REALTIME TEXT FILE

DISABILITY AND HEALTH PROGRAM
DISABILITY COMMUNITY PLANNING GROUP WEBINAR
Tuesday, September 18, 2018
2:00 p.m. ET

REMOTE CART CAPTIONING PROVIDED BY:
Lisa B. Johnston, RMR, CRR, CRC
Certified CART Captioner
www.providingcart.com

* * * * *
Edited
* * * * *

>> CLAUDIA FRIEDEL: Hello, everyone. I just wanted to remind everyone that we are on the Quarter 1 Disability and Health Program Disability Community Planning Group quarterly webinar.

My name is Claudia Friedel, I wanted to thank you all for joining us today and I wanted to remind everyone that the lines are muted, so if anyone has a question, I will be checking the chat feature and we will be reading them at the end.

And for those of you using CART, please refer to the PDF information sheet and the link sent in the e-mail from myself that I sent out again yesterday.

So, I'm happy to present Cheryl Albright. Cheryl is the owner of Soul-to-Soul Yoga where she helps people with disabilities and special needs move better.

Cheryl grew up with a brother with autism on the severe end of the spectrum, an aunt with Down syndrome and a grandmother with Alzheimer's. Cheryl obtained a degree from East Carolina University in occupation therapy and has been in OT for 15 years. And in 2009 she was introduced to Yoga for the Special Child, the only yoga program that follows development and began using this method with her clients.

Her clients made huge improvements and amounts of progress in a variety of different settings, including hospital inpatient, outpatient clinics, adolescent mental health facilities, schools, and community wellness programs. She continued with her training and became a registered yoga teacher and yoga therapist and special certifications for scleroderma/rheumatoid arthritis. Currently, she serves Sarasota and Manatee Counties including most of the adult day programs and group homes in both counties.

Welcome, Cheryl, we're happy to have you.

>> CHERYL ALBRIGHT: Thank you. So, I kind of wanted to start with the "why" I started harassing you guys up in Tallahassee, and I stumbled upon the Disability and Health Program grant, that was a five-year grant from the Centers for Disease Control and Prevention and to include, you know, people with disabilities across the board in a variety of different programs and activities.

And what I found was that it was spent on a lot of paper and not the programs in the state in which were actually, like, helping a lot of these people, so I reached out and

I was, like, what can I do, because I felt bad for the poor gentleman I talked to in Tallahassee, and he introduced me to Claudia.

So the whole point was that there are people in the state doing -- and not just myself, I know a few others are doing kind of amazing work. And I know there was a high concentration on diabetes prevention and when you walk into a group home with a very limited budget and they're eating a lot of processed foods and don't have access to quality nutrition. The budgets just don't allow for it.

And the other issue is, you know, when you're talking about somebody with a disability, you're also talking about somebody impacted by trauma and, you know, the ACEs studies and what they show as far as the correlation of childhood, you know, adverse events and the correlation to chronic diseases.

And I'm glad to be part of a coalition in Manatee County to help actually use the ACE score and to help to try to prevent and looking at it as a public health issue.

So, that's a little bit of a background of how I got involved with all of this.

And the other issue I saw was the impact of some of the individuals that I work with and their inability to access healthcare. And I got really kind of upset. I had one individual that I don't necessarily work with, but they went to the emergency room three times before they were diagnosed with scabies and by that time there was a huge outbreak and the behavioral analyst took it home to his children and it was a complete mess and I realized the issues we were having to access quality healthcare and I don't understand how an ER physician or nurse practitioner or PA didn't -- I mean, I didn't have access to his paperwork so I don't know who it was, didn't get this the first time, so then it became a public health issue.

Anyway, back to my story as far as that goes, she explained over the course of the years what trainings I've had and, you know, my brother is completely non-verbal, so when you take him to a doctor and try to explain that this behavior means that this isn't working and he's not feeling well is really hard, especially when people just don't understand.

So I'm going to talk -- I'm going to breeze through some of this because I've combined some of the presentations I've given recently.

But, you know, we talked about folks with disabilities and sensory processing. I just want everybody to kind of take a look at what they do for themselves every day to get through their day.

I know Claudia says she's going mute so she can get a snack, was it something chewy, was it something crunchy, or something to keep her awake during this webinar. Are you drinking something? Are you tapping your pen? Are you doodling? What are you doing to just get through the day?

