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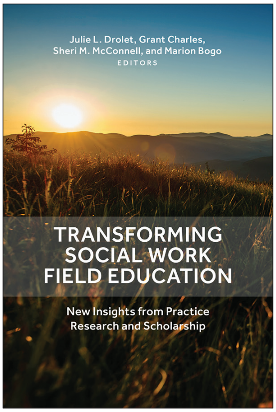

TRANSFORMING SOCIAL WORK FIELD EDUCATION: NEW INSIGHTS FROM PRACTICE RESEARCH AND SCHOLARSHIP

Edited by Julie L. Drolet, Grant Charles, Sheri M. McConnell, and Marion Bogo

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Using an Advocacy Practicum to Establish a Framework for Virtual Community Consultations in the Ottawa Adult Autism Community

Margaret Janse van Rensburg, Courtney Weaver, Christine Jenkins, Morgan Banister, Edward King, Sheila Bell, and The Ottawa Adult Autism Initiative

It has been established by autistic advocates and authors (Arnold, 2013; Douglas et al., 2021; Milton, 2014; O'Dell et al., 2016; Woods et al., 2018) that autistic persons are experts in their experiences and are therefore valuable sources of information when seeking information about their needs. While guidance on conducting interviews and focus groups with autistic adults in research settings exists (Harrington et al., 2014; Johnson, 2014; McEvenue, 2013; Tager-Flushberg et al., 2017), little has been written on how to establish favourable practices for consulting with autistic adults outside of a formal research environment. Consulting the public is an important step in social work community practice (Hardcastle et al., 2004) and is necessary to provide services, supports, and funding that is appropriate for targeted communities.

The Ottawa Adult Autism Initiative (OAAI) is a grassroots organization that was founded in Ottawa, Canada. It is committed to using a community-driven approach in adult autism community development.

The organization identified the need to consult with the adult autism community in Ottawa in order to build a strong knowledge base and gather information about the community. However, prior to consulting the adult autism community, it was important to pilot a consultation process with autistic steering committee members.

This chapter outlines the processes where members of the OAAI were joined by an advocacy practicum student to establish a strategy to host virtual consultations with the adult autism community in Ottawa. Informed by critical autism studies, which centre autistic persons as experts in autism (Douglas et al., 2021; Milton, 2014; O'Dell et al., 2016), and critical pedagogy, which emphasizes critical consciousness as a means for political participation (Giroux, 2010), they created together an *Instructions and Guidance Document* and a set of recommendations which engage the adult autism community in virtual consultations.

On a note about language, the term *autistic* is used in line with autism terminology guidelines published by *Autism: The International Journal of Research and Practice* (n.d.), which advises authors to be informed by the critical autism studies literature and to use personal preferences of autistic people actively involved in authorship.

Conducting Research with Autistic People

Previous autism research offers guidance on gathering information *about* autistic persons, which has been criticized by critical, feminist, and autistic scholars as perpetuating power imbalances (Bumiller, 2008; Douglas et al., 2021; O'Dell et al., 2016; Woods et al., 2018). Traditional autism research focuses on seeking a cause, cure, or techniques for coping with something that is perceived as not desirable (Arnold, 2013; McGuire, 2016; Verhoeff, 2012). This approach can perpetuate potentially ableist discourses (Bottema-Beutel et al., 2021).

When seeking information about the needs of autistic persons, some literature indicates that information about autism can be obtained from people who, although not autistic themselves, may be close to autistic persons such as service providers and family members (Dickie et al., 2009; Nealy et al., 2012; Shepherd & Waddell, 2015; Woodgate et al., 2008). While literature on consulting with autistic persons holds valuable knowledge about encouragement, support needs, and tools that can be of assistance, as well as consent and communication needs (Harrington et al., 2014; Johnson, 2014; McEvenue, 2013; Pellicano et al., 2014; Shepherd & Waddell, 2015; Tager-Flushberg et al., 2017), this research does not seek to create a dialogic relationship or partnerships with participants; instead, it focuses on research in academic spaces. Working from a critical autism studies and critical pedagogy lens, the members of the OAAI sought to establish a way to consult in an inclusive and accessible way with autistic adults in a community setting.

