



TURN AUTISM AROUND
WITH DR. MARY BARBERA

Transcript for Podcast Episode: 064

*BCBA Compassionate Care and Interpersonal
Skills with Dr. Bridget Taylor*

Hosted by: Dr. Mary Barbera

Mary Barbera: You're listening to the Turn Autism Around podcast, episode number 64. And today I have a very special guest, Dr. Bridget Taylor, who I'm going to introduce in just a minute. Before I get to Dr. Taylor, I wanted to give a listener a shout out to someone who gave me a five-star rating and review for the podcast.

Mary Barbera: She said, "As a BCBA, I always learn something every time I listen to the podcasts. It always gives me great insight and empathy into my clients and their families as I support families in their home. I recommend Mary Barbera's podcast and book to all my families and anyone who works with people with autism. Keep doing what you're doing, Mary." And that comes from Dubedie. So thank you so much for taking a minute out of your day to give a five-star rating and review, which really helps with the dissemination. And the reason I wanted to give you a shout out particularly is because you mentioned that it gives you great insight and empathy. And today with Dr. Bridget Taylor, we are going to be discussing empathy, compassion and relationships between parents and professionals in the autism world, along with a lot of other great information. So you don't want to miss it.

Mary Barbera: So let me give you a quick background for those of you who do not know who Dr. Taylor is. So Dr. Bridget Taylor is the co-founder and CEO of the Alpine Learning Group and senior clinical advisor for Rethink. Dr. Taylor has specialized in the education and treatment of children with autism for over 30 years. She holds a doctorate of psychology and received her master's degree from Columbia University. She is a board-certified behavior analyst, a licensed psychologist, and the current president of the Behavior Analyst Certification Board. So please help me welcome Dr. Bridget Taylor.

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 Barbera: So thank you so much for spending some time with us, Dr. Bridget Taylor.

Dr. Bridget Taylor: Thank you. Thank you for inviting me. It's a pleasure.

Mary Barbera: Yeah. So before we really get into your work, which has been amazing over the years, I'd like to for listeners to hear about your fall into the autism world and how... I know for me, the first way when I think of you and your name, I think of you being involved with Let Me Hear Your Voice, the Maurice kids. So can you talk about when that happened and how you got started?

Dr. Bridget Taylor: Sure. Well, you know, I was always interested in working with people who were different and people with disabilities. I have a brother with down-syndrome. So and he's younger than me. And so I spent a good deal of my childhood with somebody who, you know, had a disability and spent time playing and working with him. And I always knew that I wanted to be in the field of psychology and to do something that was related to helping others. And so I kind of set my eyes on getting a doctorate in psychology and, you know, went to community college because my dad taught there and I got to go for free. And then I went on to a four year college. And then I was entering the master's program in Columbia in psychology at the time.

Dr. Bridget Taylor: And prior to getting into the program there, I was doing some in-home work with children with autism through a respite care program. And it was kind of in many ways, you know, over 30 years ago was fairly innovative because they would train us to do discrete trial teaching with these learners through this respite care program. And it was the Me book. It was O. Ivar Lovaas the Me book. And so they trained us to do these, you know, fairly rudimentary discrete trial instruction. You know, ask the child to sit down, provide a reward, ask the child to put the piece of puzzle in and provide a reward.

Dr. Bridget Taylor: And so I got my first child with autism, his name is Jeffrey. And I still am in contact with his mom still. And he was my first learner I worked with that had autism, and I fell in love right away. I fell in love with his responsiveness, you know, developing a relationship with him. I still have a picture on my desk working with him. And, you know, I really kind of took to it and was really impressed with the progress he was making. You

know, he was learning to respond to directions and play with toys. And so, you know, I was hooked. And I started to work outside of that respite care program with families who were part of the respite care program. And they would see Jeffrey responding to me at the social group and they said, oh, we know, can you come and work with my child? And to be honest with you, I was naive. You know, I was in my early 20s and I, you know, I said, sure, it was like going and doing the same thing in another person's home.

Dr. Bridget Taylor: So I knew that I was really interested in autism. And then one day at Columbia, where I was, you know, attending in the psychology master's program there, there was a flyer on the job posting bulletin board. And it said, you know, looking for a Lovaas therapist. And I knew that I had been trained in this, you know, work by Ivar Lovaas. And I was already working with a couple of families at home not knowing, you know, kind of really what I was doing. I mean, I had been trained in ABA...

Mary Barbera: Right. And what year was this?

Dr. Bridget Taylor: So Alpine was founded in 88. So this had to have been, you know, 86? That's a long time ago. My hair looked very different back then. So I saw this post thing and I thought I can do that, I do that. Right.

Dr. Bridget Taylor: And so I like took it off the wall and you know, I called the number and it was Catherine Maurice's home phone number and she wanted me to come and work with her daughter. And I came and, you know, had this interview process and, you know, put together a program. There was a speech and language pathologist as part of the team, and I had already gathered people who were working on with these other kids in New Jersey that I was working with. And so we got this team of people together and we just started, you know, working on skills and programs they had. At the time it was during Green O'Shay came out from the Lovaas Institute at the time and did like a workshop once, you know, kind of once we were involved in doing a lot of treatment with her. And so that was the beginning.

