



TURN AUTISM AROUND
WITH DR. MARY BARBERA

Transcript for Podcast Episode: 012
*Dr. Becca Tagg: Preventing Burn-out and
Being Happy in the Autism World*

Hosted by: Dr. Mary Barbera

Mary: You're listening to the Turn Autism Around podcast, episode number 12, and we are continuing with my shout out to one of our listeners who leave left me a five-star rating in the iTunes podcast app and that is... This shout out is to Lisa. Lisa said, "This podcast is a great addition to all the other ways Dr. Mary Barbera is disseminating important information to our ABA and autism community. I was first a BCBA, then a mom to seven-year-old twins with autism. I've taken Dr. Barbera's online courses and I've read her book and she's helped me and my family in more ways than she knows. Thank you for another outlet to get great information to help parents and professionals."

Mary: So thank you so much, Lisa. I do have quite a following with professionals who are also parents of kids with autism. Whether you started out like Lisa did, first as a behavior analyst and then a mom to kids with autism, or started out more like I did with my son being diagnosed, which led to a career change. But thank you so much for leaving me a great rating and review.

Mary: Now today's episode is a special interview with someone that I met in the online space and once in person, Dr. Becca Tagg. And Dr. Tagg is a licensed psychologist as well as a board-certified behavior analyst, and she is the executive director of Del Mar Center for Behavioral Health, which is a multidisciplinary clinic in North Carolina and she has a lot of wisdom on... she's began to present on self-care and avoiding burnout.

So, because the goal of this podcast isn't just to give autism tips, it's also to help parents and professionals be less stressed and live happier lives, I wanted to have Dr. Tagg on to talk about self-care and how to know when stress is leading to more depression, and how to avoid burnout for both parents and professionals. So please help me welcome Dr. Becca Tagg.

Welcome to the Turn Autism Around podcast for both parents and professionals in the autism world who want to turn things around, be less stressed and lead

happier lives. And now your host, autism mom, behavior analyst and bestselling author, Dr. Mary Barbera.

Mary: I am so excited to have you on the show. Welcome to Dr. Becca Tagg. Thanks for joining us today, Becca.

Becca: Thanks, Mary. I'm excited to be here.

Mary: Great. So I know you are a professional in the field and I'd like to start out my podcast with the asking both parents and professionals to describe their fall into the autism world. So can you briefly tell us about your background and your, your experiences, uh, falling into the autism world and how you got started?

Becca: Sure. So I was not planning to specialize or work with kids with autism and I just so happened to find that that is my place in the world. I was at my undergraduate training at the University of North Carolina at Wilmington, and I was majoring in psychology and it was my last year. And so I was able to participate in a practicum and I was applying to grad school in school psychology. So I thought it would be great if I could follow a school psychologist around and kind of learn about what in the world I might be signing up for. But she wasn't available. She already had a practicum student and so the district was gracious and said that they had this autism classroom and if I was interested that I could do that there.

Becca: And a girlfriend of mine was interested in behavioral analysis at the time, and so she was going to be in that room and I thought, oh, that'll be great, I'll give that a try. And I was really anxious before the first day and my first day I was assigned to work with this little guy named David who was an elementary school, probably around first grade. And it was wonderful.

Becca: And let me also be clear, it's not that it was wonderful because it went smoothly. It was wonderful because it was messy and new, but also really exciting. And I really enjoyed thinking outside the box, which is really needed when you work with kids with ASD. And I found that creative problem solving to be beneficial and helpful. And I did go on for school psychology and worked as a school psychologist and kept getting assigned the autism classrooms or the nonpublic school locations. And I felt like I needed more training.

And so, then I went to Penn State for ABA and that was really, really helpful. I definitely notice a difference in my practice before and after my behavior analytic training. Then I decided I wanted to do more clinical focus. So I did a doctorate in clinical psychology and then a postdoctoral masters in clinical psychopharmacology, which is just a big mouthful of a word that means I'm

really interested in how medication can be a helpful adjunct for a variety of different mental health concerns.

Mary: Wow. You've had a lot of education. Um, that is a lot of years. So I'm excited to learn about that background. That sounds very fascinating. One of the reasons that I wanted to have you on the podcast early on is because part of my goal for this podcast is not only to give out autism information but to help parents and professionals in the autism world be less stressed and live happier lives.

