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**TURN AUTISM AROUND**  
WITH DR. MARY BARBERA

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Transcript for Podcast Episode: 007

*The Dangers of Escape Extinction: An Interview with  
Behavior Analyst Dr. Megan Miller*

Hosted by: Dr. Mary Barbera

Special Guest: Megan Miller

You're listening to the Turn Autism Around podcast, episode number seven. In this episode I interview one of my good friends, Dr. Megan Miller, who is a board certified behavior analyst, a published author and an expert on behavioral procedures that are often used for kids with autism, but that sometimes backfire, so she has a lot of expertise around what we should be doing for kids to help them reduce problem behaviors and I think you're going to love some of her insight.

Welcome to the Turn Autism Around podcasts for both parents and professionals in the autism world who want to turn things around for their children or clients, be less stressed and lead happier lives. And now your host, autism mom behavior analyst and bestselling author, Mary Barbera.

Mary: Hi everyone and welcome back to another episode of the Turn Autism Around podcast. I'm your host, Dr. Mary Barbera and today I am interviewing a good friend of mine, Dr. Megan Miller, who is also a doctoral level board certified behavior analyst. She's also the co-founder of Navigation Behavior Consulting and the CEO of Peak Aba Solutions. Megan is a published author, consultant, educator, and an international speaker. I met Megan online about a decade ago and I have presented with Megan a few times over the years at ABAI conferences. Megan and I have a common goal to get high quality ABA services in the hands of both parents and professionals around the world. So I am super excited to have Dr. Megan Miller join us today. So welcome Megan, and thanks so much for taking your time out of your day to visit with us.

Megan: Yes, thank you for having me. I was very excited to receive the invites and I always love having conversation with you. So it's exciting to be here.

Mary: Yeah. Great. So, um, why don't you tell us about your fall into the autism world, and when that happened and how you got involved with treating kids with autism?

Megan: Sure. So I guess similar to a lot of people my actual first experience with autism, I'm not really sure if you and I have even talked about this. When I was in high school, I read a book for one of my English classes and the main character of the book was diagnosed with autism. I honestly don't even remember the name of the book at this point, but it was a fictional book that talked about... It was a girl with autism and the difficulty she had and I already knew when I went to college that I wanted to study psychology, but I wasn't really sure what exactly I wanted to do and for my last year of college you have to do a practicum and I only had two choices. I had the Cleveland Clinic Center for Autism or a mental health facility, inpatient. And two reasons I chose the Cleveland Clinic.

Megan: The first was it was right by my house. It was a five minute drive away and the other place was like 30 minutes away and I also just thought back to that book that I had read and it was really interesting and I thought it'd be cool to learn more about autism. So I worked there to do my practicum. Just taking data. I would say at the time, this was back in 2003, it was more behavior modified and definitely, yeah, EIBI based on the low cost model, but I wasn't learning much about true behavior analysis at that time. They obviously don't operate in that way anymore. To my knowledge it was still making fantastic progress, but it was definitely more older technology and things like that because it was 15 years ago and even with that I was still fascinated to see the progress that the children were making with the simple procedures that were being used based on the science of learning.

Megan: So they asked me if I would do in home services while I was finishing up my undergrad. So I did that for about six months in the Cleveland area and I was planning to go get my psychology PHD in clinical psychology, but I didn't get in to a lot of the Grad schools that I applied to. Nobody had told me how difficult that was even if you were a good student. So I was a little disappointed and I decided to take a year off and live in Columbus, Ohio. And what do you do with an Undergrad psych degree and that there's not really many jobs for that. So I was thinking, oh, I could just work for families doing what

I'm doing in Cleveland. I could do that in Columbus. And there was job boards and things like that at the time. So I just found four different families to work for. It was set up with a model back then, which exists in some places still now where the families all had to pay out of pocket. They would hire a consultant who was not a behavior analyst at the time. They were just someone trained in autism and behavior analysis in terms of what Lovaas had been doing with the EIBI and...