Conceptual Lens

Critical autism studies centres autistic persons as experts in autism (Douglas et al., 2021; Milton, 2014; O'Dell et al., 2016). The emerging field of critical autism studies is offering a scholastic perspective which seeks to explore and challenge power narratives surrounding autism (Milton, 2014; O'Dell et al., 2016), allowing autistic people to "reclaim autism narratives" (Woods et al., 2018, p. 977). The concept of critical autism studies has been in existence since at least 2010, when Orsini and Davidson introduced the term during a workshop at the University of Ottawa (Breen, 2017). It developed further in Laurence Arnold's introduction of *Autonomy, the Critical Journal of Autism Studies* (Woods et al., 2013). While critical autism studies literature is not widely apparent within social work, focusing on individual and group empowerment is in line with social work's overarching goals (Bishop-Fitzpatrick et al., 2018; Carter, 2010; Carter & Wilson, 2013; Haney, 2018; Haney & Cullen, 2018; Mogro-Wilson et al., 2014).

Critical autism studies pair well with the participatory and collaborative approach of critical pedagogy. As a perspective, critical pedagogy works towards "education that is concerned with questions of justice, democracy, and ethical claims" (Kincheloe, 2008, p. 7). It is grounded in Paulo Freire's concept of radical pedagogy (Carroll, 2013) in his groundbreaking book *Pedagogy of the Oppressed* (2018). Critical pedagogy challenges mainstream educational assumptions that a learner is a blank slate who learns through deposits of information. Through a dialogical approach where power is shared, critical thinking, self-reflection, and imagination are fostered. Rather than identifying practices and methods of instruction, critical pedagogy aims to prepare individuals to use knowledge, skills, and social relations, regardless of their social location, in order to be critical thinkers (Giroux, 2010). In this way, critical pedagogy emphasizes critical consciousness as a means for political participation by acknowledging historic precedent, one's own and others' experiences, and the future (Giroux, 2010). Of central concern in critical pedagogy is understanding how education and knowledge are constructed in society by the powerful, in order to gain awareness of the impacts of how this knowledge is used and to challenge the structures that maintain societal power imbalances (Kincheloe, 2008). Informed by critical pedagogy, we were focused not only on knowledge construction, but also on co-developing knowledge that would be used in the future to engage the adult autism community in virtual consultations.

Therefore, the members of the OAAI engaged in a dialogical, problem-posing, participatory process which seeks to emphasize the knowledges of autistic adults in creating safe, equitable, and engaged spaces when being consulted. Using critical consciousness, developing a deeper understanding the social and cultural world, and applying this knowledge in actions was a goal for each person involved within this process (Freire, 2018). Therefore, acknowledging societal hegemony and being actively engaged in personal and social change through equitable knowledge generation was necessary (Barak, 2016).

Framed by critical and emancipatory theories, the OAAI was aware that the typical virtual consultation setting was not accessible to, or inclusive of, the adult autism community. By informing future virtual consultations with autistic persons' experiences, the OAAI could create a way to prepare members of the Ottawa adult autism community to engage in accessible and inclusive virtual consultations.

Situating the Practicum

The project was situated in Ottawa, Canada's capital region, where neoliberalism influences the social welfare services and supports available (Braedley & Luxton, 2010). Ideologically, neoliberalism prioritizes a free market and promotes privatization in the provision of welfare supports and services (Fanelli & Thomas, 2011). Past political and advocacy activity has resulted in limited social welfare supports pertaining to autistic children (Perry, 2002), while the needs of autistic children are being addressed under provincial legislation (see Janse van Rensburg, 2020). However, specific autism funding is removed at age 18 (Ministry of Children, Community and Social Services, 2021) and disability supports are insufficient to assist autistic persons accessing and securing economic and social inclusion (Canadian Autism Spectrum Disorder Alliance [CASDA], 2020; Canadian Academy of Health Sciences [CAHS], 2021). Therefore, a key concern for persons affected by autism in Ottawa, Ontario, is the inadequate supports, services, and funding for autistic adults.

