[ Please stand by for realtime captions ] >>

Good afternoon and good morning everyone. Welcome to the ExploreVR webinar this is the technology for people with mental health conditions. This is part one of a two-part webinar and part two will be continued on this Friday at 2:00 Eastern time 11:00 Pacific time. I am Katie Allen. I'm going to mention a few logistical points before we begin for those of you who are new to the webinars, first we ask if you're calling in from the same -- visitation to listen for your computer speakers or headphones and if you do have to call into the presentation please silencer phone, this is to avoid broadcasting and recording any background noise to the webinar.

If you cannot find your phones eject button press star and the #on the phone. Second you experience any connection issues during this webinar first try closing all other Internet applications and logging out and logging back into the webinar. If you continue to experience any technical difficulties please email me .

If you're calling you today the silence your phones.

We reserve time at the end to answer and address your questions and comments, at the end of the presentation the comment box will appear in the upper right corner. Once it appears you can type all of the questions and comments in the box and we save some time at the end to facilitate some questions and answers.

Also if you like a copy of the PowerPoint you can download that now from the box on the lower right corner as well as if you visit explore.org, finally there is a link to an evaluation that will appear on your screen at the end of the question and answer session, after you complete this evaluation if you are certified counselor you can receive credits for this webinar. It's worth on credit. This webinar is being recorded and will be archived on ExploreVR.work after the webcast when you visit the site and find information about all of our archive and upcoming webinars.

Mark Harniss and Maria Kelley other presenters. Before we handed over to them, I will talk about the job driven vocational rehabilitation technical assistance center.

The job driven central goals are to improve the skills of state staff other rehab professionals and providers of your services. Or trained to provide job driven services and supports to people with disabilities employers and training providers. The tack -- the focus on four main topics areas of business engagement, employer supports the market information and customize training on ExploreVR you can find toolkits about each of these four topic areas.

The job driven center also has partners in addition to the Institute for community inclusion at the University of Massachusetts Boston, we partner with jobs for the future, the University of Arkansas and Washington, the Council of State administrators of rehabilitation, United States business leadership network the Association of centers on disabilities, and the national Council of state agencies for the blind as well as the technical assistance Center collaborative.

I want to induce Mark Harniss in Washington University of Washington Center for technology And Maria Kelley for the Washington program to present for today's webinar.

Thank you. We will do a quick introduction, I am Mark Harniss and I am a clinical associate professor at the University of Washington I am also associate director for the Center for technology and disability studies and work closely with the Washington assistant program that Maria will tell you about in a minute. My background is in special education, but I have worked in the field of assistive technology for many years. I am here with --

This is Maria Kelley I am a therapist and is at the technology specialist with Washington technology program, my background is doing a lot of assessments and home assessment and home modification as well as a variety of specific technologies, I think the next let's go to the next slide.

The restate, I work for the Washington assistant technology program, every state has a funded program that provides comprehensive services pertaining to 80 services and delivery, on our website which is -- you can find a link that will provide information for your own states AT program each state provides assistance for the residents and that state that has disabilities and the goal is to allow them -- have hands-on experience in getting the AT in their hands and trying some environment so they can make decisions prior to acquiring the technology, so I encourage you, those who your clients who are in preemployment and you try to figure out what type of AT they need to help them be successful, to reach out to your various programs.

The core programs are listed on the slide, there's a lot of free programs for consumers with areas that the bullies the program statewide provides these core programs one of which is the vice demonstration, lending, reutilization, alternative financing and information and referral. So those first programs they are intended to help with decision-making regarding AT in regards to the device reutilization cut each state level of AT views can vary depending on the level of funding that they have, in our state we partner with a variety of different nonprofit organizations that handle that, there is alternative financing programs In our state they work in individuals with disabilities, all of the state programs are ready and willing to provide general information pertaining to AT acquisition and resources so if you're stuck in don't know where to start that is my suggestion, reach out to your state AT program.

Thank you. Today were focused on mental health conditions as they relate to this is the technology and this is a two-part series, the first part this is kind of the introduction and background and we want to talk about the prevalence and mental health conditions in some of the potential negative outcomes of having a mental health condition, we talk about the interaction between cognitive disability and mental health conditions and how that affects employment outcomes and we want to talk about how AT can be used to support people with health conditions and improve employment outcomes, what we will not do is give you lots of examples of technology, that is what we will do in part two and in part two we will talk about specific assistive technologies that can be used as a combination for people with mental health conditions. Today we will give you the background and you can come on Friday we will talk about sums specific technologies that you might consider.

