Good morning and welcome to employment with people with multiple sclerosis. It's a one hour webinar. At the completion we will make it available in the on demand area for those who need it. My name is Freda and I'm with the University of North Texas and UNT WISE within the College of health and public services in the Department of rehabilitation and health services. Behind-the-scenes we have technical support and for those of you joining us on the Internet look at the webinar control panel on the right side of your screen. Find the question box and use the drop-down arrow say hello to me and give me a smiley face and let me know you can hear my voice. That's great. Thank you. Getting some messages here. This is the area you will use to ask questions to our presenter. If you have them in there jot them down and don't worry about misspelled words. Just jot down the question and I'll get you an answer. Thanks for letting me know you can hear my voice. If you are calling in today and I want to make sure in case someone has to switch off, if you are using telephone to listen to us, send us an email at UNT WISE at UNT.edu. We want you to receive credit for your participation and at the end I will let you know how to get the credit. Right now let's introduce our presenter. We have Dr. Benson Kiyanjui. Benson has 33 years of experience in disability management and employment services for people with a wide range of disabilities in the public and private sector. Part of that experience includes 12 years as a Vocational Consultant in disability management of injured workers and 11 years as a Certified Brain Injury Specialist and Rehabilitation Counselor in an outpatient cognitive rehabilitation program. He has also worked extensively with people with visual impairments and spinal cord injuries. Additionally, Benson has a combined nine years’ experience as adjunct professor in the Masters in Rehabilitation Counseling (MRC) program at Wilberforce University and as an assistant instructor in the University of Kentucky MRC program. Benson is a Certified Rehabilitation Counselor, a Certified Case Manager, and is a Diplomate of the American Board of Disability Analysts. His education includes a Ph.D. in Rehabilitation Counseling and Special Education, a Master’s degree in Rehabilitation Counseling, and two Bachelor’s degrees (Special Education and Learning Disabilities). He has published several articles and book chapters on disability-related issues. Benson, it's great to have you here and the floor is yours.