In 2008, Autism Ontario published *Forgotten: Ontario Adults with Autism and Adults with Aspergers*, which specifically recommended a policy framework to assist autistic adults with financial supports external to existing programs: day supports which work towards social and economic inclusion; programs ensuring safety and well-being for autistic adults; options for supported housing; and professional supports. This policy framework was based on standard eligibility criteria and designed to provide a centre that connects autistic adults and their families with services, support, and information (Autism Ontario, 2008). Twelve years after the publication of this report, there has been little development with respect to municipal, provincial, or federal action towards meeting the goal of establishing a network to assist autistic adults in accessing services, supports, and funding (Ottawa Adult Autism Initiative [OAAI], 2021). To meet this gap, the OAAI, which was created in 2017 with the goal of assessing the needs of autistic adults in Ottawa, aims to establish a network that meets the services and support needs for autistic adults.

Organization: The Ottawa Adult Autism Initiative (OAAI)

The OAAI is a volunteer grassroots organization comprised of members that include autistic adults, family members, and allies. In 2019, the OAAI received a seed grant from the Ontario Trillium Foundation, in partnership with Autism Ontario, to help adults on the autism spectrum and their families to find the supports and services they need. As a grassroots organization, the OAAI is an organization still in its infancy that is led by a volunteer steering committee of autistic people, family members of autistic adults, services providers, and professionals in the field of autism. While the organization currently does not have a governance structure, members of the steering committee pursue goals of acquiring funding community outreach, volunteer co-ordination, and maintaining group resilience.

To ease the access to supports and services needed by adults on the autism spectrum and their families, the OAAI's first step was to conduct a community needs assessment. However, it was necessary to find an approach that was accessible and inclusive. A team was established that brought together members of the steering committee to develop and pilot a virtual community consultation process. This pilot project would establish a framework for hosting wider virtual community consultations with the adult autism community in Ottawa. Members of the steering committee included Christine Jenkins, Courtney Weaver, Edward King, and Morgan Banister.

Participants in the Pilot Consultation

Christine Jenkins, Courtney Weaver, Edward King, and Morgan Banister were integral in the process of developing guidance for hosting community consultations with the adult autism community. As autistic steering committee members, they acted as participants in the pilot consultation. Each member brought their own expertise: Christine, diagnosed at aged 48, is co-author of *Spectrum Women: Walking to the Beat of Autism* (2018). Courtney, diagnosed with Asperger's Syndrome at age 4, works four jobs within accessibility. Edward, diagnosed at age 3 with language delays, gives talks at schools and workshops about autism, bullying, and overcoming challenges. Finally, Morgan is an autistic adult who is engaged in Autism Ontario's Ottawa Chapter and is a dedicated member of two autistic adult social support groups. Working in collaboration with the rest of the OAAI team, these participants co-constructed knowledge in a dialogical, problem-posing, participatory process seeking critical consciousness with an advocacy student who emphasized their knowledge in creating safe, equitable, and engaged spaces for the adult autism community to be consulted.

Advocacy Practicum

Carleton University's School of Social Work requires doctoral students in social work to complete an advocacy practicum as a pass/fail course (Carleton University, n.d.). Differing from a traditional placement or practicum which is offered at the Bachelor or Masters' level, the advocacy practicum is proposed by the student and approved by their graduate supervisor. The practicum allows for 130 hours of work during the term when the practicum takes place.