National Association of mental illness defines a mental illness as a condition that affects a person's thinking, feeling, or mood, these are conditions that can affect sensibility to relate and function every day, these conditions -- they have a wide range of experiences either people with the same diagnosis and they had a very different set of experiences as a result of having this condition, the diagnosis cuts across a pretty broad span including anxiety disorders, bipolar disorder, borderline personality disorders, depression, eating disorders, anxiety disorders, OCD, panic disorder, PTSD, schizophrenia social phobia and so forth as you can see mental health conditions are not a uniform thing there are a lot of different things and if you're working with someone with one of these conditions it's likely to be important to partner with a mental health specialist to understand the unique challenges faced by the individual because those challenges will be quite unique.

I will point out that Maria and I are not mental health specialist we're not psychiatrist or psychologist we work with those individuals, both what we talk about today is our understanding about how mental health affects individuals and how that relates to the potential use of assistive technologies.

Moving on, I want to talk a little bit about prevalence, this provides date on prevalence in a couple of categories, the categories are AMI, which is any mental health illness or condition, and SMI serious mental health illness, in 2012 there was an estimated 43.7 million adults over the age of 18 in the US with AMI with any mental health illness. This represents about 18.6% of all US adults. AMIs it be defined as a mental behavioral or emotional disorder, that excludes them all mental and substance use disorders, that are diagnosable currently owned in the past year and are of sufficient duration to meet diagnostic criteria within the fourth edition of the DSM-IV and in contrast to that, serious mental health condition, are defined in the same way the only thing that is out it is the final criterion which is a must result in serious functional impairment that's a substantial interference with or limits one or more major activities. In 2012 there were an estimated 9.6 million adults aged 18 or older with SMI, about 4% of the population. >> Mental health conditions affect people in all areas of their life and we want to discuss a few because it affects your decisions about how to proceed and it also affects potential success in challenges and individual may face in seeking employment, most relevant to this audience is employment.

Findings from a relatively recent study showed that the unemployment rate for people receiving mental health services approximately 80%. A huge number of people who have significant mental health conditions are not working. These employment rates appear to be declining from 23% in 2003, to 17.8% in 2012. A lot of those individuals would like to work, 60% of the 7.1 million people who receive services want to work but less than 2% receive supportive employment opportunities.

We know that some of the reasons people do not work is because there are -- work disincentives and benefits programs that can encourage unemployment individuals may not want to return to work because they feel they will lose their SSI and not being able to receive mental health services that they need as part of an employer-sponsored plan so those are things considerations when you work with an individual was receiving benefits related to the mental health.

I want to point out, I have the wrong citations and under the resources section, of the Adobe connect there should be a file that gives you the correct link for the report. The correct citation for the data that I presented --

Moving on, some of the challenges related to employment maybe type of educational achievement as well bursar -- this affects you as you work with people with mental health conditions is an understanding of educational achievement levels of individuals you are working with. We know that mental illness is related to early termination of schooling at all levels, the highest proportion of terminations is attributable to mental health at high school about 10%. Substance use and destructive disorders not surprisingly are more related to early school leaving and to mood disorders, this is because these are problems that are not interfere with school-based activities and to bring attention to the individual unwanted negative attention to the individual.

We know that socioeconomic status is a significant factor between mental disorders and educational attainment. Having fewer access to resource, result in less positive outcomes.

Another issue that I think is important to acknowledge his high relationship between people with mental health conditions and criminal justice involvement. This is something that may play out in terms of challenges that you may face and working with someone who has a mental health condition and who may have also had involved with the criminal justice system, the statistics are grim, the citation that I have is a state survey, it estimates that about 10 times more seriously mentally ill people are in jails and prisons than in hospitals, 356,000 in jails versus 35,000 state psychiatric hospitals, and 44 out of 50 states the prison or jail in that state holds more people with serious mental illness and the largest remaining state psychiatric hospital, approximately 40% of the people with serious mental illness have been in jail or prison at some time in their lives, it is nearly half of the individuals with illness and some kind of criminal justice involvement. There are those who argue that we moved away from deinstitutionalization in the 1960s to transit the two solution in prison in jails is we don't fund our mental health programs adequately so people do not receive services they need and end up being involved with criminal justice systems.