Dr. Bridget Taylor: And who knew back then that that would be life-changing for my career, but also in many ways life-changing for the field of autism for many families. And so, I mean, you know, it was a long process. And then towards that end, I started working with some of the families here in New Jersey who wanted to start a school. And so I switched my major at Columbia at that point to special education because I needed certification to be able to open up the school program here. And then after that I went on and got my doctorate at Rutgers University and worked with Sandra Harris, who had started the Douglas' Developmental Disabilities

Institute, where many people have had come out of, you know, Michael Powers, Mary Jane Wise. You know, Ray Romano. A lot of folks have come out of that program. So I kind of set my eyes on someplace that I could commute to and where there was also behavior analysis focus, and someone who I really wanted to work with, you know, Sandy Harris had a very good reputation and we were able to work together on my first research project and so on.

Mary Barbera: Wow, that's fascinating. So when you worked with the Maurice kids, you were loosely being supervised... You weren't really being supervised. I mean...

Dr. Bridget Taylor: Yeah. I mean, there was no, quote, supervision or supervisors or no concept of that. That's really why Jerry Shook started the BACB in many ways, because folks were out there doing, you know, doing this without any kind of real credential. And so I kind of got in before all of that. Right.

Dr. Bridget Taylor: And, you know, everything that we thought she should be doing or he should be doing, we taught. Right. So if they weren't using pronouns, we taught it. If they weren't able to follow complex instructions, we taught it. And, you know, we would use kind of some of the earlier programs in the ME book and then other kind of speech and language books that, you know, have a lot of similar programs, you know, verbs and nouns and teaching pronouns and preposition, you know, kind of going through everything that we wanted to teach. And her responsiveness to treatment was, you know, fairly rapid in that she began to respond to what we were teaching. And so for me, it was very reinforcing because I was able to take a child from point A, so to speak, all the way through the curriculum. So I kind of learned a lot about scope and sequence along the way.

Mary Barbera: Right. So when Let Me Hear Your Voice came out in 1993, you were at that point done working with the Maurice kids. But did... your name is in the book, first and last name is in the book. So I'm sure that had a big impact because that book Let Me Hear Your Voice was published in 93. It pretty much created the need for the whole behavior analyst certification board. It created a lot of movement of parents to pursue a ABA. That has now two decades later, you know, ment insurance coverage for all 50 states thanks to people like Lori Unum, who was on the podcast. Gary Morrison is a lawyer. He's been on the podcast. And so like this whole movement was created through the book, Let Me Hear Your Voice.

Mary Barbera: And one of the reasons that this whole movement was created is this was the first time that parents, including myself, realized that kids with autism could potentially get all better; could recover, become indistinguishable.

And, you know, that's what got me out. I was in denial for a year and a half when my husband first mentioned the possibility of autism and only when I learned that recovery was possible. Now, you know, the Lovaas study showed 47 percent of the kids recovered a very small study. But now, you know, subsequent research in different areas by different people is not always showing 47 percent. I know I did a little video blog on recovery; is recovery possible? And I think in that video blog, which we can link in the show notes, it was something like 4 percent to 47 percent was the range of kids that could recover. And, you know... What I've learned over the years, and I don't know if you agree, is like there's no such thing as normal. There's no such thing as, you know, Joe Normal and having a child or an adult with absolutely no problems. I mean, there's always gonna be issues with any child or adult. And it's very... It's not black and white like I thought it would be.

Dr. Bridget Taylor: But, you know, when I when I work with families, because we do diagnostics here at the school, at the center. And, you know, I tell families that the data are really clear that the majority of individuals with autism will need help the rest of their lives. And your job right now is to mitigate the decrease that help over time. Right. So your job is to mitigate how much help they'll need through this process of intensive intervention. And so, you know, we have all kinds of outcomes here.

Dr. Bridget Taylor: You know, we have learners who graduated and gone on to college. And I recently had a beer with a student, you know, who's, you know, now close to 30 and, you know, found me. And we connected on Facebook and, you know, and then, you know, I have learners who are in my adult program. And, you know, people always want to kind of over select in a way on these kind of what they might call 'best outcome'. And I put that in quotes for a reason. And, you know, for me, when I have a learner who comes here who's never gotten a haircut, who might have been, you know, escorted through his public school program with three male staff because you had elopement issues... and now we can go to the restaurant and get his haircut and go to the dentist and, you know, go on vacation with his family and appreciate events and not have three guys as bodyguards with him... To me, that's the best outcome.

Dr. Bridget Taylor: So, you know, my goal really with families is to help them really identify over time, you know, the kinds of supports their children will need. But to decrease that amount of support as much as possible.