Margaret Janse van Rensburg was a first-year Social Work PhD student who had recently completed their Master of Social Work, when, in the summer of 2020, she became a non-autistic ally and steering committee member of the OAAI. She became aware that the advocacy practicum provided an opportunity to contribute more to the OAAI; this was an opportune moment for her to build community connections for future practical work and research with the autistic community. Furthermore, the OAAI recognized that it would be beneficial to have a practicum student, in the fall of 2020, to contribute towards the OAAI's work through three major facets: (1) resources for sustainability; (2) building capacity and engagement; and (3) supporting collaboration.

As a practicum student, Margaret was overseen by three supervisors: a social worker with expertise in working with autistic older youth, autistic adults, and their families; a speech-language pathologist with expertise in non-verbal/non-vocal autism; and a psychotherapist transition specialist with expertise in working with autistic adults in academic settings. These three supervisors were co-founders of the organization. Sheila Bell directly supervised the co-development of the *Instructions and Guidance Document,* bringing her expertise in working with autistic people for more than 30 years.

Methodology

Problem-posing education is a concept developed by Paulo Freire (2018) which focuses on developing critical thinking skills. It is a liberating alternative to the banking model of education, which seeks to *deposit* factoids and information into a person, upholding power imbalances between a teacher and a learner and colonizing the mind of the recipient. Engaging in a methodology of problem-posing education requires dialogue. Since all are learners, power imbalances are challenged and restructured.

We applied the concept of problem-posing education by establishing a four-phase process in which all members of the consultation team could learn through dialogue, which would inform our future virtual community consultations with the Ottawa adult autism community. Inspired by *Pedagogy of the Oppressed* (Freire, 2018), this four-phase methodology developed through collaboration and participation of all authors. Positivism, scientism, and rigour were not aims in our work; rather, we were informed by flexible, subjective, narrative, and autistic-informed methods. Each of the phases, outlined below, included different questions for different members.

Members were invited to take part in the pilot consultation, and a date and time for the pilot consultation was decided based on consensus. The student and her supervisor collected data collaboratively through detailed notetaking during the virtual consultation, and by engaging with participants through email correspondence. The data were verified by each participant when they collaboratively participated in making a filmed and video-recorded presentation. This process allowed the authors to co-develop a way to consult with members of the adult autism community in an accessible and inclusive fashion.

Carleton University's Research Ethics Board was informed of the pilot consultation. The processes covered in this chapter fall under the scope of the Tri-Council Policy Statement 2 (2018) Article 2.5 "Quality Assurance and Quality Improvement Studies."

It is of key importance to note that all authors are white, cisgender, and vocal. The experiences and recommendations that were identified, however, were based on each author's understanding of their identity in reflection to others; thus, the team was, as a whole, able to identify support needs for virtual community consultations outside of their own experiences.

Four-Phase Process

The four-phase process included different questions for each phase in order to generate dialogue and feedback. Dialogue and mutual respect were necessary throughout the process, as critical consciousness was a goal for each person involved in this process (Freire, 2018). These phases resulted in a final set of instructions and guidance for our future virtual consultations.

Phase 1: Problem Posing to the Student

Phase one consisted of problem posing to the student. Sheila, as practicum supervisor, posed the problem to Margaret, that is, the needed requirement to create guidelines for an accessible and inclusive space to conduct community virtual consultations. To address this problem, a task was created to pilot our virtual consultation process by securing a space where we could learn from Christine, Courtney, Edward, and Morgan. The goal was to develop virtual consultation strategies while Margaret would facilitate a pilot virtual consultation.

Creating an online space that was inclusive and accessible for autistic steering committee members represented a challenge for Margaret. Autistic people interpret the world differently (Milton & Bracher, 2013). Some autistic people have communication difficulties, both in terms of hearing and speaking, and by way of social communication, such as reading other people's cues, being comfortable in a group setting, or negotiating a social situation (Anderson et al., 2018; Ward & Webster, 2018). While some autistics have praised zoom for its accessibility (Lawrence, 2021), a virtual setting could increase barriers in social communication because many social cues are removed when one is looking through a screen instead of being in a live room. It can make reading the body language and facial expressions in real time extremely difficult (Bailenson, 2021; Wolf, 2020).