Mary: And when you say early, early, early intensive behavioral intervention. So that is EIBI, which is is, it's just basically it. No, that's okay. I just wanted to clear that up for people that are listening because I know as behavior analysts, we tend to throw a lot of jargon out there. So yeah, EIBI is basically intensive behavioral treatment for early kids. So you know, three to five, two to five year olds is, is usually considered like more of the EIBI stage, right?

Megan: Yep, Yep. And those, that was the age I had an 18 month old, a two year old and a three year old and a four year old. So. But I. So I worked for that year and I loved what I was doing and I loved seeing the progress that they were making and what I was learning. The families all paid out of pocket so I was just working with each family and they would pay me. And then I was fortunate, one of the consultants came to a session one day and the parents congratulated her on getting her master's degree and I was, oh wait, what did you get your master's degree in? And she looked at me like I was crazy and she goes, behavior analysis, what would I do? Why would I do anything else? And I didn't know at the time my Undergrad was at such a small school that that was even a field of study.

Megan: I just thought, you know, I loved what I was doing in the homes with the families that I was working with, so I immediately went home and searched behavior analysis, found that Ohio State had a program which I already knew because that's where she was graduating from. Wanted to apply and their deadline for application had already passed for the year, so I found Florida State University. It was the only school I applied to and I applied and went and the rest is history basically. So.

But while I was there, their program was behavior analysis and it was a very... It's a very good program focused with the science of behavior analysis. That's the focus. I obviously went because of my passion for autism and I was reminded frequently that I was in a behavior analysis program, not an autism program, so it was nice because I was forced to learn about things outside of autism that could improve the work I

was doing with autism as opposed to going somewhere where all we focused on was autism and I was trying to learn the science on the side. I was able to develop my understanding of behavior analysis and the science at a really deep level.

Mary: Right. So some people don't realize that ABA is more than just treating kids with autism, so ABA, applied behavior analysis is the science of changing socially significant behavior and that that can be in a lot of different fields. However it is the ABA field in general really got started because of Lovaas work and more importantly, Catherine Maurice's books, *Let Me Hear Your Voice* and *Behavioral Intervention for Young Children with Autism*. So I would say, uh, I know 80 percent of behavior analysts work in the field of autism. Would you, would you agree with that?

Megan: I would say it's definitely around there. I mean I served as the clinical coordinator for Florida State's program and the graduate students that would come in and we would have 15 to 20 students starting every year and maybe one or two was interested in something else. Everyone else that was there, it was for autism, you know, they were there to get their masters in behavior analysis, but the reason they applied and came was because of their interest in autism. So I would say 80 percent is a pretty good estimate just based off of that history.

Mary: Yeah. So, um, I know we've known each other for years and one of the past few years, maybe two years ago, another behavior analyst Matt Korea, started a podcast called *Behavioral Observations*. And you can find out more at [behavioralobservations.com](http://behavioralobservations.com) about his podcast. I know I was on episode number 12 and I know you are on like a handful of times so far and I've listened to pretty much all of the interviews that you've done with Matt. And the more I listened to you speak, the more I... I'm confident that we're pretty aligned with a lot of things. So one of the things that was kind of an Aha moment for me of something you said on one of the interviews you did with Matt is your definition of evidence based because, and I know this podcast is for both parents and professionals, so hang in there. If you're a parent, we're going to get a little bit technical but I'm going to try to keep it as layman's terms as possible, but I think it's a big deal and then I think it's a big deal, especially for us behavior analysts and for teachers and for public school officials who need to have everything and be evidenced based and you know, my book, the *Verbal Behavior Approach* is in 10 or 11 languages and it's a part of ABA.