Mary Barbera: Yeah. And I think parents certainly have the motivation to change things. And they have a lot of power. And a lot of times they don't know how much power they have. The name of my podcast and my video blog is Turn Autism Around. And like you said, it's not, you know, so in many

cases turning it all the way around, but an 11-year-old having his first bowel movement on the toilet or, you know, those are all making things better. And I just want everybody to know that no matter what age or ability level. My goal is always to help people, kids and adults reach their fullest potential. It's not a stagnant thing. It's you know, Lucas is twenty three. I feel like I've kept the bar really high, is reaching its fullest potential. But it's an ongoing thing. And as new issues come up and, you know, people get ill; people have, you know, accidents. And there's never like a oh, we're done. You know, it's an ongoing process for all of us to kind of get to that next highest.

Dr. Bridget Taylor: Yeah. And, you know, I think that we sometimes forget that we all learn through our lifespan. And so people get good at things at all kinds of points and stages in their lives. You know, so I know, you know, I'm, you know, had never taken pilates. And I start taking pilates and suddenly I'm learning about different aspects of movement and coordination and balance. And so, you know, we don't stop learning. The unfortunate thing is for our adults with autism is that when they graduate, it's falling off a cliff and suddenly they're at best on a maintenance program for everything that they've spent the last 20 years learning. And it's really unfortunate in many ways because we all continue to learn. You know, we might take a workshop, go to college, listen to a podcast, put on a TED talk, whatever it is we're learning. And we're acquiring new information. And why should that be any different for a person with autism? The expectation should be the same.

Mary Barbera: Yeah. So the Alpine Learning Center you founded and you said in 1988, I think.

Dr. Bridget Taylor: Yeah. So we opened... we incorporated in 1988, opened our doors in 89. First as a school program. So we started with four kids in the basement of a community house and we've really evolved to a center. So we have a Department of Education approved school and then we have insurance funded intensive programs for toddlers and young children with autism. We have an adult day program that's Medicaid funded. And then we have all of our clinical services. We have, you know, diagnostics and skills assessments and behavioral analysis for severe problem behavior. So functional behavioral assessments and functional, you know, any kind of assessment that might lead to identifying intervention or treatment, depending on what you know, what the problem behavior is.

Mary Barbera: And how many students or learners do you see?

Dr. Bridget Taylor: So we have... We're relatively small compared to some of these much larger organizations. You know, I'm sure you're very aware of some of

these... Equity back movement now and autism treatment. We are relatively small. We served probably across all our programs throughout a year we serve probably around 150 learners across all our programs, not at one time, but have, you know, kind of at a given time, depending on where they are in our program.

Mary Barbera: So what do you see some of the common struggles? Maybe parents have different struggles than professionals, in your opinion, but what are some of the struggles that you see with, let's just say, with school age children through, you know, any anything from five to 21? What are some of the struggles you see with school-age population?

Dr. Bridget Taylor: You mean with the learners specifically?

Mary Barbera: More the struggles with parents and professionals helping them.

Dr. Bridget Taylor: Okay, so, you know, I think we as a discipline are really good at the early learning curricula. So we know that we have to teach attending an imitation and direction following. And I think we have a very robust curriculum for that. But when we get to the elementary years and there's kind of this in-between phase of life, should we shift to transition programming? Should we move on to things that are more functional? Should we let go of some of the academics? I find that there is this struggle kind of around that time, you know, ten, eleven, twelve pre-puberty where you're just kind of like, what are the priorities? We've accomplished so much, this looks like a learner. At this point, we know this is a learning that's going to need supports the rest of his life. How should we shift and modify the curricula? So we end up kind of at this Crosswell roads a lot of times with families during this time period.

Dr. Bridget Taylor: You know, many families want to hang on to academics and we can see why, because that's a sign for them of, you know, a certain level of progress. And for some clinicians, they want to shift to functional. So there's some struggle sometimes I think around curricula, like what should we be working on with a 10-year-old who's nonvocal, who continues to have such self-injury, who, you know, actually has a good mand repertoire. But what are some of the things in that learners program? And, you know, we begin to look at things like how independent are they? What are their leisure skills like? Can they do things that we know they're going to require to be able to do an adult program. So an example is our ratios in our adult program are two to one or three to one. And that learner with autism has to be able to sit and wait right for the other learner to get done doing something that he's has to do. And so even just waiting as a skill becomes a priority when you begin to forecast. And if your curricula is visionary and looking into the

future, you start to kind of modify things around those elementary school years to kind of start planning. But it's a process. And I think even some of the dynamics can be a process between parents and professionals.

Mary Barbera: Yeah, I see that, too, especially... Is it an approved private school. Is that how it operates?

Dr. Bridget Taylor: Yeah. So all of our school in our school program, it's approved by the Department of Education, New Jersey. We're very lucky. Here we have private schools. And so the school district will fund the placement. So nobody pays for their placement here. The school pays for it.

Mary Barbera: And do you have long waiting lists for kids?