This is something that may play out if -- as you work with individuals.

Will talk about how mental health affects people's lives more broadly, we also want to talk about another important consideration which is how mental health conditions relate to cognitive status, as you'll see, a number of the recommendations we have related to assistive technology are related to cognitive supports and you'll see why in the next couple of slides because cognitive status and mental health conditions are strongly related.

People often make a distinction between cognitive disability, how we think and mental illness, how we act or behave or believe, but these two things are quite interrelated. Some researchers have been hypothesizing that cognitive disabilities support or maintain some of the behaviors seen in people with mental illness.

For example some of the hypotheses for people with schizophrenia include poor executive functioning which relates to planning and awareness may be linked to incite of about your illness or about your mental health condition, and lack of insight that underpin some of the poor medication compliance that we see, self injurious behavior and so on. Another hypothesis is that for working memory the underpin formal thought disorder and derailments, it needs and care capacity to sustain the coherent discourse and so there is some belief that perhaps part of that is underpinned by poor working memory. The important point here is that the cognitive status may underlie some of the behaviors we see people with mental health conditions, I will show you some more data about the relationship between cognitive status and mental health conditions.

Let's talk about some of the cognitive changes that might affect a person with mental health conditions, they are the same that can affect anyone, cognitive impairment is when a person has trouble remembering or learning new things, or making decisions that affect their everyday life. These can range from mild to severe, they include impairments in memory, remembering things in the past, re-collection of past episodes, and prospective memory is where we are remembering to do things in the future sometimes we talk about this as remembering to remember so remembering to perform an intended action when we intended to perform it, a lot of those are event-based and triggered by cues.

The kind of prospective memory is really important in employment situations.

Other places where other aspects of cognition back in the impaired include executive functioning, this is a compilation of a number of things that includes planning, self-monitoring, problem solving, self initiation, etc. Then switch task was appropriate or necessary, and being able to sequence tasks or organize tasks obviously executive function is critical for employment.

People may also have difficulties in sensory processing so visual processing, auditory, and then they also have difficulty in social and behavioral settings difficulty understanding social cues, and being able to respond appropriately.

We know that broadly cognitive deficits are primary barriers to employment for many people with disabilities, for people with multiple sclerosis, acquired brain injury, intellectual disabilities, these are primary barriers and we know the cognitive deficits make thinking more difficult and requires more effort and vigilance and contributes to the teeth, we see reduced speed of information processing, Limited working memory, all of these play out and working environments and negative ways.

The last thing I want to talk about related to cognition is this really messy table that you will not be able to read so I want to show it to you because I want you to see the data underpinning the relationship between cognition and mental health conditions, it is complex the relationship with another helping cognitive disability is quite complex, different conditions have different profiles of cognitive deficits, in this table we tried to highlight two things first there is variation between different types of mental illness if you look at the top and read across you see major depression, bipolar disorder, schizophrenia, I will interpret this table for you but those top rows are focused on mental health it also shows some similarities between some types of mental health conditions and other conditions that we consider to be related to cognitive disability so if you look at the bottom you will see Parkinson's disease, Alzheimer's disease, and these are things we do not consider to be mental health conditions but we do think of them as having potential cognitive disability as a part of those conditions. So let me give some examples this table the red cells represent areas of cognition that are considered core or severe characteristics of that disorder, yellow are considered common characteristics the gray cells are considered to be present but not really pronounce or typical and green cells are characteristics that are usually absent or not document in that condition. These ratings were developed at a review and you see that citation at the bottom.

If you look there were representing schizophrenia and you read across you see the core characteristics include increased attention and vigilance, that is in working memory, deficits in executive function, deficits in episodic memory, and verbal memory, and in language, visual memory, their common characteristics of procedure memory is considered to be present or not pronounced and so on take away is to look at that and realize that there are research showing that there are cognitive impairments associated with having schizophrenia. That is one chick thing to take away.