Thank you and good morning everybody. Thank you the kind and generous introduction. Today we are going to discuss employment of people with multiple sclerosis. I always want to make a disclaimer at the beginning of the webinar that it's a discussion. We are talking to people who have a lot of experience and some of them a lot more experience than myself, especially in the placement field and its an opportunity to share and listen to each other and maybe learn a few new things and share with others what we know. Unfortunately it's not a classic situation where we can all talk to each other but we will have questions at the end and also comments and viewpoints you may have that would be beneficial to us. I don't want to come here as the expert or know it all. There’s a lot I don’t know and keep learning. That's on a day-to-day basis. I have probably had a little bit more exposure in some fields like for example in the area of Multiple Sclerosis, probably more than a few of you. Some of you might have more experience in the area and have worked with people with MS in placement and what have you so look at this as an opportunity to discuss this. Let’s bring ourselves up to date on what is going on. Our discussion will include a brief description of MS and the incidence. How it manifests itself and affects employment. Attitudes towards employment and why people who have MS or those who work with them, the benefits of employment and we will look at the challenges that surround the employment of people with MS. We will talk about common accommodations available and can be
utilized by people with MS. We will talk about alternative employment and also discuss the role of vocational rehabilitation counselors placement specialists who work with people who have MS. First and foremost and I'm probably talking to people who know a lot about MS, but MS is a chronic autoimmune disease of the central nervous system. Usually it causes destruction of the [Indiscernible] which is the installation of the nerves. It is a protein that protects the cells. You think of it like an electric wire that has insulation on it. So in the copper wire, the wire inside is exposed and the wire in this case is the nerves. When that sheet is destroyed, signals traveling through the nerve cells are interrupted or delayed. That results in various neurological symptoms occurring throughout the body. The progress and severity and also the specific symptoms of MS in one person cannot be predicted. There has been a lot of science but up to this point no one has been able to clearly predict how MS will progress and the affects on the patients as they come and go. And research is still going on. MS is often flareups and they are sometimes called exacerbations or relapses. So typically we talk about exacerbations and remissions. Permission is when the disease seems to have disappeared and the person feels normal and you won't know the one that you saw a short time ago in a wheelchair or showing symptoms of MS. That symptoms may be my old. In may just be numbness in the limbs. Or it can be very severe such as paralysis and loss of vision. Possible symptoms include fatigue, lack of energy, loss of coordination because when you are talking about the central nervous system, muscle weakness, numbness, and can affect speech so that the individual demonstrates slurred speech. Awesome visual difficulties and also issues with muscle cramps. Also bladder and bowel problems can occur. That depends on what stage the individual is at in the MS and also sexual dysfunction depending on the severity of the relapse. Usually the initial symptoms of MS are often difficulty in walking. And that is why at the beginning some people may not know they have MS. They might think they have a different condition or issue. It takes time to be diagnosed because they may be looking at different things depending on the symptoms of the individual. They may feel normal sensations such as numbness and tingling and decreased vision. The decreased vision is usually caused when the optic nerve is affected. That usually called optic neuritis which is inflammation of the particular nerve. There may be tremors. It may be a lack of coordination. Symptoms that looked like a stroke and cognitive functioning can be affected. It could be memory. It could be decision-making depending on the severity of the disease. It affects the brain and spinal cord and optic nerves and of course that results in other types of the body being affected. The demographics of this disease, for those of you who need to be reminded, more common among people of [Indiscernible] origin. It's not a topical disease. The further away you get from the tropics the higher the incidence of MS becomes. You can look at it as a cold weather disease. More women than men are affected by MS and depending where you read the statistics will show a ratio of 2 to 1 which is two women for every one man and sometimes three women to everyone man. So we can safely say it's about 2.5 women to each man. No one has been able to clearly understand why it affects women more than men. Most of the diagnosis is made between the ages of 20 and 50. That means these are the prime years of individuals when they are working and growing their family. That's what makes MS a very devastating disease because it appears during those prime years. We are told there are about 2.5 million people with MS worldwide and at least 1 million of them are in the U.S. These are statistics from four or five years ago so the numbers might not be as accurate at this point. We can only speculate that the numbers have increased, not necessarily decreased. There are four types of MS. The most primary one is called relapsing remitting MS usually called our RMS. That affect about 85% of people who have MS. It’s the most common. There is a second one that is called secondary progressive MS abbreviated as SPMS and it affects a smaller percentage of people with MS. The
symptoms and that one are worsening more steadily over time with are we without relapses. And I should elaborate a little more on the primary one. The RRMS, being the most common one, the symptoms usually include temporary periods of relapses followed by flareups or exacerbations. That is when new symptoms appear so it comes and goes and then comes again and goes back. During that time, there is progression and increase in severity. What we see as with every new relapse, there is going to be a little bit more involvement and more disability than the previous relapse. And it goes away and the person appears to be normal and when it comes back another time it will see a little more severe. So a bit of progression going on, but not as pronounced as with the secondary progression MS. The third kind is primary progressive or PPMS and occurs in 10% of people. It is usually a slowly worsening of symptoms from the beginning and does not have relapses or remissions. It is a study progression of the disease in the individual. They become more and more disabled as time goes by. And the last one is progressive relapsing and it’s very rare and is characterized by a steady worsening of the disease, but faster than the one we talked about before. There are no acute relapses but has remissions and there is no recovery. So when they get into a relapse it stays that way. They are talking about a new type of MS that was supposedly discovered last year in 2018. This is being referred to as MCMS . It is not like regular MS that we talked about before. This involves the death of the cells. It’s when the cells just die. Were not talking about it being depleted but the cells just die in the symptoms become very much like MS. There are not a lot of details on the progression but I suspect it’s more severe than the ones we talked about before. We are talking about employment of people with MS which is the primary topic today so let's talk about that.

>> I’m sorry. I need to interrupt you. I failed to tell participants where to get the handout. It's further down in the question box you see a handout and there is a drop-down menu. That's the handout there and I need you to forward your slides because we are still on the main slide. If you want to forward that I think we are on slide number four at this point, which is MSN employment.

>> Thank you so much.

>> I will mute myself.