Inspired by the work of Carol Gray (2010), a speech-language pathologist who conceptualized social stories, and the business environment's Standard Operating Procedure, the problem posed to the student was addressed by creating an *Instructions and Guidance Document* for the pilot virtual consultation. This document was designed to give detailed information to Christine, Courtney, Edward, and Edward, so that when they began the virtual consultation, they had a guiding document and a troubleshooting guide for whatever might happen during the meeting. This was meant to promote comfort, coping, and increased communication, especially when talking about difficult topics such as support requirements and needs.

Phase 2: Student Problem Solving

Phase two consisted of student problem solving. Margaret researched the process of facilitating virtual consultations and focus groups with autistic adults and created the first draft of an *Instructions and Guidance Document* surrounding four guiding questions for the virtual consultation. Margaret knew that this was a two-part task: first, to create the document, second, to facilitate a discussion guided by the document. To complete the first task, research was required surrounding how to best prepare for and run virtual consultations in non-overwhelming ways. Margaret considered the following aspects:

Technology. While technology offers many alternative and creative ways of collecting information and fostering engagement, it also comes with some challenges. It had to be considered that everybody's comfort levels with technology differed, and therefore it was necessary to identify how to enter a Zoom meeting for the virtual consultation session. We opted to keep technological features simple during the session. A Zoom meeting was chosen as a means of virtual communication (Zoom Video Communications, Inc., 2020), because this broadly popular technology had been previously used for steering committee meetings (Iqbal, 2020; Richter, 2021). No special features, such as polling or word cloud creation, were used for members to access the virtual consultation through Zoom's dial-in phone option (Zoom Video Communications, Inc., 2020).

Confidentiality and Privacy. While a virtual consultation may be able to create an environment where people bounce ideas off one another and share experiences, they might disclose issues that they do not want others to know or tell. Therefore, setting ground rules for the virtual consultation was important to ensure safety for each person in this environment.

Ground rules included acknowledging that discussion at a Zoom meeting is public (other people may hear your opinions and perspectives); getting meeting participants to agree that information about the group discussion can be shared, but names and/or identifying details of individual group members must not be shared; asking all in attendance not to name or give identifying details of friends or others they wish to share information/feedback with (protecting other's privacy and confidentiality); acknowledging that facilitators write down details from the group discussion, while names of the individuals who make comments are not to be recorded; and assurance that no audio or video recording of the session is allowed.

Accommodations. Disability-related accommodations are a human right (Canadian Human Rights Act, RSC 1985, c H-6). It was therefore necessary to be willing to accommodate our participants during the virtual consultation process. Each participant could request accommodations. Furthermore, there were alternative opportunities for accommodations to be provided. These were called “tips” on the Instructions and Guidance Document. Tips included having someone to contact prior to the virtual consultation to talk through technological, social, or other issues that could arise; ensuring that each participant is aware that there were no “right” or “wrong” answers; providing a contact email for participants to follow up if they do not have time to give a complete answer, or if they have more information to share after the virtual consultation; giving reminders to the facilitator to repeat the question in different ways in case a participant is unsure about the meaning of the question; allowing people to take breaks as needed; and providing contacts for support during and after the meeting.

Sharing Space. Considering that there may be certain times when people may dominate discussions, or times when people may ramble, it was important to identify that space needed to be shared. Therefore, a certain time and order for people to speak was presented in the preparation document. This could foster an environment where everyone could contribute.

Taking a Break. In the past, members of the steering committee had advocated the need to take breaks during meetings. Therefore, a planned break was presented and any conversations during that time was put on pause. No conversations could happen during that break so people would know that they were not missing out on anything critical. During this time, all were instructed to turn off their microphones and cameras.