Mary: But even some behavior analysts feel that it's using the Verbal Behavior Approach or Skinner's Analysis of verbal behavior isn't evidence as evidence based as it needs to be and just every... Every time I do a blog, every time I do a post... I did a blog for instance on carrier phrases and how I feel like carrier phrases lead to prompt dependency. And, and articulation errors and just a lot of problems. I don't recommend teaching carrier phrases, which is usually a big part of autism, right? Autism treatment. And so I got a lot of backlash about, well where's your, where's your evidence, where's your published research on that? And so I really like if... I would really like it if you would just talk to us about evidence based and what it means from your perspective.

Megan: Sure. So from the readings that I've done in the trainings I've attended, there's in the field right now of behavior analysis, there are publications trying to define evidence based practice and the one that I align with the most is the medical model, which makes sense as behavior analysts, we're providing a medical intervention. So we should probably be in the medical model if we're looking at evidence based practice and that model, there's three prongs. There's, you have to look at the research and not just the research that you're familiar with, you know, whatever journals you might read it as your field. So as behavior analysts there certain journals that we have, but the research on that topic. So looking broadly, doing a google scholar search and seeing what's out there and then evaluating that research and using the best available research that's out there. Then you need to combine that though with your clinical expertise so as you're training allowed, so obviously the longer you've been working in the field, hopefully the more advanced you are with your clinical expertise and you have more to pull from and until that case maybe you have a mentor that can help you a little bit and then you have to look at the client and the client values and that one I think is really important because that's where the individualization comes in.

Megan: When we look at research, even the things that are published were published with certain people with certain deficits and skills and strengths and weaknesses that are not going to be exactly the same as the child or adult that you're working with. So it's important to look at your individual client and your individual client's needs and beyond the person. There's also the environment that they're in and the support system that they have. So again, a research study is going to be a lot different than the natural environment and what supports are in place for that person. So when you're deciding on whether or not something is evidence based and appropriate for your client, it's the

three of those things, the research, your clinical expertise and the client that should be combining. It's a problem solving approach, not just a list of, oh there's these research articles out there and these are the things I can choose from.

Megan: It's an actual process that you should go through to determine what's best for that specific situation. So that's what I've done. Most of my... I try to attend trainings and read journal articles about a lot of the times in our field and I think in general with autism treatment or in schools when they say evidence based, they mean that list and that list you could find. There's websites like what works clearinghouse and things like that that do list out, you know, certain treatments or interventions or procedures and say these are evidence based when the people that publish on evidence based practice as a problem solving model. Look at those lists, we call that empirically supported treatment so there should be recognition given to the things that have more research behind them to support their effectiveness, but it makes more sense to call those empirically supported and they're part of the evidence based practice, problem solving procedure. What happens when you encounter a situation and there was nothing on that list that's relevant? Do you just not address that issue? I hope not. You use the other two prongs. You use your clinical expertise and the individual needs of the client and you can still develop and intervention intake data and see how it's working for your client.

Mary: Right. So just to kind of use that example is when I was approached like where's the research on carrier phrases? I am actually personally not aware of any research specifically on using teaching carrier phrases. I mean maybe there is in the speech and language therapy, you know, but I feel like I have two decades of experience and some of the pitfalls of carrier phrases and, and you know, I feel like people are drowning and you know, and then some people are just really like, well where's your, you know, even if there is a 1980 article published about carrier phrases with three kids in a clinic setting, it's not going to change my mind like on my computer. No it's not. And, and so, you know, I mean I want to be all scientific and everything and provide evidence based treatment as much as possible. But at the same time I feel like literally two decades have gone by since my son Lucas was diagnosed with autism and we're still in a time warp and a lot of sense with some of the procedures.

Megan: Yup. And it... should you continue using procedures that don't work because there aren't journal articles published on whatever problem you're encountering. That's why as seeing it and approaching it as a

problem solving piece, if people came to you and said is you know, where is what is this evidence based practice? If you're going off of the three prong definition, you can say yes it is. It's based on my clinical expertise and the individual client that I'm working with. Whereas if you define evidence based practice as just a list of procedures, you would have to say, well no because there's nothing out there on this specific topic and that really limits us and it also has the reverse problem I've encountered with a lot of clients that I work with were people adhere to that list so rigidly that if there's something on that list take imitation for is there are certain procedures that are considered to be effective for imitation and if they go to that list and pull that procedure and it doesn't work, they just kind of throw their hands up in the air and say, well that's our procedure for addressing imitation deficits.