Another example if you like to take a look at major depression of the top row, you can see the differences in processing speed is the only core characteristic, Dennis's inattention and vigilance and working memory and verbal memory are common characteristics where is deficits and semantic memory and procedural memory are present but not pronounced and deficits for extension are essentially absent or not documented

I showed you this because I wanted you to see there are those variability but there are strong relationships between cognitive impairment and mental health, if you look at the bottom it is interesting to note that if league condition that we do not category is, whatever his duties we see a profile that's different also has a lot of overlap so if you look at the overlap between schizophrenia and Alzheimer's, is a strong overlap between the core characteristics of Alzheimer's and schizophrenia in terms of the kinds of cognitive impairment that people experience, people of Alzheimer's have more deficits and semantic memory visual and verbal memory, they point to get this table is different types of mental illness have different profiles of cognitive disability and within a category dictate there can be variation but note that the -- the deficits can be significant and being on a par with other conditions that we can second Bush [ Indiscernible ] Blessing I'll say before turn this over to Maria's combination of cognitive and behavioral characteristics that people of mental health conditions have resulted in people interpreting their behavior in ways that maybe less than positive, so we see for example an individual who has depression horse racing thoughts and have difficulty with concentration, or somebody who has fatigue because of the medications they are taking a perceived as someone who doesn't concentrate well we might see people interpreting the behavioral challenges of some be facing as China don't have good memory organization or the mood changes and then a -- be consistent or agitation may take some you think that they are unpredictable, so part of our job is to work with individuals to help them manage some of the challenges related to the cognitive aspects of mental health conditions that have, and we will talk about how technology might be used to support those things. >> When we look at with all conditions and the use of this at the technology there is a lot of research that is out there, identifying how AT is used for people who are experiencing cognitive disabilities, however none of that information really focuses on how individuals with mental illness have had all occurring cognitive disabilities that are actually using this at the technology, so information that was shared that we do see an overlap of individuals who are dealing with various types of mental illness, present with a variety of different types of issues pertaining to -- falls into the category of cognitive disabilities and affecting the day-to-day function in all aspects of their life. So it makes sense that if we were able to apply the use of assistive technology for individuals that have cognitive impairments we would likely see an improvement in functional outcomes with individuals with mental illness. The last bullet point guys really important to take under consideration, individuals who have mental illness and are continuing to have they give you get symptoms pertaining to unstable mood or hallucinations it is important that to note that AT should not be introduced until that individual is stable and the medication has been addressed and also continuing to get support mental health professionals.

This is highlighting a study that was done in 2013 pertaining to the people of mental health conditions use technology. The study had 1500 had 1568 individuals 58% with schizophrenia, 22% with bipolar and 14% with major depression, 28% who identified as having substance use disorder. Of those individual 72% owned a mobile device, 12% less than the general population, device ownership among those individuals who identified as having mood disorders were looking at 86%, those with schizophrenia, slightly less individuals with schizophrenia are using technology. 81% of those who own a device and 62% of those who did not express interest in receiving mental health services via mobile technology in the future.

It is not surprising that the study identifies that a common barrier to ownership of technology was the cost.

In this study in 2016, a small study of incorporating 457 individuals, 90% of them surveyed own more than one DigitalGov is whether that's a tablet smart phone or personal computer, 50% have access to smartphones compared to 64% of all Americans. >> Two people with mental health conditions use technology? If you look at this information, many of the respondents use their devices for various reasons to cope with mental illness.

Some of those can be crossover applications, 42% were using the technology to monitor or manage hallucinations through usage of audio files and listening to music. 38% were using their technology to get health information on the Internet. 37% for calendar reminders, getting them support being able to manage their day-to-day schedule. Another 30 Another 3032% of them were using their technology to help with their transportation independence, medical management 20% are using technology to help with reminding them when it's time to take their medicine.

26% identified using it for supporting others. Another 26% develop relationship to other persons, identifying support networks to help them cope and talk about and getting feeling like they are not the only ones in their inner circle who have this issue.

25% for monitoring systems, and 24% were identified using the devices were coping strategies.

How can technology help? We will dive into more specific specific technology based on these categories that you say, we broke this down into different main categories, individuals who have mental health disabilities often times will have significant challenges in cognitive functioning so the technology that is out there can provide assistance in scheduling management, whether that's calendar or also executive functioning skills and memory, being able to hold down a job and being able to remember the past that they have to do at the workplace, oftentimes depends on the level of cognitive issues, they might require the technology to help them.

Calming and reducing arousal, there's a number of technology that is available where people can have those are experiencing burst in anxiety, whether it's a situational issue or it's just anxiety just comes out of nowhere, providing soothing actions where they can turn to that type of technology to calm himself down, for individuals who might have some behavioral outbursts and have a hard time managing their anger, there's technology that is available to sort of distract them so they can come back to a place of calm is and be able to focus other attention to the task.