Dr. Bridget Taylor: Well, we have what's called a referral list. And it's a, you know, what's happened, interestingly, since public schools have started ABA programs and now they hire BCBS and some of those public school programs are actually quite good is that they are keeping their learners who are preschoolers up until about ten or eleven. If they are severe behavior problems that's kind of who my referral base is now. So when I get a younger learner, it's probably because the district doesn't have a program or the district is not able to manage or address or the parent is just a really good advocate. Right. So my highest referral based right now, my school program, I would say, is between, you know, seven, maybe eight to fifteen, just demonstrating pretty significant behavioral issues. And so our demographic has changed over time and that's required, of course, that we modify and change our curriculum.

Mary Barbera: Right. And you have a lot of BCBAs on staff, I'm sure.

Dr. Bridget Taylor: Yes, we have a lot of BCBAs and we take supervision very seriously. We have a pretty intensive training and supervision program and we have a lot of folks who are, you know, they come here and it's their first job. They've never worked with a person with autism before, and very similar to my first experience they also fall in love and want to learn more. And so many of them go on and have gone on and developed their own careers and teach at universities. And so, you know, in addition to children learning, I watched the staff learn.

Mary Barbera: It's fascinating. And I start every interview of my podcast and now we're in the 60s. And a lot of the people, when I say describe your fall into the autism world, if they're a professional, they almost always started like you. You suggested you started where you respond to a flyer of a cute little preschooler who needs in-home therapy and they get highly motivated, they see progress, and they really fall in love with. It was just

great. So you wrote a paper with Linda LeBlanc and Melissa Nosek called Compassionate Care and Behavior Analytic Treatment: Can Outcomes Be Enhanced By Attending Relationships With Caregivers? So I'd kind of like to pivot to that. We talked a little bit about how there can sometimes be that professional and parent kind of struggle between, you know, collaboration and just insight.

Dr. Bridget Taylor: Yeah. So I got interested in this because over the course of time in working with families, you know, I had to come to grips with my own mistakes and really acknowledge that some of my early mistakes had to do with, you know, asking parents to do things without really taking into consideration their unique experience as parents of a child with a disability, but also really understanding the importance of the relationship between me and the parent. And so often I would go in and I would, you know, espouse my, you know, intelligence of what I thought was right for their child. And often I got really poor outcomes. You know, parents weren't doing what I asked them to do even though I thought it was in their best interest. And so, you know, in looking at that process over time, I began to think about, you know, what are some of the missing ingredients in relationships with families? And also working with young clinicians and seeing their struggles with families and frankly, listening to colleagues and clinicians, blame parents, complain about parents, you know, engage in certain kinds of behavior around families related to families.

Dr. Bridget Taylor: And I started to think about, wow, I have to train my staff and teach my staff that we need to be empathic and we need to have an understanding of what it's like from their point of view. And we need to be able to develop relationships where they're doing what we want them to do and ask them to do. Right. We can't really tell them what to do, but we encourage them. Right. So I started talking to colleagues about it and Linda Loblaw in particular. And we started you know, I said, I have this training idea on communication. And she goes, oh, I have this training I do on therapeutic relationships. And so I sent her my training. She sent me her training. And I said, we should do a paper on this. And so we decided to find out, you know, what do some parents think about behavior analysts relative to compassion and empathy, collaboration, different aspects of communication. And, you know, there was a survey. We didn't have a great turnout, but nonetheless, we think we had about close in 90 completed surveys. And so we got some feedback that behavior analysts certainly need some work in this area.

Dr. Bridget Taylor: And we followed up this paper with another survey where we sent it out to behavior analyst and we asked them, are these important skills? Well, number one, if you had training in these skills? Most of them have not. If you haven't had training, do you feel they're important? Do you feel your colleagues struggle with these skills? And invariably, a large percentage said their colleagues struggle with these skills. And almost all of them said that these are worthwhile skills to have.

Dr. Bridget Taylor: So anyway, so the point of the paper really is to kind of introduce this idea that, you know, we have a lot of technical skills and we have a lot of precise procedures. And I think sometimes the... How we convey those procedures and how we recruit family involvement in the implementation of those procedures isn't always done with the care that it should. And it's a hypothetical... you know, it's an empirical question, really, whether if we change our behavior and working with families, will we see better outcomes? And of course, it's an experiment. You know, it's an empirical question. That's really the goal is to kind of put it out there and then to really raise the point of, you know, we should be teaching clinicians these skills of active listening, paraphrasing, cooperating, collaborating, rather, you know, making empathic statements, you know, in little subtle behaviors.

