



TURN AUTISM AROUND
WITH DR. MARY BARBERA

Transcript for Podcast Episode: 033
*Autism Research & Evidence
Based Intervention for Autism
with Melanie Pellechia*

Hosted by: Dr. Mary Barbera

- Mary: You're listening to the Turn Autism Around podcast, episode number 33, and today I have a very special guest, a behavior analyst and a clinical psychologist who is now a full-time researcher. And I'm going to introduce her in a second. But first I'd like to give a shout-out to one of my listeners.
- Mary: If you've been listening for a while, we've been broadcasting podcasts weekly since January of 2019 so we are more than six months into this endeavor. So if you've enjoyed what you've listened to, I would love it if you would leave me a rating and or review. You can go to iTunes or wherever you're listening and you can go up and just click the stars or you can leave me a review as well as clicking the stars. You know, the more rave reviews we get, the more we can spread the message to help both parents and professionals turn autism around.
- Mary: So I want to give a shout out to Millhouse81 who said, who left me a five-star review on iTunes and said, "I love this podcast. It is great to hear some good autism information and know that it's all going to be consistent with ABA principles as well as being thoughtful and kindhearted." So I love that you said that the messages were kindhearted and thoughtful as well as being based on the principles of ABA. So that's really what I strive for. I want to really provide great information but be kind in the process. So thank you so much for leaving me a review. And now I'd like to introduce our guest today. It is Dr. Pellechia Pellechia, who is an assistant professor at the Penn. Center for Mental Health at the University of Pennsylvania. Dr. Pellechia is a licensed clinical psychologist but started out as a board-certified behavior analyst and actually had some interactions with me early on with the Verbal Behavior Project in Pennsylvania.
- Mary: Now, Dr. Pellechia's clinical and research interests continue to lie in improving implementation of evidence based treatments for children with autism in the community settings, and she's an expert in delivering and training others to deliver high quality treatments for young children with autism. It's a great interview. One of the real aha moments for me during the interview was when

she told me that there is a 17 year gap between practice and research. So I was kind of alarmed by knowing that number. I'd never heard that number before, but it's a great interview. Hope you can join me in welcoming Dr. Pellechia Pellechia.

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.

Dr. Pellechia: I'm so excited to have Dr. Melanie Pellechia here. So I want to just jump right into the interview. So thank you for joining us Dr. Pellechia, and I'm really looking forward to chatting with you today.

Dr. Pellechia: Thank you so much for having me. I'm really excited to talk with you as well.

Mary: Great. So can you describe your fall into the autism world? When and where you started working with children with autism? And I know you're a behavior analyst too, and how you got into the field in general.

Dr. Pellechia: Yeah, sure. And so it's been about 20 years now and so I started with my first foray into this work when I was an undergraduate in college. One of the professors for the class I was taking, which was behavior modification at the time, who had a private company where she provided ABA therapy to children around the university. And she talked about it in class. I approached her, she hired me to be an ABA therapist. At that time I was, you know, a junior, senior in college and I started working with one little boy in his home providing traditional discreet trial therapy. So this is, you know, in the late nineties where it was very much discrete trial in a family's home. And I was working with this one little boy three or four days a week and I loved it.

Dr. Pellechia: I fell in love with the progress that he was making. I fell in love with the connection to his family that I was making at the time. And the fact that I was the one who is implementing these procedures that were helping this little boy talk and play and learn how to eat, and so it was a really exciting time in my life and I just never really left. So when I graduated I got a full time job with a private company providing ABA therapy to kids with autism throughout the Philadelphia region. And so that was a company in New Jersey because at the time there was no publicly owned program in Philadelphia. And so I did that for a few years and went on to get my master's in applied behavior analysis at Temple, and then became a BCBA at the time.

Dr. Pellechia: And then my colleagues and I came to Philadelphia and started the first publicly owned program that was ABA-based for kids with autism. Because at the time if

a family... Unfortunately, if the family wanted ABA services for their child they often had to sue to gain access to those services, and they would sue and then they would get them from a private company, like the private company I was working for. But there wasn't an equivalent, publicly owned and managed program. And so we started that first program.

Dr. Pellechia: So we started with one family, grew it to many, and turned it into a school which is still in existence today; still providing high quality evidence-based ABA treatment to preschool aged children with autism in the Philadelphia region.

Mary: And who was funding that?

Dr. Pellechia: Elwyn.

Mary: Okay.