The next category is focusing on self-management, this is the person does this require somebody to be a stew and aware that they are experiencing these issues in regards to their mood and behaviors because they will be entering that information and to whether it's in app or a device that they are using for support. So we talk about trackers and so a variety of apps that can be loaded where the individual who needs that support will enter information regarding how they are feeling and what is the level of stress.

Then they can be shared with the healthcare professionals.

Safety and monitoring, this requires them to assess where they are at and what they are experiencing, and then giving given information and resources over they need to reach out to when they are feeling those feelings, there's a lot of information of how sleep can be disrupted when people are having significant issues with the stability of health issues, and also the type of diet that -- the food they are consuming 10 effect only the medication also their sleep so there is technology that is out there that they have input as to the type of food, the calories got into these devices. As well as how many hours they have slept, a lot of the technology will ask them and prompt them with questions that have to provide information to.

Tomorrow I will show you a device or to, these devices similar to many people are now wearing FitBit's or activity trackers, that's an example of a passive system tracking device were making give information about your pulse, you might realize my pulse rate is going up because of the situation, and also being able to monitor and give information about the reading, that's how we the -- that's how we would be fine passive tracking,

in regards to using technology will not spend a lot of on Friday talking about skills training Scott technology such as the use of virtual reality, but there are situations when virtual reality is being used to manage anxiety and stress, so this provides you information at this type of solutions for interventions that are available, educational products are available depending on the needs of your clients to build up skills in the areas that they have functional limitations. It was management is important, there are connections with peer support and also a trained health provider that allows an individual to reach out and contact support groups not just within your own community but a lot of these are also available nationally and individuals participate through Skype to get the support they need.

What kinds of technologies are out there? Friday will provide you with specific devices, dedicated devices as well as mobile technology, that is available so with the popularity of digital and handheld devices, there's a lot of usage crap which acts on smartphones, and use of smart launches to help with voters were x-rays and various types of cognitive issues, these are smart watches, to provide scheduling support or reminders, for medication reminders, appearing of the smartphones with a variety of location beacons, it is becoming very popular for use in individuals who have cognitive deficits, some of the individuals are actually having access to more than one device, someday has a smartphone, 70 might have the somebody might have their tablets or computers so we're not having to have the mobile need they might be -- access to these apps and to these devices in their home.

Sound machines are becoming popular where they are able to use audio sedation tracks both on their mobile devices as well as dedicated devices that are out there that they can have by their desk or by their bedside to help them when managing stress.

Videoconferencing and social networking those are where individuals can find through the Internet social support groups based on their diagnosis and have that kind of networking capacity not just within our community than have the ability to reach out and have support. >> Built-in accessibility software programs, this is important to know that because of the types of issues somebody who is experiencing mental health issues, sometimes the level of concentration and the ability to poor recovery mission can be impaired, and so being able to visually scan -- who have mental illness and are in school and have reported that the medication is affecting their ability for visual scanning, so being able to read them towards text-to-speech programs I found in working with these individuals to be really powerful, to allow them to be successful as they go back to school.

Do not underestimate the power of low-tech technology, some individuals can benefit with having the service animal, such as for individuals who are visually impaired, an animal can provide calming and anxiety reduction in stress reduction for some individuals who identify as having those challenging areas. Using things such as earbuds or noise canceling headsets for individuals who get really distracted and agitated with environmental noise. And using pad and paper, assessing whether or not those individuals that you're working with we do not want to create -- we do not want a T to be a barrier. -- We do not want AT to be a barrier. >> This is adding on to the previous slide, it is important -- 50% of all AT is abandoned, we need to focus on the process, we need to look at what the functional barriers are and not just throw AT at the person so we need to look at where they will be using the AT it might be that the person because they will be having to use AT in more than one environment, at school than you might need more than one type of assistive technology.

Reaching out. Maria Kelley -- AT program can be invaluable tool for you because they often those they will have access to the AT where you can borrow it and try it out with your client to see if it is actually going to be a successful tool for them and that's a significant cost savings for your organization because you do not have to buy the equipment we haven't active agreement with our VR in our state, and we have saved them money in fact that they actually reach out to us and use this regularly in trying out equipment with her clients, we just go back and reevaluate as to what is needed. >>

Looking at once they acquired the AT added a successful and this is where oftentimes things can fall through the cracks, do not forget you need to check in with them and being able to identify those provide them with the resources on equipment breaks down, what steps do they have to follow in order to get that AT back up and running with her that's funding, they know the resources who to reach out to, because if they really are dependent on the technology, then if it breaks down and they do not know who to reach out to, and what to do, then they can have significant reduction of visible outcomes.