And I know that you've actually started speaking on things like burnout. And I know, I'm in your Facebook group and you talk a lot about self-care and I'm wondering if you can tell me how you got into looking at that and what kind of problems you're seeing in terms of burnout and stress, and those sorts of things in both parents and professionals.

Becca: Absolutely. So I started in this path because I started to burn out. I think I was working in the school district and there's just never enough resources in schools. I mean, and not to the school's fault necessarily, there's just always so much that needs done. And unfortunately when you're successful, you're doing a good job, oftentimes the reinforcer for that is more work, which is actually not a reinforcer, right? But, so you're really good at this, you can take on this, this extra school, or you can take this extra difficult case. And that feels good when people know that you can do something. And that felt especially good to me because, despite all of my education, I actually dropped out of high school. And so, so that was never something like learning and being in school was not something that I ever thought I was good at. Right?

Mary: Wow, all that schooling and you dropped out of high school? Wow.

Becca: Yeah, I did, I did.

Mary: That's amazing.

Becca: And so it's not like I, so this was new and I, it feels good to help people. And, and so I kept doing it and I started to feel less successful. It's like the more work I was doing, the less successful I felt and the less I enjoyed it. And that sucked because I really loved what I did. And God knows I was paying on student loans every month that reminded me of all that schooling. And so I thought this, it's gotta be that it's not a good fit. I mean, I love what I do and I'm not in love with where I'm doing it or the way that I'm doing it. And I wasn't sleeping as well and I was irritable and I wasn't excited to go to work. And I thought these kids and families are really counting on me. They deserve the best from me. And if I can't give it to them, then I need to figure out what's happening.

Becca: And so I started doing some research and learning about burnout and because I worked with kids who mostly had pretty significant behavior issues, whether it was ASD or something different, I started learning about maternal and paternal stress and the family stress, right? So a lot of times when we're working with a child, we're focused on the proband that child with the diagnosis. But look, families are systems and it's like when you throw a rock in the water and that ripple goes all over, the stress affects the entire family. And I felt like I knew what at least in some way, what that was like to love something so much and then still be experiencing stress around it. And so I started seeing that in parents as well as my colleagues.

Becca: And so decided again to re-specialize to focus more on the clinical piece instead of the school piece, and then have noticed burnout in myself periodically over the years. Right? Or trending towards burnout. I think I'm getting better at picking up on it before it turns into burnout, right? Cause burnout is related to emotional exhaustion, right? So you're just always tired and depersonalization. Sometimes people describe it as though they feel like they're watching themselves in a movie. Like they know what they're supposed to do and they just can't bring themselves to do it. And then decreased feelings of personal accomplishment.

So, no matter how much you do, so for me, I was doing more and more work and I wasn't feeling accomplished. And so noticing this in people around me, not just like in my colleagues in families I was working with and myself, and that's not good. We only get one walkabout on earth. Right? And I think that that we can live well and wanting to help people live more fully and more well cause that results in better services for our kids or better parenting relationships, right? That parenting relationship is so important. And when we are well, we do better.

Mary: So when does... I know parents of kids with autism, I did a video blog a little bit ago about a study done a decade ago, which showed that saliva samples showed that autism moms had the stress of combat soldiers and...

Becca: Yup.

Mary: And when, when does that kind of chronic stress, or even acute stress when your child's newly diagnosed, when does it like turn into depression and clinical depression, or even for professionals... Like I as a licensed psychologist, I mean especially someone that is specializing in medication use. Should parents be looking at depression? Should they be looking at seeing somebody maybe for medications like it is really an...

Today's episode we're not really talking about the kids and their medication, but do you see that crossing over like a certain amount of stress or acute stress? It

crosses over to clinical depression, and how would someone know if they were depressed or clinically depressed?

Becca: Those are great questions. And so I own a multidisciplinary clinic in southeastern North Carolina, and that's why. So, it affects the entire family, whether it's autism, whether it's pans or pandas, whether it's an intermittent explosive disorder, whatever it is, it affects the entire family. And so my goal is to have a one-stop place where families can go so their child can get ABA, or speech or OT, and they can get psych testing or mental health. So we have some moms that they drop their child off for ABA and then they come to the clinic I'm in right now, which has our mental health space, and they're able to get mental health support. And so I think the things to look out for are, are you irritable? That's a key sign both in kids and adults, irritability. Um, are you sleeping more or sleeping less? Are you eating more or eating less? Are you, this is a fancy word, anhedonia, basically means that there are things that you used to really like that you don't like anymore.