Dr. Pellechia: So Elwyn in Philadelphia is a three to five funder for public education. And so they provide all special ed services for children who live in Philadelphia.

Mary: Okay. And you also told me when we first connected a few months ago that you worked with the Verbal Behavior Project in Pennsylvania, which I was a part of starting in 2003.

Dr. Pellechia: Yes. And so I did. And so while I was at Elwyn I was working through the Verbal Behavior Project as VB coach. And so I provided... I have gained training in the verbal behavior approach and it was certainly a time where, you know, you go to those VB-trainings. I remember my first experience being like, this is, why haven't we been doing this all along? It was like, you know, a giant Aha moment in my life where we quickly changed a lot of our program model to be more consistent with that approach. And then I was a VB coach for other sites as well within the Philadelphia area.

Mary: Right. So you started out in the late nineties, like I started out in the late nineties with the Lovaas approach to ABA and then moved to the verbal behavior approach starting in 2003, 2004, 2005, those sorts of years. SAnd, and like I, my podcasts, all of my podcasts so far and my video blogs and my online courses are all... Obviously, my book is the Verbal Behavior Approach. And because of those Aha moments like wow, you know, I mean the Lovaas type ABA approach worked with my son and worked with other kids, of course, but I think bringing in Skinner's analysis of verbal behavior has just been a real game changer. And so we are going to get more into research because you did switch kind of your track, you became a board certified behavior analyst, you worked at Elwyn, and you spearheaded the funding stream of publicly funded programs in Philadelphia for sure. So now you are a researcher at the University of Penn.

Dr. Pellechia: Yeah.

Mary: So how did you make the switch from BCBA to full time researcher?

Dr. Pellechia: Yeah, and so part of... I think what has always driven my path has been this notion that there were a lot of families who weren't able to get what I believed was high quality evidence based treatment. And so Obama started these programs for Philadelphia County and Elwyn, that was because a lot of families didn't have access to it and not all families know to sue. Not all families knew to do that at the time. And I just didn't think that was fair or appropriate. And while I was really grateful to have been able to be a part of the team that was, spearheading this initiative allowing more children, enabling them to have access to these high quality treatments, I also was becoming very much aware that still many children were not able to get access to high quality ABA based programs.

Dr. Pellechia: And often those families were the families that are under-resourced or whose parents are undereducated or who, you know, have a working single mom who was not able to commit or, you know, because of all the stress in her life. And so I found it to be although a great program, and I still think it's a wonderful program, there were a limited number of spots available. And the number of children who needed that program far exceeded the number of spots that were available. And I felt turmoil about being the director of that program and making decisions about which children were able to access this program and which ones weren't. And I felt an ethical challenge, and I felt like perhaps research would be a way to sort of close that gap and think about ways to bring access to high quality treatments to more children, especially those who are under resourced and underserved. And so I went on to get a Ph.D. in school psychology, actually, from Temple. And I went on to become a licensed clinical psychologist, ended up postdoc here at Penn with David Mandell and his team, and have stayed here since then conducting research that is largely focused on helping to disseminate and implement evidence based treatments within community settings.

Mary: That's awesome. I have known David Mandell from the University of Penn for many years and, and he has certainly spearheaded a lot of the research locally, nationally, internationally. And so, yeah, he's a big proponent of ABA. He spoke at an ABAI conference maybe two years ago. I saw him present there and, and we followed up and, and I have spoken with and you as you know about potentially researching my online courses, specifically my online course for toddlers and preschoolers. Because one of the biggest things that kind of is a real issue as far as I'm concerned is now that the rate of autism is so high. Then when Lucas was diagnosed back in 1999, the rate was thought to be one in 500. And now it's closer to one in 50, depending on which study you look at.

Dr. Pellechia: Sure.

Mary: One in 58, one in 40...

Mary: And so there's such a high rate. There is less stigma attached to getting diagnosed. There's much more proof that early intervention is really key. And to get intensive intervention, a lot of times you need a diagnosis. There's out very long waiting lists for developmental pediatricians. And so, you know, one of the goals of my online course is to provide to parents and early intervention providers, some really good strategies, ABA evidence-based strategies to start making progress without a diagnosis, with or without a diagnosis, with or without a team of professionals. Because I really do think that starting with the Lovaas study published in 1987, as well as many of the other subsequent studies that shows that the power of ABA is a lot of times it is... Also, a big factor is the dedication and time commitment of a parent, usually a mom. Do you have any, you know, are you in touch with any research or have you done any research to show that moms or parents in general have a big part in that, you know, best outcome rate?