Megan: Well that doesn't... How does that benefit anybody? Right. So people too rigidly adhere to the list as well. So that's another reason why having that whole problem solving three prong approach is more effective for us as clinicians, but also for the children or adults that we're trying to support and help.

Mary: Right. And I think, um, you also have a lot of work and thoughts about behavioral procedures that often backfire and I think this leads nicely into the use of escape extinction, which I covered a little bit in the last podcast, but you know, since many people may not remember that or haven't listened to that, can you describe behavioral procedures being that one being one of them or maybe there's others that you are questioning even though there is some evidence to support them, the, the treatments.

Megan: Sure. So that's, that's a, that's a long one. I can, we could probably talk for hours about that. So escape extinction is one of them. Definitely. When I was first trained in the field and still today it's kinda even for good parenting. We're taught, you know, if we want a person to listen, we need to make sure to follow through with whatever we've asked of them. So I have an almost three year old right now and we're going through that phase of he's refusing to do certain things and if we were just, you know, to tell him, okay fine, you don't have to do it. Then eventually he would learn, he runs the show and we would have a pretty wild child on our hands. So it's not that the logic of it is poor. Yes. If there are attempts to not do something that needs to be done, we should follow through.

Megan: It's more how we do that. So when I was initially trained in the field, we were taught for escape extinction. And if you look at this one is what is kind of odd because if you actually look at the research on escape extinction, it's pretty well documented that there are side effects. And back in the early two thousands, there were people doing research to try to figure out better ways to implement escape extinction without having those side effects. Yet somehow in the translation from research to practice, the training has all really ended up being. We must follow through and heavily focused on that. So it's a short time to respond. They get three to five seconds to respond if they don't respond to whatever you know, instruction was provided there immediately prompted to.

Mary: So let's just, let's just make sure that people understand. So it could be a simple touch your nose, the child doesn't touch their nose, so their take... their hand is taken and prompted to touch their nose. It could, that could be what we're talking about following through escape extinction, but it, it also is put your shoes on or you know, it's time to go up the stairs and the child flops to the ground. And depending on, especially at the size of the child, I mean it's just not physically able to keep, you know, keep the demand on, uh, use, uh, some behavior analysts call it like a nagging procedure where you're just repeating the demand over and over again. So when I think of escape extinction, I think of the nagging procedure prompting and that that gets kind of hairy to because now we've got no prompting which quickly turns into physical restraint because anything equal but opposite pressure where you're pulling on a child, then you're getting into potential potentially restraint, which is illegal in a lot of schools.

Mary: So then you get into... as the kids get bigger, keeping the demand on can really cause more aggression and those sorts of things where people are getting hurt so it can run the gamut and like you're, you're really much more expert at this whole phenomenon than I am, but can run the gamut between taking a hand gently and prompting to touch their own nose. No big deal. You know, that may not even be like a refusal. It just may be an attention or a lack of skill or something. But then it can go all the way into where you're, you're running. You know? I remember one time one of the younger behavior analysts told me like, oh, I just got into a 45 minute escape extinction procedure with a kid at a public school. And I'm like, like that's not good because you're modeling for the teacher, the teacher has eight kids to work with, you know, and, and I said to her, what, what does his assessment look like? You know what, we were using the VB map assessment. I'm like, what does this VB map look like? And she's like,



oh I have no idea. And it's like, okay, you just wasted 45 minutes keeping the demand on when you don't even know if that demand is even in the child skillset or appropriate. So to have anything to add about what exactly escape extinction is before we talk about like the side effects and what to do instead.