Lateness. Finally, considering what would happen if a person was late or did not show up, and whether this would disrupt the virtual consultation process was important. It can be disruptive to a consultation setting, and disrespectful to the members being consulted, when a member shows up late. Therefore, in this setting, instructions requested that participants acknowledge if they were going to be late or miss the session to let the facilitators know prior to the session. While no members were late for the pilot virtual consultation, having two facilitators present during virtual community consultations proved useful for letting in people who were late in joining, and sending them a message to help them catch up on what they may have missed.

Phase 3: Problem Posing to the Community

Considering the universal design for learning (Meyer et al., 2014) to optimize choice and autonomy during the session, Margaret drafted the *Instructions and Guidance Document* based on accessibility, while recognizing different needs for different people. As a speech-language pathologist, Sheila then ensured that the document was written in an accessible, plain English script. In the end, we had a document, a guiding virtual consultation script, and a post-virtual consultation feedback email.

While Margaret developed a draft of the *Instructions and Guidance Document* under the specific guidance and support of her supervisor Sheila, the utility of this document was unknown. Therefore, it was necessary to pose the problem to the community by hosting a pilot consultation which applied the *Instructions and Guidance Document.*

Led by Margaret and co-facilitated by Sheila, the pilot virtual consultation began by welcoming participants Christine, Courtney, Edward, and Morgan. The purpose of the virtual consultation was identified as to "test run" one of the virtual consultation meetings that would be held in the future by the OAAI. This meeting was hosted on 15 October 2020.

Prior to getting started with the virtual consultation, Margaret overviewed the key information from the *Instructions and Guidance Document* (see Table 12.1). The problem of how to create an accessible and inclusive virtual consultation setting was then introduced to the community by engaging them in a discussion.

At the beginning, each participant introduced themselves briefly. Prior to having a five-minute break, two questions aiming at improving our goals as an organization were discussed. The first question was "how do you think we can advertise our consultations to autistic adults?" The second question was "what is important to consider in the selection of participants for the consultation sessions?" A third question, asked after a short break, was "how can we make sure that the ASD perspective stays at the centre of the OAAI project?" The last question was "do you have any suggestions for changing/improving the structure of our regular steering committee meetings?"

The consultation was one-hour long (11:30 AM to 12:30 PM), allowing for a break half-way through the meeting (12:00 to 12:05). Approximately ten minutes were spent on each question. Each person was called upon

Table 12.1: Final Instructions and Guidance Document Revised by All Authors

INSTRUCTIONS AND GUIDANCE DOCUMENT
Goal of the virtual consultation session
Why your attendance is important
Accommodations and accessibility, and how to request
How to join the virtual consultation
Who to contact if you have trouble
Who will be at the virtual consultation
Familiar/unfamiliar faces (may or may not include names)
Confidentiality and privacy
Any ethics considerations
Agenda
Questions discussed & break
Any activities that may happen & any technological needs
How to contribute in vocal ways (leadership and structure of consulting)
How to contribute in non-vocal ways
How to contribute after the virtual consultation
Break
How to take one outside of the formal break
When the break will happen
Support during and after the meeting

twice per question to ensure that everyone had a chance to speak. After the break, the discussion was more in-depth. At this point, participants may have felt comfortable building off one another's ideas. The pilot virtual consultation concluded with a thank-you, a reminder that people could continue to contribute through email, and a reminder that people could reach out for support if needed after the virtual consultation. After the virtual consultation, an email sent to all participants repeated this information and asked them to identify ways in which the virtual consultation process could have improved.

Phase 4: Community Problem Solving

From the pilot virtual consultation, the participants identified the ways in which the *Instructions and Guidance Document* could be improved, while confirming that this document was useful and successful for guiding people through a community virtual consultation. Furthermore, they noted that this document was helpful for guiding people through the beginning of the meeting — which included the purpose of the consultation; the confidentiality and privacy protocol; the limited length for answers; the expectation for introductions; overviews of differing community guidelines regarding sharing space and how to share more information; a following-through with a break; and knowing when and how the consultation would end.