And then take a look at yourself and then look at some of the individuals that maybe you look at or, I mean, I don't know the background of people that are listening, so, you know, just think about the individuals that we serve and they have the same needs as, you know, you and I do.

Pyramid of learning, so this comes from kind of an adolescent program, so when I look at this for our adults, I take off academic learning and I put executive functioning.

And then so this, I love this pyramid, I refer to it all the time!

Because it just -- it explains kind of what's going on.

So, when we have an issue with the central nervous system, I don't care what it is, that's your brain and your spinal cord, so whether it's autism or cerebral palsy or an addiction or a mental illness or.... the point is, it doesn't matter. You just have a disability that involves an issue with the central nervous system.

Any number of these things can be impacted. It doesn't have to be all of them, it

could be some of them, but usually the executive functioning piece is kind of key, because then these are the folks that aren't living independently, because they need assistance with daily living or they have behavior supports and maybe they have limited language.

And so when I look at this and I look at my brother, you have -- well, like I said, he has autism and, when you look up, he has tactile issues, he's very picky about what he wears, he's in constant need of proprioceptive input, he has to be on the go, moving all the time.

He does have poor posture. He's kind of, as he's gotten older, has become cathodic. His hand to eye coordination is amazing, but he doesn't speak, but if you were to force him to sit down in front of a computer, he would type out what he needs, but he has to be really coerced to do it.

Behaviors, he's not aggressive in his behaviors, he has some, but he needs to be prompted in his daily living skills.

I don't know what his executive functioning is, but I know he's not safe without supervision.

That's just one example. But you can think of any number of people that you work with and how maybe they would fit in any of this.

And just to -- and even your own nervous system, say you had a concussion.... I don't know, there's any number of ways you can look at this and compare it to your own bodies, to your children, to the people you work with. You guys get the point.

So, when I look at kids, I tend to look from the top up.

As an adult, I still work in acute care and, you know, insurance just want to know as an OT or occupational therapist "What are the activities of daily living? Can they go home independently, yes or no?"

And the reason I don't like that is because you might be able to get yourself dressed, but you may not have the cognitive capacity to plan out your day, control your medications, cook a meal safely. There's any number of things that happens to our day that aren't just basic. Can we get ourselves cleaned up and then go about our day?

So, the central nervous system functions, you've got your heart rate, your respiratory rate, your sleep patterns, your GI, and then how you respond to all of that sensory stimuli that I was just talking about. So, are you a fight, flight, or freeze. My brother tends to be a flighter, and everybody's reactions are different.

So, and I talked about replacing the executive functioning piece.

So, fight/flight/freeze. How close is that lion? And we're going to get back to the public health issues around this in just a second, but I want you to think of some individuals like I hear oh, the slightest thing will set them off. Well, true, but it's because that lion is just a little closer to them all the time.

And they will usually fight or flight to get away from whatever demands or whatever situation is being placed on them.

And that just goes back to the parasympathetic and sympathetic system. So we really want to get that fight and flight response under control.

And if you look at all the internal organs that are involved in these systems, you start to see a pattern.

So, we're going to come back to this kind of when I talk about the vagus nerve, but I just want everybody to look at, you know, the lungs, the heart rate, the pancreas, the liver, the stomach and the GI tract, all -- your kidneys and urinary function, all of that is included in this system.

So, what I see in the clinical setting, and I personally, you know, my business is a wellness practice at this point, but, you know, I still see a lot of these things.

So, the constant state of fight/flight/freeze causes the pupils to stay dilated. A lot of them will say “oh, this room is too bright” when it’s just normal lighting. Decreased saliva production. You’ll hear about picky eating, this can go with medications or for any number of reasons, but a lot of times if this system is engaged, you don't need saliva to run.

Dilated blood vessels. Flushed face and ears and they dilate in the reproductive organs too, so if you're working with adults, you might see over arousal, persistent sweating, bronchial breathing patterns, I will try to do it loud enough in the microphone, so they're constantly gasping for air [breathing], if you think of somebody that’s a worrier, you can kind of hear it in their voice.

Increased glucose production. And this where it gets back to the public health piece and issue of diabetes. When your body is in this chronic state all the time, your body secretes the glucose and gets stored in fat so you can run. Well, if that happens all the time, you get wicky. And a lot of these folks have sedentary lifestyles, either for lack of mobility around the community, if you go into any of the adult day programs, a lot of them are very sedentary, at least the ones I go to, so you’re going to get people that are overweight and obese and we know about how costly diabetes management is.