Megan: So that yeah, that was pretty much what I would describe it and I think it's important to distinguish between individuals who are actively resisting something versus maybe they have a skill deficit. So when they don't respond after three to five seconds and you prompt them, if they're actively engaged and you're just helping them do the task, like touch their nose and they haven't yet learned how. So they're letting you, they're calm, they're relaxed and you're just putting their finger to their nose. They act completely different than a situation where someone is actively resisting and it, it could just be as simple as you go to help them touch their nose and they pulled back and then you're trying to push forward and that's not that big of a battle, but it's still a battle. You're still making them do something against their will. So like you said, something that simple or it could get even more extreme and see what you just described. That 45 minute resistance or longer, I've heard of even longer ones and then people, staff get burned out faster, people get injured. It sets up a really negative environment which will, we will get into. But so I think it is important to have that distinguished, you know, between teaching, using, prompting to, to actually teach versus getting into those power struggles and having that battle play out.

Mary: So we both know that there is some evidence, some, some studies to show that the use of escape extinction works, but we see it often like every, you know, if I have not been involved, if I've done an independent evaluation or whatever over the years I've seen a lot of escape extinction going on and it doesn't look good and you are really on a mission to kind of turn that around and make people think like the use of escape extinction even has a lot of ethical implications that you talk about.

Megan: Yes. So I did a webinar. I've done a few different webinars on this topic where I show graphs and research and all of that. So if people are interested in that, we can definitely provide that information. But essentially, as I was stating before, when the research first started coming out on escape extinction... Yes, if you look at the graphs, it's amazingly effective. It goes from high rates of challenging behavior down to zero usually when it's implemented. But what you can't see in the graphs is that qualitative piece. You can't see that experience

that the child or the adult went through during this extinction being applied and I think it's time for me, it's been time for over 10 years, but it's definitely a time that we consider that piece of it. We're working with real humans and they don't deserve to have these types of interactions over touching their nose.

Megan: Especially, um, you know, there may be times where when you do a cost benefit analysis, if there is something dangerous to the individual where that may come into play, but that's not what I'm talking about. I'm talking about what the actual skill acquisition in terms of, you know, touch your nose, put on your shoes, sit down, those types of things. There's no reason to have even a two minute battle over that. There are better ways to teach and different ways to assess things that we can be doing. I think from a response effort standpoint, it turned into, you know, it is an effective procedure and 90 percent of the time most learners within like one or two trials of being forced to do it, don't fight back. And they just start following in line and do whatever they're asked to do. So I think that's why it's so prevalently applied and the way it has been with just this very simple, oh, there, you know, resisting demands will just make them do it, is the simple way of doing escape extinction, what we often refer to as the traditional way of doing a safe extinction.

Megan: However, again, if you look at the actual research on it, back in the early two thousands, there were people publishing demand fading research where you look at just slowly increasing the number or difficulty of demands which could have been the case for that 45 minutes tantrum that you talked about earlier where maybe the demand that was presented wasn't where it should have been. If they were using demand feeding. They may not have ever even gotten into that situation. So. But a lot of people in our field aren't being trained on demand feeding. They're being trained on escape extinction and just follow through and force them to do it. So I think the biggest weakness and deficit right now is getting more comprehensive approaches to training on addressing behaviors related to escaping demands, so rather than just training individuals, whether it's a behavior analysts or teachers or parents, just follow through, forced them to do it.

Megan: There needs to be a much more comprehensive picture in place where we're looking at... what are the skill deficits, what is our ultimate goal here? How do we move closer to that goal without forcing the child to do whatever it is that we're trying to get them to do and making sure that we're supporting and setting up the environment for success

before we even worry about the following through peace that comes? It's part of it, but it can't be the only part. And I think most researchers who were studying escape extinction, if you say that to them would say, Duh, we know that, but for some reason the translation from research to practice for a lot of the people in our field, that didn't happen.