>> My apologies. I was clicking the down arrow and did not observe to see it was not working on my end. Talking about employment, at time of diagnosis, 90% of people who are diagnosed with MS are working. About five years after diagnosis, only about 30% are working. So that tells you there is high unemployment among people with MS. People with MS do want to work. All studies have shown that by the time of diagnosis they would like to work but they are not able to or at least they perceive they are not able to. The need for employment has been the primary unmet need among people with MS. There have been one or two studies that I was involved in 2015 and 2018 and there was an indication that people with MS indicated employment was among the highest need that was not being met by service providers. 75% of those who are unemployed would like to work. That's what the numbers show. About 50% did not want to stop working at time of diagnosis. They wanted to continue even with the disease. We need to remember that once an individual is diagnosed with MS, it is devastating news because of the perceptions that everyone knows about MS. MS, ALS, and Alzheimer's as well as other diseases of the brain and other systems are usually devastating. When someone gets that diagnosis, the first thing that comes to their mind as I will never be able to work again. They focus on that and fail to think about if there are any options that can enable them to work. The 58% we are talking about here are those who even at time of diagnosis wanted to continue working. They say I know I have this disease but I'm going
to continue working. And then 58% said they want to do the exact same tasks they are doing and did not want to reduce the number of hours or tasks they are performing. We will talk about that on another slide. The reasons for unemployment and why we have such a high unemployment rate among those with MS is primarily the perception that people have. You would be surprised because the primary reason is they cannot perform the task or hold a job. But perceptions of being unable to work or being totally disabled at the time of diagnosis are actually the primary reason why people with MS end up not working. The functional limitations that come with it, the ones that they feel or their doctors tell them to expect are usually mostly physical in nature. People with MS will look at those and compare them and say I will be able to do this anymore. This is because of physical issues. A lot of the time they do not think about the mental capacity that is still there that can help them to continue working. So miss information and lack of information especially about options and what is available out there as well as rights that protect people with MS, those usually don't come to mind at the time of diagnosis and that's a primary reason why unemployment is so high. And we talk about this is a result of people quitting their job. So they could be retiring or think I can do this job because of this diagnosis so they leave their job. There is a major focus on negativity when one is diagnosed with MS.

>> With all people with disabilities, people MS want to work. They want to work because work provides soap accomplishment, it's a social self actualization. One study I was involved with in 2015 showed that people with MS reported that employment is one of the main sources of social interaction and involvement. It fulfilled their need for social participation and support and is a critical component of subjective well-being. They saw employment is a major contributor to quality of life. They want to work just like everyone else. They want independence which is financial or social. They want to work because of quality of life. When one is working, they keep their physical status going and there mental status going. If you don't loose -- use it you lose it. So if you stay at home with the disease it usually leads to a worse status. Employment provides identity. Also social relationships and psychological reasons. It gives the meaning and purpose. It is for their mental health. There are challenges to employment which we will look at next.

>> The primary challenges to employment for people with disabilities, and these are the actual ones. We were talking about perceptions before but these are actual challenges. There are difficulties with vision. It could cause partial visual impairment during exacerbations. Also speech may be affected. If you are working in a job or speech as a primary function then they might not be able to continue performing that particular job. Mobility can be an issue. May need to use a wheelchair or walker. If their job involves a lot of movement that can limit the capacity to perform that particular job. Also fatigue as part of the disease. They might wear out and can’t do an eight hour day like that used 2. Also bladder and bowel control. It can affect situations if you are doing a job where you have to sustain attention. Maybe they are lecturing or teaching and need to take frequent breaks so it could be an issue. Also cognition can be affected. If your memory is fading it could be a functional limitation to employment. The primary reason -- the challenge of people with MS as far as employment is concerned is the unpredictability of the course of the disease. It comes and goes without warning for the majority of people with MS. The relapses and remissions come without prior warning and they are not ready and we cannot predict that I will take a break in June and July because I will be having a relapse at that point. It comes whenever it wants to when it may come frequently or very rarely. You could possibly not have it for years and then it comes back. It makes it difficult because employers their employees to be predictable I want to know what to expect so they can plan for business. The presence of MS triggers which are things that cause
relapses. We are told that stress is one of the primary triggers for MS. So you want to work somewhere less stressful because you will have more frequent relapses. Also working in a very hot environment, MS does not like hot environments. That can exacerbate or bring on relapses. Fatigue can also cause triggers, if it's a physically demanding situation. Also infections. About one third of flareups in people with MS are brought about by infection. These are working environments that are prone to infection like hospital situations or unclean environments, they will have more frequent relapses than if not. And here are more challenges to employment.