And it's the same thing with increased bile and pancreas functions.

And then you've got your folks that are constantly complaining that they're constipated.

And then I hear from parents either that go to school or they're in an adult day program, is that the individual won't urinate all day. And that's usually one of my first clues that something is up in this system.

So, we have decreased saliva because we're always in fight or flight, it decreases the ability to break down food. So what does that mean? If you're not breaking down the food appropriately in your mouth, the gut has to work that much harder. So our picky eaters, saliva increases taste, so if anybody has been sick or been on medications that dry out their mouth, a lot of people that I know that have undergone chemo, their taste buds go because there's no saliva being produced in their mouth.

And the whole point of saliva and I know everybody, I get crazy about this stuff, but out of the University of South Carolina at Charleston, they're doing research on what is in the saliva and why it's important.

So if you wanted to learn more, you can go to their website, the lead researcher there, is a man from India, don't ask me to pronounce his last name, because I will butcher it, but he has got all of the kind of latest and greatest coming out of there.

So when we have dilated blood vessels, when we're in that kind of fight or flight state, it goes to the large muscle groups so you can run. The problem with that is then we lose our fine motor control. And fine motor is not just your hands, it's being able to coordinate your eye muscles and coordinate the muscles around your mouth.

So think about the last time you were worried or anxious about something, you kind of lose the ability to speak, that's where some of that comes from.

And so there's also the eye muscles that you can startle really easily, so if you're not scanning from left to right in a smooth pursuit, most people jump.

And the other issue with that is, you know, if you can't move your eyes from left to right in that smooth pursuit, it's really difficult to read.

Even though the individual has the capacity to read, once they get in that state, they might not be able to read safety signs at that point.

So it's just something to think about.

I'm not going to play the video, although it's hilarious, it's just if you [chuckles] go to YouTube and just -- I don't have -- I'm used to, like, two-hour presentations, but if you

go to YouTube and give the Speak Out examples, I had picked Alan, because it's really funny, but Kerri Washington and her do this amazingly and so when it comes to auditory process and language disorders, if you've ever played the game, Speak Out retracts in your mouth and you're trying to get the other individual to figure out what you're saying and this happens to a lot of our individuals.

What you'll see is they're constantly -- they don't move their mouths to enunciate, they kind of lock their jaw into place to stabilize it.

Decreased ability to manage saliva. So they might drool a lot even though their mouth is really dry, so think of people with CP, cerebral palsy. So you've got that end of it, when it’s the oral musculature and coordinating all of those muscles and movements and then coordinating that with the breath to get sound out.

And then you have the other person that's kind of hearing bits and pieces, but because you can't move your mouth, things aren't enunciating and you kind of get the Charlie Brown wha, wha, wha issue, well, that is the inability to take in language, and so -- how many people are listening that are parents and you go to your kids, like, I've told you this, like, five times! [Chuckles].

Think of it that way. You give a direction and the person doesn't follow it, and then you give it again, and they still don't follow it [chuckles].

And then, you know, you get the smart-alecky and say well, what did I just say? And you get "What did I just say?"

Just remember a lot of these folks don't take in or produce language like you and I. And this can happen to us. Think about the last time you were upset about something and you had a hard time coming up with the words to express either how you were feeling or, say, and this happens a lot in the emergency room, especially with our folks that have a few words, but when they get in front of the white coat, they don't say anything, they shut down, they don't know how to communicate at that point because they're nervous and scared, just like you and I would be in the ER.

So, the one example, I had a client that ended up in the hospital for about two weeks or so or maybe a little bit longer, and the therapy staff wasn't trained to work with intellectual disabilities, and so she had -- she can say no, and so the therapist would try to, like, go and work with her and she would, go, no, no, no, no, no! And they would leave. Which, to a point, you know, patients do have a right to say no to services and things, but we're talking about somebody with intellectual disability who is already freaking out and who’s got all of the IVs taped down so she can't pull them out and probably half sedated so she doesn't pull her tubes and wires out, and she's saying no.

Well, fast forward a couple weeks, she was perfectly ambulatory before she came in and she came home in a wheelchair, and I just.... as somebody that works in public health, I just find that sad [chuckles]. I was really disappointed in the healthcare system at that point.