Dr. Bridget Taylor: We talk about things like just even interrupting families and jumping to solutions too quickly. So a parent comes distressed about their child, you know, not sleeping at night. And we automatically want to go to, well, I'm going to we're going to put him on this, you know, extinction protocol. And you're going to have to get up three times a night and put him back to bed. And, you know, you can't do your husband has to do it... without any consideration of what that fat parent is feeling in that very moment, as they're describing to you the stress that they're experiencing. I don't expect behavior analysts to be parents, to be therapists, you know, to the parent. But what I expect them to do is have an understanding of how their behavior can come across. And what we want them to be able to do is kind of just to sit with the parent in that moment and appreciate that parent's point of view and have an understanding of what they need in that moment, but how they're going to be able to help them. And so, you know, developing that capacity to engage in what we call a compassionate act, which is really to understand this person suffering and then be able to hopefully identify, you know, a solution down the road.

Mary Barbera: Yeah. And I read the paper in preparation, of course. And, you know, a couple of things I found is, you know, there's models for training medical students in a medical field about how you have like good side manners of

bedside manners and how you know my training as a nurse. I undergrad Westchester University and then a master's degree at University of Penn. But, you know, all throughout my nursing studies, there's a lot about how to interact with patients, how to, you know, be assertive but not aggressive in just a ton of interpersonal skills that... you know, I don't see across the board. And you know, a lot... there are several of my friends who are autism moms who became behavior analyst because of the need and because of the lack of... I remember in 99 when we started ABA therapy for Luke and a consultant would come monthly and she would leave and I'd be like, you know, six months into it I'm like wait a second. Like I know more than 99 percent of the people in the world about autism. This is absolutely frightening how little people know about exactly what to do. And I think the whole compassion and emotional stress and all of the things that behavior analysts and families have to negotiate especially is hard if you're in the homes of people. I mean, I've had people hundreds of people in my home. You know, they have the code to my house and people.

Dr. Bridget Taylor: Yeah. You have people in and out of your house. And one of the things that I try to help families while working with clinicians is that, you know, our interventions are relational acts. Right. So we're coming in and we're prescribing an intervention. And it's relational in nature, which means the parent has to change how she's relating to her child and maybe her other children and maybe even her spouse. And when I impart that information, I'm in a relationship with that parent. And so, you know, in Medicine and palliative care nursing, you know, and every medical school in North America, there's a communication skills course. Right. And in our discipline, there's not. So, you know, if we are going to be engaged in these relational acts, it makes sense that we provide training in those areas of communication that are going to hopefully facilitate and build relationships as opposed to create barriers. And very often, you know, sometimes it's in the how the message is delivered. And if the message is delivered in a particular way, it's going to invariably be a relationship. You know... it's not going to lead to proactive engagement with the family.

Mary Barbera: And I see some behavioral analysts kind of blame their lack of interpersonal skills on the ethical code for behavior analysts. We just are running a three-part series on ethics for behavior analysts as part of our podcast, we aired the first one a couple weeks ago with Dr. Eileen Schwartz, who's awesome. She's from University of Washington. And she basically, you know, analyzes the ethical code that behavior analyst should be following. And she said, you know, if you adhere to this part of the code, you know, to always treat people this way and then this could violate this code... And it's not a black and white issue. Ethics is kind of always gray and it's an interpretation. It's not illegal. It's an ethical thing.

So there are you know, and I see sometimes the knee jerk reaction will, you know, this parent is doing this and that's unethical. And, you know, it's like, well, hold on a second. Like, there's you know, first of all, you're in their home. There's a lot of stuff going on, and it can get very tangled. Even my role as a mom, as an advocate, as a nurse, as a behavior analyst. Oh, we're not supposed to have multiple roles. Well, I can't take that hat off. Like, you can't undo the fact that I'm a parent and an advocate always. And I always put, you know, the life and safety of the child first, you know? And so it does get complicated. I mean, do you see ethics and compassionate care in developing relationships as messy?

Dr. Bridget Taylor: Well, you know, actually, the ethics code speaks to, you know, a lot of variables related to relationships. They don't specifically say it, but, you know, using language that's understandable to the consumer. Consent to making sure that there's consent. And if you look at the ethics code, a lot of what, you know, what you have to adhere to involve an aspect of relationship. Right. If I'm gonna get consent, I'm going to have to have some relationship with the person for them to understand why I want them to do this and so on.

Dr. Bridget Taylor: But, you know, I think that sometimes young, particularly novice clinicians, you know, they don't understand that they, you know, they're kind of trained in such a way perhaps that adherence to it becomes the monolith as opposed to saying, you know, what are some of the potential exceptions to the rule that, you know, an example might be, well, you know, I'm not going to practice outside my, you know, outside my area of training. But if you have a distressed parent in front of you who's crying and very sad and suddenly, you know, it occurs to you that, well, I'm not a therapist and I shouldn't be giving her support right now. Well, in that moment, should you get up and walk away and adhere to some rigid code or do you say, I'm going to be present for this parent provides support? And then, of course, make an appropriate referral at some point.