Dr. Pellechia: Yeah, so it's actually what I'm currently researching right now. So I have an award that is funded through the Institute of Education services through IES. And an award that is hopefully going to come through, from the National Institute of Mental Health and both are looking at how early intervention providers working in the zero to three system are able to support parents of children who either have autism or who are at high risk for going on to get an autism diagnosis. And so I think what you're keying onto is this notion which we're seeing a lot in the literature about parent mediated interventions and parents being empowered to support their child's development. And that doesn't mean they become their child's primary therapists. We certainly don't think that's the case. But I do think that a lot of research showing that parents who are able to learn a lot of the strategies that are going to help their child be successful; are more empowered, are more have a higher self efficacy and the parents have less stress.

Dr. Pellechia: And then we see better outcomes for kids because they have parents who are now able to support their communication development all day long instead of just the, you know, a 10 or 15 hours a week therapy time that they're getting. And so if the parents are integral parts of that intervention then we're seeing a lot of gains. And so my research is figuring out the best ways to implement those kinds of parent mediated interventions within community settings. Because what I'm learning is that although a lot of early intervention providers are certainly well-intended and support families as best they can, I think there are some evidence-based parent coaching strategies, some evidence based strategies that we know can affect change in parents' behavior, which would then affect change in their child's behavior. Those often aren't implemented, um, and community settings. And so trying to help early intervention providers teach parents as opposed to working directly with the child for the bulk of their session. And so how can we

collaborate with parents during sessions? How can we coach them and model and demonstrate, and then have the parent demonstrate some of these skills in a way that would show that they were able to implement them successfully, I think is something that we see lacking in a lot of the early intervention systems. And I'm hoping to change that.

Mary: Yeah, I think that's a big issue. I know one of the members of my online course, my toddler course, early on, she was driving, she finally got her son off the waitlist for speech therapy and she drove him 70 miles away to her appointments and the speech therapists policy... this is a two year old with no language. The policy was that the parent can't come back into the room. She was told to wait in the waiting room. The child was, you know, having separation anxiety. Didn't know this person; screaming the whole way back. I mean, she was literally told like, you know, some parents just go shopping.

Mary: And this woman had taken, it was in my online course and it's like, no, actually, whatever professionals are out there listening, I mean if you're listening in and you're a podcast fan, you know, like that's not my belief. Like we need to partner with professionals and parents together. That's why everything I do, my book, my podcast, my videos, my online courses are for both parents and professionals because it's like we need the expertise of the professionals, but we need the of the motivation of the parents and the fact that they can provide that, that 24/7, you know, kind of therapy strategies. It's like, no, you know, like, so I, and the other point, too, that is just because you can get speech therapy, ABA, whatever... And just because it's funded doesn't mean that person or that place is the right fit. And then parents have to navigate that system. You know, they just got off the waiting list and now they've met with resistance and lack of collaboration and it's just like I could tell you stories from hundreds of members of my online courses of frustration that it's just like, you know, we need to leave our egos at the door and we're really, everybody should just be worried about the child making their best progression.

Dr. Pellechia: Yeah, I totally agree. And I think something similar that I always tell parents who are navigating like the new, you know, time of when they're getting services for their child is that they should be involved and they should ask to participate in sessions. And if they are going to someone that says like, you're not allowed to come into the room, then I might, you know, question that and say, why and how can I help my son if I'm not allowed to watch what you're doing? How can I learn what you're doing? And I think that empowering parents to be able to ask those questions and to know that they're okay, it's okay to ask those questions is really important. And you know, it's a time where I think a lot of families are just so excited to get service that they don't, they don't want to question those kinds of statements because of fear that they won't be able to keep that service, which we certainly know we, we shouldn't be doing as professionals.

Mary: Right. And there's such, like you said at, for instance, Elwyn there's such a waiting list. So if you get a spot... That is really, you know, not to say that you or Elwyn would, you know, kind of let... You know, you're too much of a pain. Like I used to say, like the places that you know, I was trying to get Lucas involved with or places that he was, you know, being offered, they're like, Lucas was cute enough but his mother not so much. She was like, you know, cause I... Like you said suing and stuff, you know, I did go through two due process cases and this was, you know, the late nineties and then, you know, six years later. So yeah. But you know, back then you really did have to advocate, I think even harder for services. I mean, it was back before the insurance reform, nobody wanted to pay for it.