Becca: I mean, these are some key features of depression and it becomes clinically important or clinically relevant when it's keeping you from living your best life, or living a fulfilled life. Right. And, and I remember that study about the cortisol levels in the, in the spit, um, or the saliva I guess is a better way to say it. And I thought, oh my gosh, that is amazing. Um, and the challenges that our moms and dads are so focused on getting their kids to therapy that you're not prioritizing yourselves. And so you have to... you cannot serve from an empty vessel and parenting is service, right? And so we can only serve those from the overflow from our cup. And if there's nothing left in your cup, you cannot serve.

Becca: And so I'm helping, I think the first step is really helping parents prioritize that your health and wellness is a requirement for your child's health and wellness. And if you're not feeling well, I've actually written on script pads because moms have a hard time prioritizing themselves, and I'll say here, it's on this prescription pad. You have to do something for yourself. You have to go to bed earlier, you have to make that lunch with a friend. You have to really talk nicer to yourself. Right? Or the way we talk to our self in our mind has a huge impact on how we feel. And so often we talk to ourselves in a way that if we heard somebody talk to our child that way, we'd flip our lid, right?

Becca: And so it's, this is hard right now and it won't last forever. Or this is hard right now and you can call on your support systems. Or it's not your fault, you're doing the best that you can. These are things that oftentimes... So if you're listening to this and you feel tears welling up in your eyes, that's an indicator that you might want to reach out for some support.

Becca: Those statements are, are ones that so often parents respond in a very visceral way to, which is what tells me, gosh, we're worried here. And we're talking about it because you're important. You're so important. I want you to get the treatment and support that you need in the same way that you're prioritizing your child.

Mary: So somebody here listening may feel depressed, or at least stressed to the max, and not feeling great, and they may not know who to reach out to. So I like to tell people, and you maybe can add to this, but first of all, if you have just a regular practitioner or an internal medicine doctor or family medicine doctor that you go to once a year for an annual, or, or even your OBGYN if you're a woman, and you can talk to those doctors and they can make a referral to a psychologist or a licensed social worker or those sorts of things. And um, you can... some places, uh, that are big organizations have like psychological counseling as part of your insurance package. So you could check with your employer or your spouse's employer just to see if just maybe, maybe a handful of sessions of counseling sessions would be enough.

Mary: I know, and I tell this story I think in my book, I don't think I've told it on the podcast, but when Lucas was diagnosed the day before he was three, we're at the developmental pediatrician's office at Children's Hospital Philadelphia, and we kind of knew it was, you know, the diagnosis was coming. So he gives him the diagnosis, I think he said even moderate to severe autism, which was kind of a shock for us because we were thinking it was mild autism. So the developmental pediatrician with like 30 years of experience, he said, well, do you have any questions? And my husband said, yeah, I have a question. Uh, when Lucas wakes up in the middle of the night, he requests milk. And so Mary thinks it's the right thing to do to run down and get them a cup of milk, and I think she should just give him water because I think it's disruptive. I don't think he should have milk in the middle of the night. We're causing, you know, a habit and that sort of thing. So you know, what, what should we do and who's right, basically?

Mary: And so the developmental pediatrician who just gave us this very devastating life changing diagnosis said, I think you need marriage counseling. And I'm like, great. He said, because if you are arguing about milk versus water, you are going to be arguing a lot about a lot of other things. And I think, um, so we did, we actually went to, you know, a handful of sessions of marriage counseling, uh, taking his advice because it is really stressful. And I've had other, I've had clients where, you know, they are really clinically depressed after the diagnosis and, and you know, maybe just a couple of sessions talking it out is always, I think everybody would benefit from counseling. I had like, I think it's great, you know, it's, it's great. So, yeah, that's it, it's a kind of ironic story.