And so then they probably discharged her because she wasn't being cooperative and kind of just missed it, when this is somebody who, if you would have come down to her level and said “hi, how are you? This is the plan for today” like you would with any other human [laughs] that she probably wouldn't have been freaking out as much.

Now they know just to call me and I'll come in and do it, but.....

So, now what? Dumped a bunch of information.

So there’s traditional, when I live in the therapy land, so this is kind of why this is up there, I do, the land of intervention, you know, OT, PT, speech, the ABA is big in the state of Florida and funny enough I just went home to my brother’s meeting in New York, and New York, they don't see ABA as a billable service, I guess. I asked if he could have an analysis done and they said that New York State didn't recognize that, I

thought that was interesting, just as a side note.

The non-traditional therapy, so your music therapy, your massage, your acupuncture, all those kind of alternative, I like to call them integrated services aren't really accessible to our folks where special needs.

And I find that kind of sad, because these used in conjunction with the traditional methods as we know work really well.

So, for example, a current client of mine, she's 12. Mom had been doing the traditional route. She would appear higher functioning on the autism spectrum, but she's not. Like, as far as if you look back at that pyramid, significant meltdowns and tantrums, no executive functioning, she couldn't do any of her ADLs by herself.

And as you kept going down the pyramid, she couldn't cross mid-line, wasn't taking in any of the sensory information in correctly.

And now she's 12 and mom is starting to panic, like, what am I -- what is going to happen? Like, what's going to happen down the road?

And so over the summer, she said, you know what? We're going to try everything with kind of non-traditional and just -- just -- she's, like, we've got to change this up.

The only thing traditional was the psychologist, a colleague of mine, who specializes with kids on the spectrum, and then myself doing the non-traditional occupational therapy.

And then I think she was going to a music class, therapeutic horseback riding, that's not up there and probably should be, and then kind of a special needs tutor to try to get her caught up with school.

And I'm happy to say, now at two months, we're crossing mid-line and I wouldn't say we're catching up academically, but we're getting there.

She started to be able to wash her hair by herself.

And I know that sounds kind of trivial to some people, but, you know, my brother still doesn't shower independently and he's 42. So I get the gain in that.

So, if we can -- with that combination of services is getting her to a point where she may actually be an independently-functioning, tax-paying individual, I think we really need to start re-looking at some of the "traditional" and meshing the two together.

So traditional occupational therapy, back to that pyramid, back in the day, Miss Jean Ayers said if you do proprioceptive, vestibular and tactile input activities, you should get an adaptive response. So all that means -- and I'm not going to play the video it takes too long but, proprioceptive meaning, like, jumping or doing something weight bearing and vestibular is moving like a swing in a linear plane, and then doing something tactile, you should get some kind of a adaptive response. And she's right.

But I want to take it back a step and take it further and say how do we impact the central nervous system function that have to happen prior to, you know, really getting into some of that, before we can start talking about the next layer of the pyramid.

So, I use Yoga For The Special Child and it was the only yoga program that I found that followed any kind of developmental progression and didn't [chuckles] -- I hate to put this this way, but didn't sound woo-woo [chuckles]. Very traditionally-focused, so some of it some people don't like, but it was the only thing, so if you're not walking yet, these are the things that we are going to do to get you to standing.

To me, as a therapist, made perfect sense!

If you're not able to speak yet, these are the breathing exercises and things that we're gonna do to get you in order to, you know, to be able to sing.

So, I go back to this, like, why in the world do they have me on here talking about yoga? And when I go back to this pyramid, it's the only thing that I learned that had anything to do with the central nervous system.

And so what can we do? We know that there's neural plasticity and the brain can change, I believe, until the end stages of dementia. Once your brain actually kind of turns to pudding, I'm kind of out, but before that, if we can impact the central nervous system function, we then can impact everything.

So how in the world does yoga do this? All the sessions start with singing. And even the individual -- I can tell you, there are folks that I work with severe CP, severe, considered non-verbal, cortically and initially impaired, and I will tell you, I got them to sing. And I literally scared one of the staff because she said “that individual doesn't speak” [chuckles] and I was, like, be careful what you say she might not be able to see but she can hear you. And so just having that connection with somebody can produce some pretty powerful outcomes.

When it comes to kids, we'll do some hand gestures and things to kind of work on imitations.