During the virtual pilot consultation, Christine, Courtney, Edward, and Morgan identified that autistic adults would like to see more autistic leadership, more autistic people "on board" and in central positions, and more agency given to autistic persons; they also mentioned a need for public education around autism and regularity surrounding OAAI meeting structures. After the virtual consultation, each participant contributed to the creation of a collaborative presentation to reflect on the process. This fourth and final step, the finalization of the *Instructions and Guidance Document* and the collaborative presentation, was a community solution to the problem of creating accessible and inclusive virtual consultation settings for the adult autism community.

Discussion and Recommendations

Reflecting about favorable practices for virtual consultations with autistic adults, Morgan, Edward, Christine, and Courtney identified several key considerations: preparing for the virtual consultation through information sharing and checking in; emphasizing leadership and organization; and using facilitation strategies that foster accessibility through breaks and positive attitudes.

Preparation for the Virtual Consultation

It is necessary to give information prior to a virtual consultation session about why attendance is important. This is because autistic adults may wonder about whether the virtual consultation is meaningful for the participant, and if they feel that they can contribute to the goals of the virtual consultation. By providing in the *Instructions and Guidance Document* clear reasons for the virtual consultation and the importance of its attendance, autistic adults may be more willing to attend and participate in virtual consultation sessions.

Furthermore, knowing who would be at the virtual consultation session helps with preparing autistic adults for understanding what the virtual consultation setting would look like, especially when this involves people they know — although there may be risks when participants already know one another. This provides them with an opportunity to consider whether there would be new or familiar faces, adding to increased comfort in the virtual consultation setting.

Checking in 24 hours prior to the session as a reminder of the upcoming virtual consultation and ensuring the emotional well-being of autistic adults during virtual consultations is very important, especially when touching on more sensitive topics such as housing and service needs. A pre-check-in would allow the participants to identify the time, the date, the topics covered in the session, and how to access the virtual consultation; a pre-check-in would also provide the opportunity to ask the participants how they are feeling about joining the virtual consultation setting. During the session, checking-in should focus on bringing attention to the topic of discussion to ensure that participants understand the questions being asked, while inquiring whether additional resources and support can be provided to meet the emotional needs of the autistic adults being consulted.

Leadership

Leadership is important in consulting autistic adults. Having organized leaders who can address potential confusion, unite persons, and make those being consulted feel like a team is necessary. This can be achieved by having a common goal. When consulting with autistic adults, however, allowing for autonomy is of priority: therefore, greater autistic-led consultation is better. If the virtual consultation leader is not autistic, having a co-leader who is autistic could be helpful as they can identify ways to structure the virtual consultation which consider autistic neurodiversity requirements, provide support with how to manage political discussions that may arise, and model autistic self-determination and self-advocacy for virtual consultation with participants. This was a learning experience in our virtual consultation process, as the leader was not autistic and therefore faced additional hurdles in ensuring accessibility.

Leaders should structure virtual consultations in an organized fashion, as autistic persons may prefer routine and structure. In a virtual setting, having everyone on mute while the host primarily leads the discussion, identifies who speaks in an order, and gives everyone a chance to speak can be helpful. This is providing that everyone knows this procedure prior to the beginning of the virtual consultation. If there is a point in the virtual consultation when it is clear that someone wants to say something or has something to say, the host then tries to find an occasion for them to mention it there, and then adjusts accordingly, or they can identify an alternative way for them to provide this information such as through email or through a chat function. This prevents interruptions and confusion, which should be avoided in the virtual consultation environment.