Mary: Right. And there's a lot of keeping the demand on a lot of nagging and a lot of people getting injured. I talked in one of the first couple episodes about one of Lucas' therapists who went to work at an approved private school, residential placement type of facility and, and she was literally beat up, you know, like bite marks up and down her arms and, and it's just, and when she told me like she was basically with teenagers and was taught... even though she was taught in my home to work with Lucas using a verbal behavior approach, presenting problem behaviors, demand fading, you know, just all the positive preventative methods. She was basically told and forced to keep the demand on and then she was getting beat up. And I just think that, that it gives ABA a bad name, which is really the least of our concerns.

Mary: I mean, it's not humane to be constantly keeping the demand on without an accurate assessment, without, you know, lots of environmental variables that could be a maneuver to make the situation a whole lot better. So I think, you know, this podcast may get some reaction, um, because there are a lot of situations where you get a... CBAs and teachers and institutions are, are built on more of the old style behavior modification systems that, that we know better now what to do. Speaking of knowing better, you started a Do It Better movement. Tell me about that, what, what that is and how it came to be and what it involves.

Megan: Sure. Thanks for asking. So the Do It Better movement I started last year in 2018. I actually started thinking about doing better about 10 years ago when I created my first workshop on advancements in autism intervention, where I talked about a lot of these things and I wanted to show people why these things should be important to them. So this isn't just me learning these new techniques and methods for autism intervention based in behavior analysis. But just because you've learned something one way doesn't mean that's always going to be the best thing ever. It will be effective and you'll do great with that, but you can always do better.

Megan: So that was a phrase I kind of was using and workshops for a while and finding myself in Facebook and at conferences just constantly reflecting and saying, oh we can do this so much better. I don't understand why we are not doing better. And I would hear other presenters talk about it as well. So finally for 2018 I had a list of webinars that I had created. I want to make these webinars and I had been keeping this list for years and just never getting around to having the time to make them. So to help myself mostly selfishly, I put this movement out there that for 2018 each month we're going to focus on a different topic within behavior analysis that I've seen as something where we could all do better and learn more.

Megan: What I did is I set it up to have different activities each week. What ultimately ended up happening was the webinar has got done. My schedule was too busy to do all of the activities, but at least the webinars got done and I tried to gear them more towards just helping behavior analysts do better and people that serve individuals with autism but also not using a whole lot of jargon and terminology so that parents and teachers and anyone really who wants to learn about the topic could access it and learn from it and everything that we created.

Megan: It's free. So we have a google drive document where I include all the links and resources for each of the webinars and that way people can access the information and not have any barriers, you know, from a monetary perspective. However, if they want continuing education and things like that, they can pay for that. So it was successful. But for 2019 I had a sense that people wanted to keep participating and learning more. So for 2019 and 2020, I already have my list going of people to contact for 2020 as well. I'm hoping to broaden it, and not just being me doing all these webinars, because people... I can help people do better at some level, but I don't know everything and I want to learn more too. Oh, so for the next few years, the goal is to get people presenting each month that are experts in specific areas, so I know a little bit about a lot of things, but I don't know a lot about one specific thing maybe except for escape extinction, so I have different people coming on where you're going to have different topics in behavior analysis mostly, but we have a Facebook group this year that we're hoping to get more conversation going in and we have I think about 15, maybe a little bit more different presenters that will be presenting throughout the whole year.

Megan: And then for 2020 I'll have additional people hopefully participating as well. So.

Mary: Great. So it... And it's mostly for behavior analysts and professionals, but you also are open to parents joining the Do It Better move.

Megan: Quite a few parents. Yep. We have quite a few parents participating and I'm really open with my time, so if they watch and they have questions, I try to answer them or at least connect them with resources so that they can continue learning. I'll... oftentimes I'm referring them to your course and referring them to your website, so that's one of the resources I use a lot and I think it's so wonderful right now what we have available with the Internet and all of the social media and different resources that are out there because people can get a little bit of information and if something really hits for them, there's so much more they could learn and quickly access and I try to help make that possible for everyone.