But my music therapy friends have shared their research with me and there's just been some amazing -- now that we have functional MRIs we can see what happens in the brain, and music is one of those things that kind of lights up the brain, it activates all areas, and so the best example I can explain is the video that went around about an individual with Parkinson's disease and he was shaking and could barely walk, and then they turn on music and he was able to walk smoothly with his walker.

Same thing.

So, we're trying to stimulate the nervous system or we're trying to stimulate all those areas of the brain.

And I talk about this nerve all the time, it's the largest-running cranial nerve. And look at how many organs it affects!

So when we're talking about public health in general, it doesn't mean it has to be somebody with a disability, it affects all of that.

So I go back to the ACE studies and when we're talking about public health issues, that constant state of fight or flight, this nerve is turned off, because this is your rest and digest nerve, this is the thing that keeps people calm.

If this is turned off, look at how many issues you possibly could have in any number of these systems.

And like I said before, things I hear about in the clinic setting about constipation or not needing to urinate or being very picky eaters, this is where it all comes from.

If this nerve is not turned on, you can have some pretty chronic health issues over time.

And I'm not talking a one-time thing, you're driving down I-4 and you startle, you come back down to normal once you get out of the car.

This is chronically over time. So something, you know, I'm talking about our kids that have been in and out of foster care, and that really needs to be fit into this disability category as well, I believe, because it is -- it does turn into a public health issue.

So, when I talk about stimulating this nerve, the breathing, the singing, anything that we can do to get this guy online, the better.

Breathing exercises. So, you know, this is one of the things people think about when they think about yoga. They're, like, oh.... calming, breathing.....

But there are certain exercises that these folks back in India discovered 5,000 years ago to help calm the body down, because they were trying to prepare the body for meditation.

So, there is a ton of them out there. It's a great coping skill that requires no money! [Laughs]. It requires no equipment! You just need an instructor that knows what they're doing.

So, imagine if our folks had just a little bit more attention to task or just a little bit calmer. Many of these folks are chest breathers. We have six liters that we can possibly use and most people use the upper 1/3 and think about those folks who are chronically getting pneumonia or have asthma or have any issue.

I have an individual with CP that I work with now and he has failed his swallow tests, his swallow studies, and he refuses to go get a tube, which is his choice, a PEG tube.

So breathing exercises for him are key so that we keep things strong so he has the ability to cough that stuff out of his lungs.

So think about those folks.

When you breathe better, you move. And when you move [chuckles], you continue to work on your breath. So think about our folks with, like, COPD who won't move because it makes them so tired and out of breath.

But if you don't move [chuckles], then -- it's this big huge cycle.

So that includes any lung condition, pulmonary fibrosis, cystic fibrosis, your emphysema, like I said COPD. And the cool thing about this guy doing research in South Carolina, we now have two documented cases of somebody with pulmonary fibrosis who's improved their lung functioning numbers, which is completely unheard of. Once the lungs harden, you're not supposed to be able to do that.

So it's pretty neat to the stuff coming down the pike, and so I'll.... I could go on for hours on that one alone.

So, there's eye exercises. Being able to move from, like I said before, scan from left to right, you have to be able to do that to read and write. Why does that matter? Well, it matters, it makes you become independent or dependent.

If you don't have that kind of control and, you know, amongst a number of other things, I do understand that, but....

[Pause].

>> CHERYL ALBRIGHT: There's just a lot -- I mean, there's a lot that goes into this, but.....

The bottom line is, it does help to stimulate the optic nerve, so those pupils that are constantly always dilated. They say it does maintain healthy vision. And the bottom line is, it improves visual attention and our friends that are constantly bolting everywhere don't see the dangers that are around, they run into roads, that's a public safety issue.

This is what most people think of when they think of yoga, they think of the studio with all of the soccer moms putting their feet behind their head and all of this ridiculous nonsense. It's not.

And if the individual is wheelchair-bound, they're clearly not in a downward facing dog.

So, how does this all work? Well, you start with [chuckles] -- you have to start with some range of motion to get, you know, the beginning parts of it. This is why it fits so well in a wellness model with an occupational or physical therapist is we instinctively know how to do this.

If they're at a point where they're ambulatory even somewhat, they don’t have to be all the time, but, like, improving strength and balance and coordination so they can -- so what does that do to function? Well, you can get on and off the toilet by yourself or in and out of a car. You get the point.

I'm just checking time.....

So, the relaxation part. So, once again, activating that, you know, rest and digest. This is the hardest thing people [laughs] have to do, in one of my sessions, is holding their body still.