Mary: And I just had a guest on a few weeks ago, Lorri Unumb, who spearheaded the entire insurance reform throughout the United States through Autism Speaks. And because she was a lawyer, her husband's a lawyer and they got services for their son. But, you know, they realized like you realized when you were at Elwyn, like this is just a few spots, like, what's the rest of the world going to do? What's the rest of the kids going to do that can afford, you know, these, these high costs of therapy? So it's just a lot. There's a lot. And it's like, you know, I've been in the autism world for two decades. You've been in the autism world for two decades. How has it not changed and how has it changed? Like...

Speaker 4: Yeah. So I think that there are many things that are so much better than they were 20 years ago. I think that there's so much more awareness of the complex needs that many children and families face. I think that there are certainly a lot of more services available. I think that there are IEPs in place that allow for families to have access to a wide range of services. I do think though that there are absolutely disparities in access to care that are prevalent across the country and although we've come a long way in the last two decades, I think that there is still a long way to go to ensuring that all families have access to high quality care for their children.

Mary: Yeah. What do you think are the main struggles of professionals, especially behavior analysts, today?

Dr. Pellechia: So, you know, I think it depends on which way you want to frame the conversation. I think my view has changed a bit since becoming... I was a behavioral analysts first and then I became a psychologist. And I think that my view certainly shifted a lot since becoming a psychologist and also becoming a parent myself. I think that perhaps when I was in my twenties, I was maybe a little too strict and stringent on behavioral protocols being followed, you know, exactly the way they should be and this is the way you have to do it and never give in. And I think that a lot of behavior analysts even today still tend to share that message with families. I think that there are a lot of other family factors and

stressors that get in the way of a family's ability to participate and to implement techniques that, you know...

Dr. Pellechia: We get to go home. You know, when we're done working with the family, we say, this is what we think you should do. This is our job. We do it well. But I think that as a field we certainly can work towards improving our empathy and understanding towards what are going through, and support them in a way that is nonjudgmental and really focused on each individual family's needs. I also think that, you know, making sure that we are fully aware of appropriate child development and where that child's developmental trajectory and sequence is based on not their age but on their developmental profile is something that, you know, when we're doing that and we're pairing that with behavior analytic strategies it's the best approach possible for a child. If we are, you know, meaningfully targeting that family holistically and the child's appropriately dealt mental level and infusing behavioral interventions on top of that, then I think that that is the perfect package. But I think sometimes those different pieces aren't always available when we are thinking about the field of ABA as a whole.

Mary: Yeah, I think that's all very true. So we've been chatting for a few months about the possibility of at some point research being done on my course, especially my toddler preschooler course because of the need for parents on waitlists. And because of... You know, you can make so much progress early on. You know, during that first year or two after a child starts showing signs of autism, whether or not they have a diagnosis or not. So I know right now your plate is very full as well as you know, everybody, all researchers' plates are full, all behavior analyst plates are full. And so you know, what are...

Mary: And I'm sure there are listeners out there who might be doing innovative stuff in, you know, Cleveland or San Diego or you know, they've got things like I have the online courses that I know, I've gotten lots of unsolicited testimonials where, you know, my child had zero words and now he's talking; my child wasn't potty trained, now he is. You know, and just really even pre and post videos that are even astonishing to me given the fact that I've never met these people. I didn't even ever give them any feedback directly. They are truly watching videos and implementing on their own and making astonishing gains. So I, of course, want to get that more solid research backed. But there are a lot of challenges and it just seems like decades are going by and we're still, you know, we still have some leaders in the field of ABA who are like, you know, Lovaas study and the subsequent replication studies of the Lovaas ABA method is what we should be sticking to. Like verbal behavior approach... there wasn't the controlled studies that there was done on the, you know, so how do you respond as a researcher if someone like me has a program that, you know, they want more research and then coupled with the suggestion that maybe we stick with what's truly backed by better research?

Dr. Pellechia: Yeah, it's hard. I think that you know, I think our field has evolved certainly over the 20 years that I've been in this field. And I think that any good clinician is wanting to, you know, be with the current times. And there is a 17 year often cited research to practice. Yeah.

Dr. Pellechia: Wow. I've never heard that. 17 years...

Dr. Pellechia: The 17 year odyssey of when something is, you know, developed and demonstrated as efficacious. And the time it takes to disseminate that into the community.

Mary: So I'm like going to be in a nursing home before my online courses are, oh, I've never heard that.