Mary: Like all of a sudden now, now we're driving home, I'm crying, you know, he's like given up all hope. I'm still in my, we're gonna recover Lucas, you know, um, you know, families deal with the diagnosis and deal with treatment, deal with, you know, there is a lot of stress that comes along with an autism diagnosis. Whether you have a two-year-old or 20 year old, there's a lot of stress. And if you don't take the steps to take care of yourself... and it's not just about going to a psychologist or a psychiatrist and you're considering medications, it is a lot about self-care. So let's, let's talk about like, if you're just stressed and you want to live a better life, let's talk about some of the, some of the steps you can take to, um, prevent burnout as a parent or as a professional.

Becca: Sure. So I think we want to start with kind of the basics, right? You have to drink enough water, you have to get enough sleep, you have to eat enough food and the right kinds of food, right? So, and you might be thinking, oh Dr. Becca, Duh. Yeah, but here's the thing, when we're feeling stressed, that's the stuff we don't do, right? So we're feeling stressed so we're not sleeping well. And so then maybe we're drinking more coffee or more caffeinated beverages to stay awake during the day. It's not going to work, right? And so then we're less hydrated. Um, or we are missing meals cause our appetite is less. So, so a really easy place that you could get a good bang for your buck is get enough sleep, drink more water, eat decent food, right? Healthy food, eat regularly. Some physical activity is always good. Of course, you want to check with your doctor before you start anything.

Becca: But even like a little walk a couple of times a week can make a big, big difference. And so those are some basics that I think everybody could benefit from. Present company included, right? As I had two cups of coffee this morning and now it's like, okay Becca you have to drink water. Um, I think another one that we don't always think about is boundaries. And boundaries are just everything. Its boundaries, so when you have new, a newly diagnosed or, or even not newly diagnosed but a child that has different needs, you are going to need to set boundaries in a way that may be different than your friends who have neurotypical kids or even kids who have the same diagnosis, but it presents differently, right? We need to set boundaries on what is okay for our family.

Becca: And that can be different than what's okay for your family. And that's okay. It doesn't mean that we're worse or better, it just means different. And so sometimes that might be saying, I can't do this last minute trip because my child needs time to prepare, or I'd love to meet you, but I can't bring my child to the McDonald's playground, right? That's too overwhelming for him. Or I'd love to meet you for coffee and that time doesn't work, does this time work better? And so I think really empowering moms, dads, professionals, whoever we are, we can all benefit from some more intentional boundaries. Um, because that's how we teach people what we accept, right? What's an acceptable treatment for us? And

we have to protect our time. Time is our most valuable resource because it's limited and we have to prioritize and then pivot or change our behavior to fit those priorities, and saying that you can't do this or that because your child has different needs... That's actually a pro, not a con. Right? That takes a lot of empowerment and advocacy skills and it's going to set you up to have what you need as well as your child to have what your child needs. And that's not a bad thing. We need that.

Mary: Yeah. As you were talking about, you know, getting enough sleep and eating and, you know, water. I was thinking that there are a lot of kids, I know before Lucas was 10, he did not sleep through the night in his own bed, like ever. And um, so a lot of times kids with autism have sleeping issues and that causes, you know... You don't get a good night's sleep and, and then you're on, on, on. He also needs a ton of supervision and always has. So that's stressful because you're like, you know, you gotta keep an eye on him. Like it's, it's constant. You have to have an ear open while you're sleeping in case he gets up, you know, and just, just all these issues. And so like future podcasts, I'm going to have a couple of podcasts actually on safety issues and I'm going to interview a mom. Um, and I'm also going to do a future podcast episode on sleep and, and how to improve the child's sleep so that you can improve your own sleep. Um, so those are really good. How about like yoga or meditation? Have you found that helpful for yourself or your colleagues or has it, have any parents had success with that?

Becca: Yeah, so we actually do a mindful moms' group, um, periodically we do sessions throughout the year. Um, I think, so... mindfulness, right? It's, it's being aware of what's happening in the now and not judging it. Right? That's the key. Not judging this moment as good or bad or, or not judging my thoughts as for right or wrong. And so, I think yoga, you know, it's movement. It's, that's great. I think meditation is great and I think they're great because sometimes people struggle with cardio, right? So when you exercise, your heart rate goes up. And this is also just kind of my hypothesis, right? But I find that a lot of people who are anxious and stress do not like cardio. And I think it's because your heart rate goes up, which is the same feeling you have when you're anxious or panicking. And so your body is, your mind is so used to appraising that physical state as I want to make this stop any way that I can, that those types of, um, like higher impact cardio workouts are not as comfortable.