And my folks with CP that are aging and having arthritic changes, we start with this, because it decreases their tone, it helps open up those joints without somebody cranking on them. I see therapists do this all the time and it makes me cringe. It calms the body and it calms the mind.

And if we can get rest and digest going, maybe they could actually digest something.

So, it helps a number of the systems; it's not just oh.... we're just going to lay here.....

No, no, no [chuckles], it's the conscious bringing awareness to your foot or whatever the case may be.

Now, with intellectual disabilities, sometimes it's a little harder. But that's another bonus about what I do is I don't have to meet goals by a certain time, I'm not dictated by insurance to tell me how I'm gonna accomplish these things.

But if somebody is more calm, they can improve their ability to do a lot of things.

So, I always close the class with something positive. If positive affirmations didn't work, Tony Robbins would not be a billionaire. But also assists in recall and consistency and structure and they know once they do this part, their session is done and it gets learning to read the kind of cues and having someone try to memorize things, so I just wanted to throw that out there.

So, my examples, I could talk for hours just on these alone; I'm going to try not to, because in about seven minutes, we've got to answer some questions.

But for those that don't know what Rette's Syndrome is, it's a genetic mutation, typically only girls live past birth that have it.

And it just causes some regression in skills. And the individual that I had was 9-years-old at the time and she was still ambulating, which is rare for that syndrome. But she was losing it and quickly. I call it like the robotic walk, just kind of weight-shifting back and forth and somehow they're moving forward.

And not knowing any better, I.... um.... I said okay, well, let me go to the research to see what I'm supposed to do, because I had never had an individual with this syndrome before, and they just said "maintain their skills." They didn’t say how, they just said maintain them. And I said okay.....

So I tried this and I said what do we have to lose? And the long story short, she was able to regain some of the skills she had lost, she was able to get up off the floor by herself, she was able to feed herself again, with some adapted equipment. She began saying more sounds and attempting to speak.

All systems were good.

Fast forward a few -- it's been a long time since I've seen her. I don't know how long the carryover was and especially with a disorder like that that's regressive in nature. I would be curious to know if anything stuck, but I don't work at that school anymore.

I do want to mention a Fetal Alcohol Spectrum Disorders, and the only clinic they have in the state of Florida is actually in Sarasota. I worked for the Florida Center for Early Childhood for a while and got to sit on some of these teams, and I will tell you, traditional approaches with these folks don't work. They don't. They don't at all. Every parent I ever met said “oh, we did ABA for a while and it stopped working. Well, they had OT but then they graduated” but clearly there were some neurological issues going on.

It went on and on and on. And so the individuals that I have worked with, one example is, back story is, I did traveling therapy for a while, I was in Alaska, which has the second worst Fetal Alcohol Spectrum Disorder issue, next to us, they -- I was

working in an outpatient clinic within the hospital and the foster mom came to me and said she’s twelve, she should be independent with her dressing and bathing and grooming and she's not, we tried the checklist like you do for autism and that's not working either and I said well, I've got this method and we can give it a go.

And for whatever reason, we were next to the pulmonology clinic and I grabbed one of their pulse oximeters and I realized, her heart rate at rest without doing anything was 130. Now, for an adult, it should be between 60-90. So, of course, she wasn't learning anything if she's walking around -- and that's just at rest, I can't remember what PE or any kind of exercise would have done.

So if I would have done those therapy approaches, I would have sent her to the moon.

So, we backed it up, we would do a lot of the breathing and those type of techniques and then we could start working on sequencing. She couldn't sequence her handwashing and the problem was, it was an invisible disorder because if you saw her walking around, you would have thought she was "neurotypical," but she wasn't at all. If you handed her a comb, she could tell you what it is, could tell you what to do with it, but could not motor plan this out, it was probably one of the most severe cases that I had seen.

Once again, the only thing that worked, and we got progress. I was able to get the school district on board, so they took pulse readings throughout the day so we could kinda see where the spikes and dips were and interject with some of those breathing exercises before we escalated to that point.

Now everybody has got Fitbits and Apple watches and all sorts of gadgets, we don’t necessarily need to walk around with a pulse oximeter but if you are working with kids and they can tolerate a Fitbit, then app goes to the parent and they can watch to see where those spikes and dips are and during the day when they are close to the phone and it kinda syncs all together, and then you have some real data to show teachers and clinicians or whoever is on the team.