>> These are on the employer side. The job may not have opportunities for the person with MS to continue working. For example, they may not have long-term disability or short-term disability. The company may not provide FMLA for families or even themselves if they wanted to take leave. That leads to premature termination at the diagnosis and of MS or shortly thereafter. Some companies may have firmly set part-time and full-time our requirements. They might say for part-time you must do this many hours and you can't do less than that or they might say you have to be full-time and cannot be part-time. That can bring difficulties for people with MS because some accommodations might involve being allowed to cut down their hours especially when they are having relapses or to prevent a relapse especially when stress is involved. The employer might be unwilling to provide accommodations. They might be unable. Employers with less than 15 workers are not covered the accommodation so if the individuals working with a small employer they will probably not be covered. Essentially they are on their own at time of diagnosis. The employer may also not be flexible with time and accommodations. They might be even misinformed. They say at time of diagnosis that you're not going to be useful anymore to the company because you are disabled. So let's -- many employers need education about how the disease progresses so they can make WISE decisions working with people with MS. There is lack of planning. This is a tough issue because at the time of diagnosis all the individual sees is the bad news and the end of the road for them as well as how their employment is concerned. There are no external people involved like vocational rehab people, social workers who could work with that person, people who work with placement are usually not involved at that point. Usually between the person with the disability or has been diagnosed with MS and the employer. So they will try to continue working on their own. They might pursue an unrealistic plan because they have needs. They might have a family to support. They think they will be able to work until they cannot anymore and at that point, that is when planning should've been done but it doesn't happen because of circumstances that the individual is going through. There's also lack of support. There are no external people helping so it usually ends up with the premature exit. What we see with people with MS is a lot of hindsight. The diagnosis comes, they think they can't do anything and perceived they will not be able to work and they lose their job because they quit or are terminated or go into retirement. And then a little later there is remission and they look around and say, I can still work. I should not have quit that job. If I knew this was how it was going to go I would not have done that. So a lot of premature exit from the workplace based on lack of knowledge and ignorance. As far as challenges to maintain employment with people with MS, we have talked about funding cuts to state rehab agencies. You could be on a waiting list even after you realize you need vocational help or counseling. They might not have funds available for them and they might have to wait a long time before they start receiving services. Let's look at accommodations that go with this particular disability.

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We have a few comments about some of the things you have said to. One was in relationship to the challenges you just spoke of of people exiting early maybe they might exit because they have not been diagnosed but have symptoms and are not knowing what is going on, which I have limited knowledge of MS but I understand the diagnosis can be difficult.

That's very true. Sometimes people before they even have the diagnosis because they have issues going on and are missing a lot of time at work, so they could be terminated. So go take care of this and when you are okay we will consider reemployment or you can come back. Others might leave before the MS diagnosis. This we were talking about after the diagnosis.

I understood the comment because I can see both sides where the person may exit without knowing the diagnosis and understand the supports are available.

The person we see here is not what we would want to see. Ideally an individual who is struggling even before diagnosis, we would expect them to seek help from us but they usually do not because they are seeking all the help they can get from their medical provider. So unless the doctor refers them and says you have MS and at this point I want you to start thinking about your employment future so look for help in that area. They don't usually do that and focus on the fact you have MS and we have to treat you in this way. So people with MS usually come to us a little late which is what I was emphasizing. They come to us most of the time too late as far as employment is concerned. Any other questions or comments?

The other comment was accommodations but the next slide is what you are talking about so I will hold off.