Becca: And so if we think about wanting to supplement what you're doing with what you don't have, right? So if your heart rate is always up, then something like yoga or meditation could be a fantastic option because it's bringing you down. It's, it's helping you settle into your body and then the mindfulness or the meditative piece can be uncomfortable at first because distressing thoughts are going to happen. And that's okay. And a normal part of the process. And sometimes what we do, what I did, I should only speak for me, what I did when I

first started was like, oh my gosh, Dr. Becca, you can't even meditate right! You can't do anything right. But that's actually a normal part of the process. It's changing that thought to, I'm having this thought and I can choose to spend time on it or I can let it float away like a cloud, and other thoughts are going to come and replace it. And so that those intrusive thoughts or those sort of distressing thoughts is a normal part of meditation. And so if you have struggled the first time or two, that's okay. It's part of the process. It's like a muscle. The more you use it, the better you'll get.

Mary: Any books that you would recommend or apps in terms of learning more about mindfulness or meditation? Anything that you can throw out as being really important for that you give to most parents or professionals?

Becca: Yeah, so there's, there's an app called Calm, c a l m, that can be great. It's got some guided meditation on it. Um, there's also one called Headspace that's a little more expensive. They do often give, give it out for free so you can always ask. Right. And that has some guided meditations. I'm a big fan of Dr. Kristin Neff. Um, her work, it's on self-compassion and on her website she has some free guided meditations that are about self-compassion. I think that's really important for parents because a lot of times where I see them getting stuck is they're wanting to do the best for their child, and they're always looking forward about what more they need to do instead of acknowledging how much they're already doing. And so treating yourself the same way that you would treat a good friend is, is that self-compassion piece and, and sort of strengthening that muscle can have some really great positive effects.

Mary: Great, great. I liked the book, um, and the app called The Miracle Morning, which is just, you know, it could be as little as 10 minutes a day and, and the author, and I can't think of the author's name off the top of my head, but I think it's good too for professionals as well as parents because it really encourages you to, to think, meditate very quickly, to read something inspiring to kind of set like gratitude, uh, three things I'm grateful for. And then at the end of the day, you can also reflect on three good things that happened.

Mary: So gratefulness and gratitude are a big part of, I think, positive mental health. Because even though, you know your child has autism or you work at in a stressful situation, like you said, you only have one life. We want to be as positive as possible. We want our mental health to be possible, to be as positive as possible. So I do also like the, um, The Miracle Morning, you might want to check out the book or the app.

Mary: So that was a great discussion. Let's switch gears a little bit and talk about your multidisciplinary clinic and you're a licensed psychologist and a behavior analyst,

and you employ behavior analysts, speech pathologists, OTs, teachers I imagine, I'm not sure. So...

Becca: No teachers, no teachers right now.

Mary: Okay no teachers. But you work with a variety of individuals and does that present challenges when you know somebody wants to do a procedure? Like a, you know, a sensory kind of procedure or something where most behavioral analysts would, would say, well that's not really evidence based. Like what kind of, um, what kind of conflict and stress goes with this multidisciplinary team?

Becca: That's a great question and a lot of stress goes with it in some ways. Um, and I mean that in a, in a loving way cause I wouldn't do it differently. I think when we're working with kids who are impacted in a variety of areas, we can do the best for the child and the family through inter-professional practice. And I think it does mean that not everybody's a good fit to work at Del Mar. And not because they're not valuable clinicians, but exactly kind of what you said it takes, you have to be able to hold... I have to be able to hold the behavior analytics stuff here and also be able to see the value that the speech-language pathologist is bringing and that our licensed professional counselor is bringing, my psych testing has brought or that the MD is bringing.

Becca: And I think that's a skill, right? To be able to see the value and believe wholeheartedly in what I'm doing, and see the value in what you're doing. It's a, it's not a dichotomy. It's a dialectic, right? And for me, I love it because I get to learn. I don't have to get all of these degrees, I get to learn from them. I get to learn from our SLP about typical language development and structural issues in the mouth that I wouldn't have known about otherwise. I get to collaborate with our physicians, let's say, that are ordering labs. And so when a mom comes in and she's depressed, the first thing I want to do is check her thyroid. And so because that can, you know, hypothyroidism can mimic depression, um, or can cause depressive symptoms. And so getting to collaborate to take advantage of everybody's areas of knowledge, again for the betterment of the family that you're serving. Um, and that can be challenging in some ways, but also can be really rewarding.