And for adults, everybody seems to have a smartphone at this point, so if they have any capability of getting some kind of monitoring device that is linked to an app, same thing, you could kind of figure out.

So think about -- I mean, there's so many applications for that.

Trauma. So we've got our friends, once again, traditional therapy approaches when they just -- sometimes they just don't work.

So, you have these individuals that have sustained some kind of trauma and.... [Sighs].... I work, I have a psychologist that sends me a lot of referrals and it's another individual's invisible disability and this poor woman walks around in a chronic state of panic and what do we do? We start her on the breathing and we’ve worked up on being able to move her body and breath, to train it so that when you're out in the community, you know what you can do for you that’s just great and quiet and even just shifting your weight and taking a deep breath in the grocery store and making it really functionally based so these people can, you know, we're talking about health here, so, like, they can function.

And autism, I.... [Sighs].... one of these days I'll get this study published, but I took a pulse reading before and after yoga-based therapy sessions when I was still in New York and I had about six individuals and what I found was the same thing kind of with the FAS is they would spike and dip and their heart rates would kind of be all over the place, like, they had no -- like they didn't have any control over it, and so then after, their heart rate would get down to normal range and then, over time, the ones that could stick out to at least six months, what we found is that those spikes and dips didn't go so

high and that they kind of stayed within a range that was okay.

Okay. I already talked about that.....

So, those that work within the school district "Get Ready to Learn" as a spinoff from Yoga for the Special Child. Anne Buckley Reen is an OT in the New York City Public School System and they told her she could do whatever she wanted but she couldn't call it yoga [chuckles] and that's where that comes from, and she uses behavior skills for pre-and post-tests and all of her work is published and you can find it on PubMed and I have it on the slide as a reference too, if anybody was curious about that.

I'm going to kind of open it up for questions. I am going to log out of here. It's a lot of information in a short period of time [chuckles], but I could -- like I said, I can talk for hours!

So....

>> CLAUDIA FRIEDEL: So this is Claudia, I actually have a question.

>> CHERYL ALBRIGHT: Sure.

>> CLAUDIA FRIEDEL: Are you aware of any other programs in the state that are using some of the methods that you use?

>> CHERYL ALBRIGHT: I know there is a woman up in Jacksonville and, of course, when you put me on the spot, the name goes out of my brain.

[Laughter].

>> CHERYL ALBRIGHT: But I can easily find that out. She -- it's more of a studio model instead of a clinic model, but I know she does accessible yoga and I'm not 100% sure what her background is, but I know she's doing good things in that part of the state.

And there's.... [Sighs].... and I think there were two women in Miami that came up and took the course, they were OTs but they kind of disappeared so I'm not 100% sure if they just went back to their clinics and didn't, you know, start their rounds, I'm not 100% sure where they went.

Those are the two that I know of.

But I do have an instructor in Pinellas, Pinellas County for sure. She'll venture off to Tampa too, so if there's anybody in that general direction, I do have a contractor for that area as well.

>> CLAUDIA FRIEDEL: Okay. Great. Does anybody else have questions? I'm looking at the chat feature and I'm not seeing anything.

>> CHERYL ALBRIGHT: I will say that, since nobody is asking any questions, I was able to push through with Med Waiver and CDC Plus, they will pay for this now because they're starting to realize, you know, some of the clinical implications.

And thanks to a service provider and mom, they wouldn't say no. We are an approved provider.

So they are starting to recognize [chuckles], what this can do for overall health.

[Pause].

>> CHERYL ALBRIGHT: I'm trying to think.... I remember when I heard about this grant, I was super excited, and my balloon was busted [laughs], I was, like, no! There are programs that are doing good things!

But, yeah, I also work closely with SEDNET, which is an acronym and alphabet soup but they work closely with the school district for social and behavioral health, and I do work closely with them as well.

So these are usually the kids that have been impacted by trauma, they're trying to reduce dropout rates. Working with the developmental disability community here, when.... [Sighs].... the state of Florida took away the special diplomas, even though they say their rates are okay, the dropout rates are actually -- the numbers are misguided because the two choices that you have for diplomas are regular general education or if

you have an IQ of a 69 and below, there's access curriculum and there's nothing in-between.

So, an IQ of 69 and an IQ of 70, there's really not a whole lot of difference, and they're expected to get a diploma.

Well, what do kids do when they don't have the vocabulary and things to say this is too hard? Is they act out.