I put the categories here of the primary areas where accommodations can be classified. One of them and we are assuming we are involved, so typically at this point we are not. If we get involved we help looking into these and start helping right from the beginning. So a flexible schedule works best for a person diagnosed with MS. These are things that need to be negotiated with the employer. You might need to provide the opportunity to work when they can. If mornings are rough for them, can they come in a little late in the morning and if evening is the time they run out of energy can they work fewer hours? Also allowing them if possible to work from home. We will look about that on a future slide. On the day they aren't feeling well can the call-in and take care of whatever they do from their home? Some employers may say you have to be in the office every day without considering what the things that they are doing in the office can be done outside. So a flexible schedule helps with people with MS and also modified duties. If they can look into that to see if there are tasks that can be modified and either done by other people and maybe take tasks that are more compatible with the condition that they have or how they feel during relapses. Then they can focus on low stress jobs or also ones where there is not as much demand for urgency. Where they don't have to turn everything in today but maybe can turn it in tomorrow or whenever they finish. Also consideration of the disease limitations. So modifying job duties. Also a flexible workplace includes allowing the person with MS to consider alternative positions. This can be done even without involvement but it's usually not because if the person is working hard to please the employer and minimize the effects of the disease because they fear if they show all of their symptoms, they might lose their job. So they keep saying I'm fine and I will do it. And they are progressing toward a point where they will not be able to continue and they will be terminated from the job which is what we don't want to see. In a flexible workplace, it's a good opportunity to look into alternative positions and training for them. For example, if an individual works
in an office situation and it's becoming more challenging physically, but they can help answering phones. Maybe they can look at what the person answers phones and maybe trained for that job or be in an area where they only manipulate numbers. What does a person who does that do? Maybe they are working in a warehouse with their lifting and carrying things. With MS they could move in a different position with the company and start getting the training. We are not talking about intensive training but just learning additional job duties that would help them.

Here are some more accommodations. We have assistive devices and tools. We could provide them with adjustable furniture, things like ergonomic chairs and tables. Desks that can be raised or lowered. I won't go into that too much because we are familiar with accommodations and assistive devices. They will help decrease physical stress. Devices don't have to be high-tech. They could be low-tech like a magnifier if they are having vision problems or calendars and organizers and something like a daily task list made so they can remember after this task I go to this next task so they can continue performing their job. There can also be high-tech devices like voice recognition devices where they control things with their voice. Also speech to text where instead of typing they can speak to a computer using Dragon or whatever they have. I have been seeing a lot of innovations from Microsoft the don't know if anyone has been seeing that but it seems like they always are coming up with the new device. Basically they are geared towards people with disabilities and they seem to be highlighting that a lot. Things like controlling your computer and just saw story the other day of a guy with AOIs -- ALS who is a corporate CEO and is able to continue working lying on his bed just using his eyes to control the computer. So there are high-end technical devices that can be used. They are expensive and employers may not be willing to provide those but you can look into funding that might be available. And mobility aids are things like scooters, wheelchairs or walkers. Are also stair assist. If the individual absolutely has to go up and down stairs, also grab bars throughout the whole building but primarily from the individuals desk to the bathroom and can be done just along the walls so they can walk and grab on a bar if they need to. Most of the accommodations that can be done are not very expensive.