Mary: So your clinic would order lab work on the child as well as the mom?

Becca: So whoever the patient is, yeah. So if I'm seeing the mom and she's presenting for therapy for, it's called PMADS, right? Maternal mental health. It's a specialty area in, um, psychology and mental health. If she presents for depression before we treat her with an antidepressant, we're going to recommend a thyroid panel. Um, and maybe even a review by an endocrinologist because, so let's say it's depression symptoms that are not related to like brain chemistry but is related

to her thyroid. If we treat her with an SSRI or an antidepressant, she's not going to see the benefits because it's like saying you have a stomach ache and so you're eating Pepto-Bismol, but actually, you're allergic to milk. Right? And so the treatment is to avoid the lactose, not to keep eating Pepto-Bismol. So we serve children through adults and since I do a lot of the maternal mental health, that tends to be kinda the parent end of things.

Becca: And I should also say, so the adults that we see or that I see, usually it's a parent, or um, going through the grieving process after receiving a diagnosis because that's okay. You have to grieve this child that you thought you were going to have so that you can make space for the child that you do have. Um, we are in a predominantly military area here at Camp Lejeune in North Carolina. And so there's a lot of transitions for our families. So we have a lot of, um, either mom or dad, whoever the active duty service member is that goes on deployment and that creates additional stress for the families. Um, and so we, it's all family oriented work and we do serve the parents as well as the child and sibs.

Mary: Wow. Sounds like a great clinic. If I'm ever down in North Carolina, I definitely want to stop by and see you.

Becca: Please do.

Mary: So how many people work at the clinic?

Becca: Um, we have about 22 employees currently.

Mary: And you also have a BCBA supervisory program. And can you tell us about that? Because when I learned about that just a few months ago, I was like, wow, that sounds incredible cause...can you tell us about that?

Becca: Absolutely. So, um, BCBAs, or board certified behavior analysts, often receive online training right now, right. They'll take their coursework online and then they participate in what's called a supervised independent fieldwork or accruing hours, people often say. And um, students need to find their own place to accrue these hours and find their own supervisor. And I found that people were getting really limited experience. They were really just working as RBTs or registered behavior technicians, and that was the only way they were really accruing hours. And that's only one part of a kind of what it takes to be a BCBA and is a narrow application in my opinion. I think autism is important and I think that when you can apply the science in a variety of different ways that you really gain mastery. And so we have a training program that's modeled after my training as a clinical psychologist.

Becca: So we have what's called rotations and we call our students either students or apprentice depending on how many hours they have accrued and at what point in their training they are. And so as you move up through the program, you get different experiences. So as a student you're really focused on being a good interventionist or being a good RBT and getting oriented to your coursework. Then when you move into being an apprentice, you are still hopefully being a good RBT and being, you know, a good student. But we also start these clinical rotations or rotations. And so they are, um, shorter periods where the students get exposure to different domains. So we do a clinical rotation with Shannon Biagi, a chief motivating officer in OBM. So our gals and guys get that experience. We do one in animal training and one in using behavioral analysis to help improve like, strength training and conditioning.

Becca: And then they get a rotation in pharmacology basics that I do and a rotation and how to work with schools. So to understand IDEA and, and how the school system works, which is different than how um, private clinic practices, a book study on a book called Difficult Conversations, because it's hard to have these difficult conversations and yet you have to do it more so even the higher up you get in your career. And so, um, I really modeled these different rotations after either what I felt was missing in my training or over the last 15 years, kind of what I saw missing from new BCBA's that kept them stuck. And, uh, it's been really neat to see the positive results and positive feedback.

Mary: How many students and apprentices do you have, and is this a year commitment two-year commitment?

Becca: Um, so that's a great question. We currently have seven. Two are getting ready to, three are actually testing in two weeks, so they're going to do wonderful. Um, it is an application process and usually, it's people that live here. We've had a couple of people who have moved here to participate in the program. I would love for them to stay for the duration of their training so they can go through the entire program, which is about two years. And I don't want anyone to stay somewhere that's not comfortable for them. So if they get here to Jacksonville and like, oh, this isn't a good fit, you know, we certainly want them to be healthy and well, so there's no contract or anything related to that.