Dr. Bridget Taylor: So, you know, I do think that some of the, you know, there is some level of rigidity sometimes, but those codes are there for a reason. And I think, you know, the good news is the BCB is always, you know, increasing or changing or, you know, they have subject matter experts come in and give feedback on codes. So I think that in some ways, I almost rather have people around on the side of caution than not. But with that comes, unfortunately, some people kind of toeing the line in such a way that it takes away from that relationship. But the code in itself definitely speaks to aspect of it. So we mentioned that in the paper we go over the BCB ethical code and the various parts of it that relate to this.

Mary Barbera: Yeah. And we're going to link the whole paper in the show notes. It has some curriculum suggestions. And it's a really „nice article for people to look at. I'm also going to link in the show notes an article that I published in 2007 on the experiences of autism mothers who become behavior analysts, which is a qualitative study I did outlining some of the, you know, because I do think that autism moms who are behavior analysts really do have a unique path to give input on some of these struggles that, you know, as even as a professional, I know how, you know, kind of very high maintenance parents can be because I'm one of those, you know, I used to look at schools or school programs for Lucas potentially. And they were like, well, Lucas is cute enough, but we do not want his mother in here with her white glove. And I'm less and less of a perfectionist than ever, but never been a perfectionist. But when it's your child, you definitely, you know, are going to advocate, advocate and really fight and be the mama bear. And so it is really hard. It's impossible to undo that from my brain in any in any case or in anything. But I think that adds to just like you're a psychologist, you're not able to, like take off that psychology hat. You're always going to have that hat on. And then as a behavior analyst on top of it.

Dr. Bridget Taylor: Yeah. And I appreciate that article you wrote. I mean, I think that the there is... And we talked about this before we started recording is that I think that there is a unique personality type of a mom who then becomes an autism professional. And I think, you know, nobody can bring to the experience more than a mother. Right. And so that unique experience can't you know, no therapist is ever going to have that experience.

Dr. Bridget Taylor: And so, you know, I think, you know, the idea that you can have a personal experience that I'm sure in many ways was significantly traumatic. Right. Learning the diagnosis for first starting treatment, not knowing the outcome, and then turning that into a career. And, you know, it takes a special kind of person to kind of take that on. And I'm always curious of that. I mean, it would be great to see what are the personality characteristics, you know, about that. They have all these personality tests out there. Like who? What are those ingredients of those mothers that kind of take this on and go with it, you know?

Mary Barbera: Yeah. And yeah, I think there were six, I believe six people that I interviewed that were behavior analyst that we're moms of kids with autism and they all had like master's degrees and other things and yeah, it would be interesting because there are studies. And you probably know the references better. But even the original Lovaas study, it was

self-selected who drove to the forty hours of treatment and everything. So there was this there is this component and maybe correct me if I'm wrong, but the dedication and the passion and the motivation of one parent to like. You know, be as gung ho as possible. Is that an important factor in the outcome. Is that true?

Dr. Bridget Taylor: Well, you know, look, I mean, parent involvement is a very is a significant component to treatment. Right. And so autism doesn't go away at three o'clock when the kids go home. Right. So families have to kind of take on and be willing to participate in treatment. Now, of course, we could continue and we do have children here whose families aren't able to participate because of various reasons. And will still, you know, make progress. But that parent involvement, of course, is really essential in so many ways because you're spending the majority of your time with your child. Right. And so helping families to be advocates and teachers and know how to respond to behavior is really essential for that consistency and really for promoting skills in the natural environment and family activities of daily routines.

Mary Barbera: Yeah. So besides parent involvement, what are some of the other good ingredients for programs to optimize best outcomes in kids?

Dr. Bridget Taylor: That's a good question. And I think different professionals are probably going to have different answers. You know, I think that these ingredients that are the things that I think about are. Making sure that the curricula that you're using is scope and sequenced well, right? And so, you know, it's kind of like you have to look at quality and what are the ingredients to quality, right?

Dr. Bridget Taylor: Well, you need a good curriculum, right. That you're working off of and that and qualities related to supervision. You know, how well trained are the staff? How well supervised are the staff? How often are families engaged in intervention and treatment? And then, of course, we look at, you know, intensity, you know, how much intervention or kids getting. Are they getting enough? Because intensity isn't just about, you know, we need 25... It's not about like we're going to teach as many skills as possible within this time frame. You know, its intensity is about prevention. Right. So if kids are actively engaged in treatment, you're preventing hopefully the development of some maladaptive behavior, behavior that might be challenging down the road or repetitive behavior that might be socially stigmatizing or disruptive. So the number of hours is about active engagement and intervention, but also seeing that as a preventative aspect to two outcomes. So, you know, ingredients in terms of quality, you know, our therapist engaged in the relationships with learners. It's not just sitting down and doing discrete trial instruction and

delivering SDs and providing a token. It's like, are they having a relationship with that person with autism? Because to me, those relationship variables, that connection that you have and again, it's you know, how do you define a connection? How do you define a relationship? When staff are here at Alpine, we do a training and relationship building and that's a really important ingredient. Our staff developing relationships with the learners, not just are their technical skills good, but are they actually having the relationship? So you have a good curriculum, a good training program, a good supervision program, a family engagement program, making sure staff are not only engaged in an instruction that's research based, but also developing those relationships. And then, of course, making sure the amount of intervention that they're getting is well matched.