Mary: Great. Great. Well I know I'm, I've been a part of the Do It Better movement, you know, last year and I'm a part of the Facebook group so I really do think we align with our values and a lot of where we're going and we see the opportunity to really spread the word through social media and that sort of thing. So I think it's great. What breaks your heart about the autism world?

Megan: I knew you were going to ask me this question and I still haven't really thought of a great answer. For me, the biggest thing, it ties back into the do better. The humane treatment. Every time I see a new blog from someone who you know had intervention and they talk about their experience and what it was for them. Sometimes there's people writing blogs about how great of an experience it was. That's not the ones that break my heart. The ones that break my heart are the parents or the individuals themselves that received intervention and they talk about what that looked like and how they were treated and that has nothing to do with behavior analysis. It's the people implementing the intervention and not having, you know, whether they weren't trained well enough or whatever it is. They're not having that eye on the humane piece of things and really looking at this as a whole person that I'm working with and whatever we do here today in this moment will be carried across the lifespan for this person.

Megan: So it might be one 45 minute tantrum for me right now that I have to push through, but this child is going to remember that and is it worth it? You know, what, what are the outcomes here? What is our goal? So that's probably the biggest thing for me is just making sure that we're really helping to support acceptance and awareness, the balance, the... for humane, there would be a balance of pushing

forward to, to help push forward with individual independent lives but maintain who they are as a person. So I'm not in there to like take away your autism necessarily, you know, if there are certain things you enjoy doing and you prefer as an individual human. Nobody comes into my house and makes me stuff to make things that I enjoy, but I want to help you see what's out there and connect with the rest of the world. I think that's big part of humane as well. Making sure that we don't lose sight of the individual that we're working with and we're really supporting the independence for them and whatever that looks like is done in a way that's ethical and beneficial for the person.

Mary: Great. So I will have in the show notes how you can join your Facebook group and get, you know, follow you because you do, you do have some, you have online course, you have some CEOs, what do you have available and how can people contact you?

Megan: Sure. So I, because I do several different jobs, there's a lot of different ways but for the easiest one is to do better, to just follow that. So join the Facebook group and see the conversation there. So I think having the link to that will be really helpful and then people can always email me if they would like. I don't know if you want me to say my email now or if you just want to put it in the show notes?

Mary: Let's just put it in the show notes. Is there a website they can go to?

Megan: Yeah. So the website that's best for just broad behavior analysis and autism intervention is [navigateaba.com](http://navigateaba.com) and I also have a YouTube page where we demonstrate some of the procedures that we use in some of the things that we talk about in terms of helping people do better so they can look us up on YouTube if they want to see some video examples.

Mary: And they would look you up in [navigationaba.com](http://navigationaba.com). Okay. On the YouTube channel. Great. So I really appreciate you being here, Megan. Thanks for taking your time. Megan is featured as one of our four experts on my ethical series, which is part of my verbal behavior bundle online course. And in this course I provide 32 type 2 be a CBC use, which includes for ethical CEUs, which is always hard, harder to get in some ways and these, these four interviews that, that fulfill those for ethical series are just great. And so Megan is one of the experts on that. So you can find out more about the verbal behavior bundle by attending a free workshop at [Marybarbera.com/intermediateworkshop](http://Marybarbera.com/intermediateworkshop). I'll also have that in the show notes so you can get the show notes, um, at

[marybarbera.com/seven](http://marybarbera.com/seven). This has been episode number seven. So any of my podcasts are on my website. So I think this was a great podcast interview. I know I'm... Megan is certainly changing a lot in the field of ABA and autism and I want to thank her for helping both professionals and parents really look at humane ways to treat autism to help kids get better and to do better every day ourselves. So until next week, I hope you have a great one. Bye Bye.

Thanks for listening to the Turn Autism around podcast with Dr. Mary Barbera. To join Mary's mission to turn autism around for 2 million by 2020, go to [MaryBarbera.com/join](http://MaryBarbera.com/join).