are Autistic. It's, they're so insightful; they have so much innovation and so much, um, we can learn from. It's not just Autistic adults; it's, um, everyone across the spectrum. It's, um, the seniors, it's, uh, the children and all those who are Autistic and all those who are caregivers and, um, lived experience. So it's really nice.

Ally Garber 34:55

Maybe the perfect way to end is, Rebekah, telling you that, um, my son, um, really got courage to use his voice, because he saw a recording of you speaking, um, and so I think that it gave him, um, the confidence to know that people were listening, uh, and that it's impactful, and that his voice and his experience can shift preconceived notions. Um, and it can shift the way people, even psychologists, you know, that he sees, you know. He's got a wonderful relationship with a psychologist, uh, who is an OCD specialist, um, and he's been very vocal with you about how, you know, he's benefited from his experience. So Rebekah, I think, uh, um, we're all better off, uh, because, uh, you've been courageous enough to step forward, and you've had a big impact on the kids that you speak of. So, I am so grateful for, um, this conversation today. I feel like we could talk for, uh, a number of hours. Um, this is great. I'm left feeling really hopeful. Um, and you know, I'm mostly hopeful because we have people like you, um, advocating and, uh, you know, fighting for change. So thank you to all three of you for being here today. I really appreciate it.

Kim Ward 36:17

Thank you.

Anne Kresta 36:18

Thank you.

Rebekah Kintzinger 36:19

Thank you.

Ally Garber 36:26

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