Dr. Pellechia: Yeah. Yeah. And I think the reason for that is because, you know, it takes a long time just to get research funded. It takes a long time to apply for research funding. Often most grants aren't funded on the first submission. And so you are, you know... you apply and wait six months to a year before you find out whether or not it's funded and if it's not funded that first time. So you have to go through that process again and now you are two to three years into the grant writing process before you even can start testing a new intervention. And so it really is, unfortunately, a long and arduous process of getting large scale research projects funded.

Dr. Pellechia: I think in reality if someone was interested in doing this on a smaller scale, I think there are some foundations that are always looking to provide funding for innovative projects. And so there are some autism specific foundations that I have some colleagues who have been successful with getting some funding from. And so I think it's being creative about finding out what is the right funding source and applying to lots of different places. I think it's, you know, your response, your question about what do you do, what do you say to people who say, no, it should only be done this way because this is what that study showed. I think part of what is a challenge being a researcher and a clinician is that clinical judgment is certainly something that I think guides what we do as clinicians. Right?

Dr. Pellechia: And so you're having these testimonials from families, you are seeing a lot of progress for many families and I think that that in and of itself is powerful. And I think that's different though than having a large randomized trial that, you know, x number of children in your study made this much gains. And so I think it depends on what it is the goal of the person whose program it is. And is it to get a large randomized trial? Is it to disseminate it more broadly? Is it to have some smaller single case designs that show as a series of replication studies that show

progress with a different number of children? I think there are certainly other ways to go about it aside from having a large randomized trial.

Mary: And I have spoken with a few Ph.D. students who might want to interview past participants in my online course or look at their pre and post videos, that sort of thing. So that's like another idea where you could start a little bit smaller. I know with TAGteach, teaching with acoustical guidance, which I had just had Teresa McKeon on about a month ago or longer. But you know, a lot of the initial TAGteach research is a master's and doctoral dissertations and master's thesis, so, you know, I guess you have to start somewhere.

Mary: But for me as a parent, as a behavior analyst, as an online course creator, it's like I don't think we have the time to wait, you know, 17 years and do it the old way when clinical judgment, you know... I have people like I do video blogs every week, so I might come out with a video blog, which I have one on carrier phrases. Like I don't agree that we should be starting or teaching carrier phrases, especially early on. And somebody might email me and say, well, where's your research? Where's your, you know, I'm not gonna quote a 1995 study using three kids with carrier phrases because I've worked with hundreds of kids directly and I can tell you 10 problems I have if you teach carrier phrases too early. And so in some ways, it's like I don't have time to spend even digging through the research to try to support it. It's like I'm basing this on, you know, I feel like kids are drowning. I'm trying to pull kids into the lifeboat and people are saying, well, where's your double blind placebo effect study that your rowboat, you know, material is, you know, won't puncture. Well, you know what it might puncture. Like we've got to save these kids and parents don't have 17 years for the studies to come out.

Dr. Pellechia: Right. I agree. And I think that that is, you know, it's what drives the work that we do here. It's closing that research to practice gap. It's making these evidence based treatments more accessible to families. It's thinking about how to implement them broadly while testing simultaneously their right. And so are there ways that we can partner with community stakeholders and with agencies and systems to say like, here's a program. You might want to think about it. It has some promise and while you're rolling it out, we might want to study it as well. And so certainly that's it. That's an approach that we've taken for with some, with some programs that has been helpful in getting some of these programs out into the community. I think the drawback of that is while you're doing that, if the outcomes are null, then you have a program in the community that may not be the best fit for that community.

Mary: Right. So I won't give up with continuing to pursue research opportunities, you know, I'm still going to be hopefully working with you and you know, in the future at some point and David Mandell and University of Penn and, and other

researchers in other places, you know, there's always doctoral students and masters thesis students who are looking. So, you know, I'm open to all kinds of possibilities because I do believe that we have to keep innovating. Not to say that any project or program is going to be perfect for everyone, but the ones that have promise I think we really do need to move forward.

Dr. Pellechia: This idea that you know, you're persevering and trying to think through how to support parents I think is what is so critical because there are, you know, although these are child focused strategies, they're for parents and you're teaching parents and professionals how to collaborate. And I think that that is something that is one of the active ingredients and making sure that these programs are effective.

Mary: Right. So part of my podcast goals is for parents and professionals to be less stressed and lead happier lives. So do you have any advice for us, anything that you do to keep yourself less stressed or anything that you've found over the years to help professionals and parents?