Mary: Wow. That sounds like an amazing program that people should be replicating because there, there is a real lack of great supervisory training, especially within a multidisciplinary clinic with somebody of your caliber helping them. It's awesome. So you also in your spare time moved, uh, to some degree to the online space and are, um, have started a Facebook group and a podcast of your own. I was a guest a few months ago. And can you tell us, uh, when you, you started in, in that endeavor and kind of what your goals are for your podcast, what it's about, what it's called so people can find you?

Becca: Sure. So I think this goes back to kind of that discussion on burnout and self-care. So, I was finishing my time in Southern California, which is where I did my clinical psych pharm training. And I knew that we'd be moving back to Southeastern North Carolina cause my in-laws are here, and it's a more rural area. And I got really worried that I wasn't going to have a professional community or colleagues here. And so I thought, well, I mean maybe we can create it, right? Why not create this, if I'm feeling this way, there's other rural areas and maybe people are feeling the same way. So I created the ABA Business Builders group on Facebook that was meant to, or is meant to support other people in leadership supervisory owner positions in behavior analysis, or who work with kids with autism. And now there's 7,500 members, which is insane.

Becca: Initially I thought, oh my God, like maybe 20 people will be interested. I don't know. So that's been really great. And again, candidly that came out of a self-serving idea that like I'm worried I'm not going to have these colleagues. I'm worried I'm going to burn out. I don't want to do that again. Social support is one of the greatest protective factors when it comes to, um, warding against depression and anxiety and mental health issues. So I thought, well, we'll, we'll find it. Um, and then as most BCBA's, uh, I spent a lot of time in the car, um, and I really loved listening to podcasts. That was a game changer for me; finding podcasts. It was like a really great way to enrich my day and kind of get excited and, and stay connected and stay tuned into work, um, driving between clients. And so, or when I was in California driving from San Diego to Orange County, which is where kind of I was working, and so then thought, well maybe I'll do a podcast. I mean, why not? We'll give it a try, if people like it, then cool. And if not, that's okay too. Um, and I guess people like it. I just keep doing it. So it's been a really neat process.

Mary: How long have you been doing podcasts? What episode are you on? Is it a weekly thing, and what's the name of it?

Becca: Okay, great. So it is called, um, the Business of Behaviors, the podcast, you can find it on iTunes or Stitcher. Um, and then it's the website is the businessofbehavior.com. I've been doing that for about, uh, almost two years, I think, maybe just under two years. And I do about three episodes a month. One is usually an article review and then the other two, usually there's an interview. And then one is usually a solo episode, me just sort of talking about whatever I, I sort of whatever comes up. Um, and then The Business Builders group has been around I think three years in June I think, cause we've been back almost three years.

Mary: Great, great. So you gave us a lot of ways for professionals, mostly behavior analysts to follow your work and, and parents are also welcome to especially to

listen to your podcast and join your Facebook group. And any parting words about just self-care or building happiness to parents and professionals?

Becca: Um, yeah, it's, it's important. You cannot serve from an empty vessel. You have to keep your cup full. It's like when you go to get on an airplane and you know, they walk you through the safety announcements and they say, well if the mask comes down, fix your mask first before helping somebody else. It's, we say that in therapy all the time. You put your mask on first before you can help somebody else. And I think that's a really concrete visual or analogy that can be helpful. We have to take care of ourselves in order to help other people and that your value is not less, you have to do this for you because nobody else can do it for you. And that it's really a part of being a good parent or good behavior analyst or a good teacher or a good whatever your position is. We have to take care of ourselves. It's, self-care is not selfish.

Mary: I love that. I love that. I think we should end with that.

Becca: Okay, perfect.

Mary: Perfect. Well thank you so much for joining us today and we hopefully will be doing better and better with our self-care and be less stressed and happier. So thanks again for your time and I will see you soon, hopefully.

Becca: Sounds good. Thanks, Mary.

Mary: Thanks for listening to the Turn Autism Around podcast with Dr. Mary Barbera. For more information, visit marybarbera.com.