Our role will be as vocational rehab counselors, if we are involved and I hate to repeat myself but usually by the time we are involved the person has already lost their job because there was no planning done. If we are involved, there is a lot we can do. We can help with advice. We can help the person with MS even when they are per weekly -- completely overwhelmed with the diagnoses. We can tell them what lies behind the door. There is light at the end of the tunnel. You have been diagnosed with MS and it's devastating, but you are going to have remissions and during permissions you will function as normally as you did before the diagnosis. So you can still continue to work instead of letting them dwell on the perception of this is the end of my employment. We can talk about accommodations and we can also talk with the employer about the accommodations as we just discussed. And we can start looking at those ahead of time if we have the opportunity. We can sit down and talk about the value of the individual and let the employer know it's a temporary thing that will pass and it may come back again, but there will be periods when this person will be working for long periods of times, could be months or years before they have their next relapse. You don't want to lose the individual just because of those few weeks or months of absence until they have a relapse. So these are accommodations you can provide. So it helps the employer minimize the perception of the devastating nature of the disease. We can advise the person with MS and the employer about what the ADA says the law requires so they are aware of that. We can help with planning if we are involved in a good timeframe. We can discuss alternative positions. They could possibly be within the company. We can say Mrs. Jones has MS and
will not be able to do this anymore, but she might be able to work in the next apartment. She might not be able to work in accounting, but you might be able to work in marketing or another department in the company where they will function with their illness. So let's talk about training. Can they start training now so when they have a relapse they can smoothly move into that position without having to try to train them at that time, especially when they are dealing with a relapse of the disease? We can work as consultants and advocates which we do very well. We hope to educate the employer and negotiate with them when they say they don't have anything else, we can say let me look at the jobs you have here if you don't mind. And they might say sure, look around and I'm sure there is nothing Mrs. Jones can do. You might be able to identify something they can do and negotiate with the employer like what about so and so? Is that something they can do? And they might say I didn't think about that but she's a good employee and we don't want to lose her so maybe we can give her that position. When things call for evaluation, we will step in and provide evaluations needed. They might want to assess aptitudes and might want to look into their interests and whether they will fit into a category. So typical vocational evaluations that are done, we can help with that or write job descriptions for the person who has been diagnosed. All these are efforts to see if we can keep this individual working for the same employer. If that fails, we can help with employment outside of the company or even consider work at home options.

>> Talking about being able to work with the current employer that the person has, then we have to look into alternatives to that. We can help finding jobs elsewhere. That is what we do. When you know you have person with MS, you want to think it's hard to place because of the devastating nature of the disease. Don't forget there are relapses and we are looking at what they can do rather than what they cannot do. That is the main thing in our profession is to look into what they are able to do more than what they are not able to do. We don't worry about relapses. We are talking about remissions and times they are able to work. So the person with MS can decide when to seek employment. We assume they have lost their job and if it's a small company the employer may not want them or there was a alternative employment in the company. We work with them and let them decide when to seek employment. They may want to wait until they feel completely healthy and then look for a job. We do not want to push them into looking for work when they don't feel ready for it because they know themselves better. Even if they look okay, you don't want to say Mrs. Jones and you need to go back and work because I don't see a problem. We need to listen to them and trust they will tell us when they are ready to go back. And they decide what to disclose that the interview. With ADA you are not required to expose your disability until you are offered a position and even at that point they may choose whether or not to disclose that and we help decide what to do. You don't want them to go to the interview and say I have MS and I will be gone for months on end in the future, because they will probably not get hired. Talking about career change we do vocational evaluations to find alternative work for them. We also consider what skills they have and if if they can be applied to different employment. We might also be able to help them with self employment if we think that they can. Can they start their own business for example? Can they work at home? We want to help explore reemployment with the previous employer. If they lost their job because of what we talked about, but after the relapse is gone, they look normal like they did before. So an option would be to see whether the employer they worked with can take them back. They may take them back in a different position or to train other people or even to recruit new employees are working customer service. Those three are jobs that can be flexible. We talked about flexibility early on. With recruiting you can work at your own pace. Customer service is usually at your own pace. We also may be involved in helping to test their skills or ability to work at
home. There are work-at-home assessments so we can see whether they are ready to possibly work at home. They might need organizational and computer skills that go along with that. You want to carefully consider their job options because there are many work at home employers and we want to make sure they don't make the wrong choices. There are many work-at-home opportunities that are actually scams. Many of them will get you to them and then take your money. So we want to steer them towards bona fide work-at-home opportunities and I gave a few examples. SSI and SSDI do have work at home jobs that they can look into. There are call center jobs at a bunch of companies and these are just a few examples of companies that offer bona fide call center jobs. There are virtual assistant jobs where they are working as an assistant in a position but not there physically. There are also non-phone jobs that can be performed and Google has some jobs that I was looking at the other days like companies like working solutions and also Click N Work and FexJobs. And there are Internet researchers as well. So we can come in and give them that advice and make sure they know all they need to work at home.