Dr. Pellechia: Yeah, and so thinking about parents first, we have some work here that we're doing with parents to help them be less stressed, I guess, and help them better engage with the service system. And in doing that we spoke with a lot of families and asked them like, what do you wish you had known? What would have been helpful to you while you were going through the process? And this overwhelming need for self-care was so prevalent in all of our discussions with families where mothers would... And it's usually moms, but certainly dads too... Would overwhelmingly say that there is no time. I have no time for myself. I wish that I just like take 10 minutes to go for a long walk, or I feel like no one understands what I'm going through. I feel like there's not a person who gets what I'm going through with my child in this moment right now. Mothers talking about how their family members just think that their child is misbehaving or spoiled. And so not having a network was something that came up overwhelmingly.

Dr. Pellechia: And I think that if you're a parent of a child with autism or a newly diagnosed child, I think it's really powerful to be able to connect with other parents who are going through something similar. And so finding a forum that allows you to talk with other people to know that you're not alone, that there are many other people who are going through very similar experiences and that I think that sense of community just alleviates a lot of stress and allows for parents to feel supported by each other.

Dr. Pellechia: I think along with that is being okay with taking time for yourself. And so whether that means that you can come up with a schedule that you can take 10 minutes, and even if it's just 10 minutes to begin with to do something that's just

for you. And so I've coached moms to, like, take a long hot shower for 10 minutes and close the door and lock it so your kids can't come into the bathroom that day. And so I think that, you know, even that, like they're little things like that that we try to help parents do to just take some moments of self-care whenever they can that are helpful.

Mary: Yeah. I think that's great. How about for professionals?

Dr. Pellechia: So I think that people who are in this work are in this work because we care and we're in this work because we want to help families. We want to help kids. And sometimes we take our work home with us because we're working with families who are going through difficult situations and because we care that can be stressful. And so I think a lot of the self-care techniques that we try to help parents do are also really helpful for professionals. And so trying to have good work life balance; trying to make sure that you establish those professional boundaries and adhere to them; trying to ensure that you have time for yourself and for your family and for your hobbies I think is really important. And being okay with, you know, not every child and every family is going to make the same amount of progress because there are so many other factors that go into every individual child and families outcomes. And so understanding that and doing the best that we can while also understanding that there's a lot of variabilities that we don't have control over and helping to work through that.

Mary: Yeah, I think that's a really good point. There are so many variables and that's what makes, that's what makes working in the field, you know, hard. It's what makes research hard because there are so many factors that you can't just throw 10 kids in a study and you know, there's so many variables. So I think that's really good advice and I mean self care and taking time for yourself. And your hobbies. I remember I used to go to autism conferences literally so I could sleep in a hotel in my own bed tonight. And so I'm just getting, you know, I have my, I have my parents who live nearby, so getting my parents to come over so that I could go out while Lucas was in therapy, somebody over 18 had to be in the house. And I remember my dad coming over so I could take my younger son somewhere. And when I got back, he's like, it's like you're on house arrest here. You know, like, it's like, yeah, it is kind of like, it's really consuming. And I was fortunate because I did have family members nearby and also got babysitters and later I had pairs live with me and you know, otherwise I probably would not have pursued a professional career or written my book or anything. But, you know, not all families have, you know, resources to do that. But it's so important to get those even little bits of time for yourself because you can get just engulfed in the whole autism world very quickly.

Dr. Pellechia: Yeah, I agree.

Mary: Okay. Well thank you so much for your time. I really appreciate you taking time out of your busy, busy schedule with researching to try to help our kids. I know I got reconnected with you a few months ago when you did a webinar on early intervention. I didn't realize you were a behavior analyst and I was just like, oh my gosh, this is great to have a researcher and a behavior analyst all rolled into one. So it's been a real pleasure to getting to know you. I know you took a look at some of my online courses and you said at the time that, you know, not just for parents but also for early intervention professionals and behavior analysts, there are really good techniques because even if you know the information, it's presented in a way where you can then teach it better to parents or to your staff. So if there was anybody listening that would like to learn more about any of my online courses you can go to Marybarbera.com/workshop and there you can sign up for a free workshop with learn some strategies and find out more about how you might be able to join my online courses and community. So thanks again for your time Dr. Pellechia, and I wish you all the best.

Dr. Pellechia: All right, take care.

Mary: Thank you. Take care.

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