Reiterating, this is getting -- finding somebody a provider that knows the technology is really important and that's part of putting a good assessment, if you do not know, in your area than that's when I would encourage you to reach out to your AT programs in your states, and focus on function not just the technology is vital and we look at the ranges of options that are available, I mentioned the high-tech but there is medium tech, the client might need low-tech, for one situation and something that's really more high-tech so again, it depends on the needs of individual and matching the solution to the person, I'm not going to really emphasize high-tech solutions to somebody who is really afraid of technology because that would result in something that's not going to have successful outcomes, reevaluating and making adjustments as necessary.

As we implement the solutions, really the ongoing support is needed in being able to keep that successful outcome going and without it individuals are not going to have the full benefit of these this is the technology so the lesson we want to do is assume by giving them the technology that will be successful, and the training really needs -- needs to be structured and ongoing, it can taper off as a person becomes more independent with the technology and I have found -- if I get training that incorporates real examples, but he retained that information a lot better than just scenarios and so that's been my experience.

That's what we have to present for the day. Were happy to take questions and hopefully many of you can join us on Friday where we will take those categories of technology solutions and we walked through examples of how you might use technology for cognitive support and for self-management and we will talk about symptom tracking as well.

Questions?

Thank you for your presentation. We have a couple of questions here, do you have a list of devices that might be categorized for different mental health conditions? Do you have a reference page somewhere that we could share with the participants today?

Yes and no. Yes we do not have one, we do not have that on Friday we will work through examples that relate to those categories, which are not mental health conditions focused, I think in general we probably would not develop a list that was focused on mental health conditions per se because there is so much variability within a condition, but what will probably -- more useful would be a list of the focuses on function and challenges so if you're able to join us on Friday you can look at that PowerPoint see if that gives you close to something you want and if not, we can surly talk with Katie about the possibility of developing something a little more structure by this point we do not have anything

A lot of this is really looking at the functional limitation so if your work with somebody who has a diagnosis of bipolar then yes.

For example if you're working with somebody who is bipolar and they had issues with attention, and concentration, then we look at technology that might have cost cross application similar to what somebody who has a genetic brain injury so we do not list it out that way. We listed by function.

Thank you. Vermont has a similar agreement with VR in the technology program. >> Do you have a suggestion have to introduce the use of these devices and apps and appointment setting and had to educate employers to allow accommodations like this? >> [ Indiscernible ] similar to my answers the question about learning disability so a person with learning disabilities similar to mental health a lot of times employers think that they have issues with -- they cannot concentrate they are not paying attention, they cannot keep a schedule straight, so have a self disclose with the barriers are with the challenges that they are experiencing. That is the first step and explain to the employer in order for me to be successful, I need this app or dedicated device, so I can better manage my schedule or remember when my deadlines are due. So oftentimes for employers, their concern that is going to cost them a significant amount of money, to accommodate the employee and oftentimes that is not the case. Having an open dialogue with all the parties involved is really the first important step. >> Were getting a lot of questions related to the PowerPoint so we need to briefly explain that you can download the PowerPoint in the box on the lower right corner of the screen, is a PDF of the PowerPoint presentation from today, you can also get this PowerPoint on the ExploreVR.org site and if you need an alternative format you can email us and we can provide the format and the alternative text as well in terms of registration questions for the next webinar, I can work through that I will have to emails registered so I can send those manually in case you are not receiving those to the automatic system so I will make sure you can get access to that webinar on Friday.

We have addressed all of the questions, related to the concept and the presentation today, thank you I think it was a great presentation I will go to the next screen which is the contact information. The Washington assistive technology act program. In case anyone has any other questions, this is the phone number and email address and website. >> This will take us to the evaluation screen. Here is the evaluation for today's webinar. On the resource link box has the resources, including the ExploreVR toolkit, there's a link to the webinar evaluation in that resource link.

That is it for today. On Friday at 2:00 Eastern time, 11:00 Pacific time will presenting part two, of this webinar, both parts one and two will be archived. Thank you.

Thank you.

See you on Friday.

Goodbye. >> [ Event concluded ]