Facilitation Strategies

Consultations with autistic adults should not only focus on vocal data collection strategies, otherwise known as spoken word. They should also provide an opportunity to type on a tablet/computer/phone, use art, use sign language, and have other representatives support their virtual consultation input such as a support worker or parent. Those consulting with autistic adults will need to be aware that not all autistic people speak, and some selectively speak. The use of multiple modalities thus engages autistic persons, not only a certain sub-population. Subtitles, captioning, and translation are other types of accommodation that not only help autistic persons but can help everyone else. While it can be challenging to always provide all accommodations and accessibility features when checking in with autistic participants prior to consulting with them, it is a priority to identify any accessibility features which may facilitate the participant's engagement in the virtual consultation process. Accessibility is not a hurdle: it is a commitment.

Additionally, when hosting virtual consultations, it is important to give participants an opportunity to contribute after the virtual consultation has ended. Everyone's processing speeds differ, and therefore giving an opportunity for post hoc contributions can identify differing perspectives that were part of virtual consultation conversations. Furthermore, giving an opportunity to communicate further thoughts after the virtual consultation has ended provides participants with a way to give feedback on the virtual consultation process. Through this, facilitators can identify ways to improve future virtual consultations, while gathering information that contributes to the goals of the virtual consultations.

Foster Positive Attitudes and Atmospheres

As facilitators, we are often unaware of what is happening in a participant's life prior to the virtual consultation or their previous history with virtual consultation processes. People may have different attitudes and agendas in joining a virtual consultation. It is important for those creating virtual consultation environments to be aware of the multiplicity of experiences of participants, and to aim towards creating an environment that is welcoming. Facilitators must aim to foster an environment whereby people feel that it will be interesting to learn something new, where their presence is important, and that the environment will be calm and relaxing. All this information can be provided in the instructions and guidance given to participants prior to the beginning of the virtual consultation.

One such way to create an environment which is calm, welcoming, and open, is to implement breaks as these can promote a positive virtual consultation atmosphere. Sometimes, the virtual consultation environment can become overwhelming, and the amount of information being presented and asked about can begin to confuse the participants. Providing a planned break can allow for body and mind to rest, and for participants to come back feeling refreshed and ready to contribute again. Furthermore, letting participants know they can take their own breaks as needed, and that they can request one or take one themselves can foster a safe, engaging, and comfortable virtual consultation environment for autistic adults.

Through the four-phase process, we established the *Instructions and Guidance Document* to serve as guidelines for consulting a diverse sample of the Ottawa adult autism community "to voice opinions and provide input on needed services/supports" (Autism Ontario, 2021, n.d.). The results of the broader virtual consultations can be found on the OAAI's website: https://ottawaadultautism.com/. Furthermore, recommendations in preparation, leadership, and facilitation were established. These guidelines and recommendations promote dialogic discussions, equitable environments, and engagement among those involved, allowing for a positive atmosphere which provides multiple avenues for autistic adult participation.

Conclusion

This chapter has presented a four-phase pedagogical process that has led to the development of a strategy to engage the adult autism community in virtual consultations. As a result, an *Instructions and Guidance Document* and key recommendations, informed by problem-posing education and critical reflection, were developed, proposed, and created. This offers a way for the OAAI to continue future work with the adult autism community in Ottawa.

A strategy was developed and refined. In virtual consultations, it is useful to have an *Instructions and Guidance Document* to assist participant well-being; to instruct how to join the virtual consultation; to ensure confidentiality and privacy ground rules; to present the agenda and provide explanation for when to plan for a break during the consultation; and to demonstrate how to access support during or after the consultation. It is of utmost importance to set up participants for success in virtual consultations prior to engaging in the consultation proper. Additionally, the significance of leadership in facilitating virtual consultations and the impact of attitude and atmosphere on participants were noted.

Overall, an advocacy practicum environment provided the PhD student with an avenue to develop virtual consultation skills in fostering engaged and inclusive environments for autistic adults. In the four-phase process, she learned about the development of community problem-solving skills through the problem-posing education model. Future community field placements can assist grassroots organizations in establishing practices for broader community consultations through co-learning with steering committee members. By running a pilot consultation, students gain valuable knowledge in identifying community resources and opportunities for organizational growth, and in discovering avenues for future work of the organization.

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