Mary Barbera: Yeah. So let's talk a little bit about that. Hours, you know, because Let Me Hear Your Voice and the original Lovaas study it was 40 hours a week for two or three years. Some of the, you know, New York State guidelines and that sort of thing are 25 hours a week. You know, and I totally agree. It's, you know, a child could and should be engaged during most or all of their waking hours for the best outcome. And so that's why I'm such a huge proponent of parents becoming a captain of their ship so that they know, you know. But like, what in your experiences is... What our little kids getting in terms of hours and then what are older kids getting?

Dr. Bridget Taylor: Yeah. I mean, it's I think that, you know, so much of it depends on what's going to be funded and what kids are approved. What learners are approved to get and different models and different programs. And so here at the school program, they're getting 25 and three quarter hours, you know. You know, a little over 25 hours a week. And so... But then most families will have treatment at home after school. And so they might have an insurance funded program at home. You know, that number is variable. How much you know, in our child program, they might start with 10 and then build up to 15. And they, you know, a 10 month old or a 12 month old and treatment. We're not going to have many, many hours. I mean, mostly parent training? Right. And parents implementing the intervention and then slowly over time will build up for it anywhere from 25 to 35 hours per week, depending on what we're what they're authorized for.

Dr. Bridget Taylor: But also having families kind of fill in that gap. And, you know, when I look at hours and families will come in and say, how many hours should we get? I always as a baseline, depending on where the child is in treatment, I say no less than 25, depending on where they are again in there and they're functioning. But I also want to know, how does that child spend his free time? If he's actively engaged in learning on his own,

if he's able to hear language and then use that language at another time or is accessing information by asking questions and so on, then instruction can you know, you can titrate down because that person is now learning from the environment without being actively taught. And so that number might change and shift over time, depending on where that learner is and his age, but also where he is in terms of learning. How is he learning? How fast is learning?

Mary Barbera: Yeah. So you are the current BACB board president. So when did you start that? And I recently found that out. I listened to a podcast that you ended up being on the tail end of. So what is that role like? When did you start?

Dr. Bridget Taylor: Well, I'm in my second year of being president and I was on the board before. And you're were elected. You know, you're nominated and then elected to the position. So I've been involved in the BACB, I guess... now, don't quote me, because when you get to a certain age, you stop counting the years. But I think I'm in my fourth year involved with them. If I'm not mistaken or maybe this is the fifth year involved with them. It's great. I mean, it's you know, Jim Carr is an exceptional executive director and it's an amazing organization with really talented, dedicated staff and, you know, really have the passion and the goal to protect consumers. And that's really, you know, we aim to do is to make sure that, you know, the certificate is, you know, something that in the long run will benefit the field and protect consumers and really promote behavior analysis.

Mary Barbera: So is this a two year term as president?

Dr. Bridget Taylor: You could be elected three years in a row. So I'm in my second year. And so I would have I will have one more year if I'm elected again. So it's a tremendous learning experience to sit on a board of directors. You know, obviously, I'm involved in my board here at Alpine. But you learn a lot being on a board and Jim is it's like I said, he's an exceptional executive director. And he, you know, as CEO, he really has a really tremendous task and does it very, very well, and so I learned a lot in the process.

Mary Barbera: And in your article, it said there was in 2018, 30,000 behavior analysts. And how big is that number increasing every year?

Dr. Bridget Taylor: I haven't looked at the website recently. I think we're up to like 36,000. In the article that we published it was it 30,000. I don't know. Don't quote me on that because I haven't looked at the number.

Mary Barbera: Right. So I mean it's incredible growth. I've been certified since 2003 and my number is just right over the thousand mark. So what are the

challenges to... Besides interpersonal skills and that sort of thing? What are the other struggles of new behavior analysts?

Dr. Bridget Taylor: What I see happening in the field is that, and I see it with my staff, they are supervised during their getting their supervised hours. So they'll come here and they'll get their supervised hours. And then as soon as they get their BCBAs, they move in to a supervisory role and they haven't really have much training in how to be a supervisor. And so they move into these roles or they want to move to start their own business. And so now they might be really effective. I'm not judging. They might be very effective. But I wonder whether there's, you know, some learning still should be taking place. So I always tell my staff once they get their BCBA, I not only do I not want them to leave, but I want them to... Why don't you just hang out in this role and be a BCBA in conditions where you can continue to get supervised and you can continue to grow as a professional, as a supervisor, being supervised by other, you know, by folks who've been doing that kind of supervision for a while.