And so I'm trying to work with all of these -- it's not just -- so there's no, like, really good answer, because it involves so many different grants. And involves so many different people and agencies within the state of Florida, that it's hard to.... I don't know.... I just thought I'd throw that out there for people that are listening.

So you have these kids that are expected to take algebra and biology and geometry, I think are the top three that you have to pass in order to graduate, so it's crazy. So, yeah, we've got that too.

[Pause].

>> CHERYL ALBRIGHT: Nobody has any questions? Really? [Chuckles].

>> CLAUDIA FRIEDEL: I'm not seeing any.

But if you have a slide with you with your e-mail, that might be good, in case anybody thinks of something or I can -- I can send something when I send the notes out with your contact information.

>> CHERYL ALBRIGHT: Yeah.

>> CLAUDIA FRIEDEL: If anything comes up or oftentimes people have questions after.

>> CHERYL ALBRIGHT: Yeah, absolutely, I'm totally open to people reaching out if they have questions or concerns or need to kind of problem-solve individuals that are working this.

Like I said, I never know who's listening to these webinars, I never get everybody's backgrounds. Usually I'll ask who works where.

So I just hope it was applicable to everybody.

>> CLAUDIA FRIEDEL: Yeah. And I don't know, we have a little bit of time, if Bryan -- well, we only have about nine minutes, but I'm thinking and wondering if -- we have about 15 people, so....

>> CHERYL ALBRIGHT: Okay.

>> CLAUDIA FRIEDEL: I don't know if that would be enough time for everyone to kind of introduce themselves. Um.....

Bryan, what do you think?

>> BRYAN RUSSELL: Um, yeah, what I can do is I will -- I will look at the report of those that attended or participated, I will send that list to y'all, that shouldn’t be a problem.

>> CHERYL ALBRIGHT: Okay. I was just curious about what settings people worked for, if they had anything kind of specific as to what they're doing. I try to make it as general, to come from a health, disability and health.

>> BRYAN RUSSELL: Well, judging by the names of the people on the call, we have a couple of the diabetes prevention providers, people for independent living, centers for disease control and prevention, and the Florida coordinating council for the Deaf and hard of hearing and our great partners with UF.

>> CHERYL ALBRIGHT: Yeah, okay. And a side note for the friends for the Deaf and hard of hearing, I am fluent in sign language, I came from Rochester, New York, where you almost have to know sign. I'm not an interpreter [chuckles], but I can have a conversation.

And I have been known to sign my classes when needed.

So, this can be accessible to everyone.

When it comes to diabetes management and prevention, this, I mean, like I said, you know, I explained that vagus nerve and the increased, you know, insulin production can shut some of that down and might be able to decrease some of the meds or the pain control or neuropathy, there's any number of implications for those folks.

And for the folks at the Centers for Disease Control, well, prevention [chuckles], I just kind of laid it all out there, and I hope I can ruffle somebody's feathers to start listening and it's not a bunch of hippy tree huggers running around.

And they're, like, what is that business? Yeah, I know, I have to figure that out, but, you know.....

But there are clinical applications and I think people are starting to recognize, you know, when we start talking about public health, yes, prevention is expensive. However....

[Pause].

>> BRYAN RUSSELL: Cool. Well, thank you so much, Cheryl. We really appreciate it. Fantastic presentation.

>> CHERYL ALBRIGHT: Oh, thank you.

>> CLAUDIA FRIEDEL: Yes, thank you. And if you don't mind, I'd like to share your slides with the folks on our call.

>> CHERYL ALBRIGHT: Yes, absolutely. Yeah, let me know whatever I can do or speak or whatever you guys need.

>> CLAUDIA FRIEDEL: Wonderful. Thank you so much! I really appreciate your time.

>> CHERYL ALBRIGHT: Yeah, no worries.

>> CLAUDIA FRIEDEL: Thank you to everyone who was all the call. Have a wonderful day, everybody! Thank you. Bye-bye.

[End of webinar].

** Edited **

Recommendations and findings for providing PWD with accessible service:

- Activation of the central nervous system and vagus nerve can exacerbate symptoms experienced by PWD.
- Yoga therapy in conjuncture with other more traditional forms of therapies has been shown to improve the lives and functioning for PWD by addressing this activation.
- Recommendations include integrating non-traditional therapies such as yoga therapy into the therapy PWD are offered.