>> My next slide is showing some kind of a progression. The arrow moves from left to right. You might think we are talking about [Indiscernible] working full-time and hopefully they are but with or without MS, they may not be able to work full-time all the time. They may have to take breaks. Another alternative is working full-time with accommodations which is ideal. Or working full-time with a career change within the company or outside the company. Also working part-time with over the accommodations. Also working full-time or part-time applying for disability benefits. As you see the progression is showing as the disease gets worse, or more limiting, there is the option of not working. Or at least for some time. And also you could receive benefits and work. Report -- the point I want to make is don't look at it from following steps from left to right as they are. One can move back and forth within this continuum. At some point they may not be working and at other points they may be working full-time without accommodations. At some point they may be receiving benefits and working and then after some time they may got off benefits and work with accommodations. It's not a linear progression as far as employment is concerned.

>> There are many resources. If you are working with people with MS, there are quite a few which I have listed. The most popular one and the one that is very involved is the National Multiple Sclerosis Society. The Job Accommodations Network is not an MS organization but it has resources for every kind of disability including MS. And I'm sure there are others. We only have five minutes so I will open up for questions and comments.

>> We've had a few and I think one of the ones we talked about before was accommodations and a lot of times the perception of what employers have of MS is the extreme and what you see may be in the news or things of that nature and one person's comment was to make sure you educate the employer and the other employees if the person has disclosed about what exactly MS is. It's not contagious. A lot of times people are just showing ignorance because they don't understand the disease and are concerned about how it will impact them. But it's a point of educating the employer and employees about the person and the disease process. I thought that was a very good point from one of our participants today.

>> That's a good point. I agree.

>> We as providers educate so much because a lot of times it's an unknown because employees might not have met anyone with MS before or any other disease so, the other is related to diagnosis and
accommodations. The person said accommodations must be difficult because of relapse and remissions. And you put it under resources but my first thought was Job Accommodations Network has the most comprehensive ways of looking at this. So let's try this and you can always call Job Accommodations Network directly if you have a specific issue going on with an individual and want to give a specific situation to, they can be helpful in that area. And the list of accommodations you provided are the basics of these of the potential but there are so many more there. There are a number of questions and a lot of great comments if you want to talk about anything I have said.

>> No. Everything you've said is you taking words out of my mouth. That's important, and when talking to people, sometimes it helps to understand the disease better when they know people who have the disease. They might know people who they have seen and they think it's devastating and if I had that I wouldn't live and I would kill myself. It's a death sentence and the end of the world. But there are many a people out there with MS and they continue to work. When I talk to people I mention names and it usually changes their perspective. Do you know Richard Pryor? And those of us who are older, did you know he had MS? Of course is job -- he was a comedian and nobody even noticed that. And [Indiscernible] continued working. There are many others, celebrities out there. Another one that comes to mind is [Indiscernible Name] and Selma Blair has MS. They have flexible jobs so they can take time off and come back. But when people year or people they know have MS, they realize that the person looks normal so that helps a lot.

>> Definitely. That was all the questions that we had. You got great comments like very interesting topic. We get into the system for lack of better words in the provider world, someone who has had an established career and has training to back them up and transferable skills to find another job in the company like you talked about in go through progressive steps that will help maintain a new employment at the same company or a different company, but using transferable skills is critical in this.

>> Before we wind up I forgot to mention when working with individuals with MS, try to keep them in the company where they are, sometimes it's necessary to take a pay cut. If the company is wonderful benefits that will sustain them medically but they are giving them a position that pays less, sometimes that's a good option to take.

>> I didn't think about that but great comment. Sometimes we have to work to maintain our health. Sometimes taking a small pay cut and keeping the benefits is monumental. We are 30 seconds out and I hate to keep people late and you had great comments. Thanks for the presentation and great materials. We thank you for being with us today. We learned so much from you. We appreciate that. For all participants we recorded the webinar and will posted on our website. Go to the viewing section or if you want to use it for your own training within your organization you can do so. If you need continuing education credits there is a base for that. You will receive an email with the survey and tell us how we are doing and what else you want to hear about or topics you are interested in. And you will also get a certificate of completion into your using part on the next 3 to 5 days to get your continuing education credit. And please send us the email so we know you were there and you receive your credit for participation. If I have CRC online we always offer CRC credit so send us an email at UNT why -- thanks for your participation and thanks. Everyone have an excellent day.

>> Goodbye.

>> [Event concluded]