Dr. Bridget Taylor: So I worry a little bit about the leap from, you know, getting your BCBA to now suddenly you're in this leadership role or you are now assigned to 25 kids across four schools in a school district and you're running around and you don't have the support you need. Right. So your skills are going to degrade if you're not in an environment where you are actively using those skills in a super, in a way where you can get collegial feedback or supervisory feedback from someone more expert than you. And so I worry a little bit about the leap there to not really getting that getting enough experience. And I also think, you know, some folks don't get great supervision. You know, they may be using supervisors who, you know, they're not in one site. Right. So when I think when folks come here, they're in one site. They get a lot of supervision. And we have a huge task list we take them through. So even to get the supervised field supervised experience, they I worry a little bit about that being somewhat haphazard. I mean, it meets all the criteria, of course, in order to pass the exam. But I worry a little bit about the kind of supervision folks are getting.

Mary Barbera: And to have that kind of growth from 1000 to 36,000 in that last year is...

Dr. Bridget Taylor: Well, if you think about it, if you do the math, the majority of credentials, individuals right now are in their first five years of the profession. Right. So you think about that. They're in there like me and my first five years. I didn't know. Wow. It's still I'm still in a very steep learning curve at that point. So they're novice in many ways now.

Mary Barbera: So part of the podcast goals is for parents and professionals to be less stressed and lead happier lives. So I'm wondering if you have any self-care tips or how you reduce stress or what you would recommend for others.

Dr. Bridget Taylor: Wait, you can reduce stress? I didn't think that was possible. You know, one of the ways that I reduce stress is to make sure that I stay in contact with the reasons why I got in this field. And, you know, as a clinician, I am a clinician at heart. I'm running a program. But my love and my passion is working with individuals with autism directly.

Dr. Bridget Taylor: And so what I try to do to reduce stress is to stay in contact with that, which means going in and seeing kids and sitting down with kids and working with teachers and going to their clinics and having that contact. And if I don't have that contact, I start to feel that, you know what? You know, I start to feel like I'm a little bit in that treadmill and just, you know, running and not having an impact. And so the first recommendation is I think, to really make sure that you maintain your professional reinforcers and that in itself can reduce stress. But of course, there's the whole work life balance and making sure that you're taking time to take care of yourself so that you can have those relationships with other people. I think that some of that has to be self-monitored. Some of that might come up in your supervision relationships where your supervisors might notice that with you that you need to kind of take a break. You know, at the school here we have, you know, fairly behaviorally challenged individuals. And it's very stressful for some staff for any staff really to work with an individual who has aggression, for example, or is very disruptive. And so we're always monitoring staff and how they're responding to feedback and making sure that they're tending to when they need to take a break.

Dr. Bridget Taylor: So there is within the job ways to mitigate stress. And then there's outside of the job, of course, where you can mitigate and take do some self-care to then hopefully that it's going to positively impact where you are, how you're working. I also think having positive collegial relationships. I mean, one of the things that I love about coming here is I get to see people I really like. And so making sure that you're in a work environment where you like the people that you're working with, you're learning from them, but you also like them because those reinforcers will keep you there and keep you engaged. And so really monitoring and checking in with yourself around, you know, am I really liking what I'm doing anymore? Which means either you're not contacting your reinforcers or there aren't some other collateral benefits like friendships that can develop through your work or having a positive mentorship

experience with somebody. And so having those other collaterals are really going to in many ways, I think, reduce stress over time, or at least can have an impact.

Mary Barbera: Yeah, that's great. Yeah. So thank you so much. How can people follow your work? I know you've got more ideas for writing and for research.

Dr. Bridget Taylor: So Alpine, you know, AlpineLearningGroup.org we have a place on our website with our peer reviewed articles. One of the big areas of research here we're working on is in the area of observational learning, which is an area of research that myself and Dr. Jamie Tarquin Zio have developed and worked on. And we're actually working on a manual right now to develop some procedures where we're scripting out procedures to teach observational learning based on our research. So that's a you can read about some of the research studies on the website and the publication area. So, yeah, they're there. And there's also a listing of my upcoming talks if anybody wants to come to those talks. We'll be doing a panel at the Women in Behavior Analysis Conference on relationships and the different kinds of relationships you have in this profession. So, yeah, you know, my website has it all. I'm not on Twitter on any of those. I'm only on Instagram and there are really pictures of my dog. So, of course, I'm on Facebook, but I very rarely post.

Mary Barbera: Yeah. Yeah. Okay. Well, we'll be checking out the website. We'll have the article that we discussed in the show notes as well as your website in the show notes. And I appreciate your time today. It's always getting to know people, especially someone that has been such a leader on the field of behavior analysis. So thank you for your time today. And thank you for your contributions to the field. And I'm glad that you answered that flyer for the Maurice children in and ended up, you know, really changing their lives and then in turn changing my life as well. So thank you so much.

Dr. Bridget Taylor: Well, it's been a real pleasure and thank you. I appreciate this podcast. I think it's a great opportunity for families and professionals. So keep doing it.

Mary Barbera: I will keep doing it. If you are listening and you would like more information about my online courses, you can attend the free online workshop at MaryBarbera.com/workshops. And I hope to see you and hear you hear me next week.

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