



TURN AUTISM AROUND
WITH DR. MARY BARBERA

Transcript for Podcast Episode: 055

*Better Ethical Decision Making for BCBAs:
Understanding the Ethics Code | Interview with
Dr. Ilene Schwartz*

Hosted by: Dr. Mary Barbera

Mary Barbera: Welcome back to another episode of the Turn Autism Around podcast. I'm your host, Dr. Mary Barbera, and I am thrilled that you are here whether you're a parent or professional. I love to hear your comments, get your emails, to tell me what you're interested in learning about.

Mary Barbera: Today we are talking about ethical considerations in the field of ABA with special guest Dr. Ilene Schwartz who is a professor of special education at the University of Washington. She is a doctorally-prepared BCBA and she's a world renowned researcher for kids with autism, and specifically for kids that are young toddlers and preschoolers. So she is an ethical expert and I saw her present once at the Penn State national autism conference and it's outstanding. So I wanted to have her on.

Mary Barbera: This is an excerpt from an ethical series that I have within my paid online course and community. It provides all 32 BCBACEUs that you would need for your two year recycled period, including for ethical continuing education hours. So this is an excerpt, a pretty lengthy excerpt from that video, but I thought you would enjoy it because Dr. Schwartz really has a great idea of all of the ethical considerations in the field. So whether you're a parent or professional, I hope you enjoy today's podcast episode.

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: I did a little bit of background, but you certainly have a long career in behavior analysis. And I'm wondering if you can tell us how you got started in the ethics field of, you know, being an ethical expert in speaking about ethics in the ABA field?

Dr. Ilene Schwartz: Well like you said, I've been working in applied behavior analysis for a long time. I started working in applied behavior analysis as a undergraduate in the 1970s. And then I worked at a school called the May Institute in Massachusetts. And then I went to the University of Kansas to get my PhD and then ended up at the University of Washington and have been here since 1991.

Dr. Ilene Schwartz: The way I've got really interested in ethics is it emerged as a problem. So what happened is that we have a program in applied behavior analysis where we train people to become, BCBAs. And all of a sudden these ethical started to emerge. And we were unhappy with the way that people were telling us, or the textbooks in the field were telling us, that we should be handling these ethical issues. And so we started kind of delving into what, what does ethics mean? What does it mean to be an ethical behavior analyst? What is the core of what we should be doing? What is our responsibility to our clients?

Dr. Ilene Schwartz: And therefore, I think about what are my responsibility to my students. Because as a professor, my students are really my clients, and then their clients... although I don't treat them directly, I feel like the training I provide to my students impacts them as well. And so I became concerned that people were worrying about little issues and not paying attention to kind of some of the very big issues. Around issues of student outcome; what's best for the child and family; what does this do for clients dignity? What about the issue of self-determination for our clients, issues of independence and really issue of family quality of life? And I felt like some of those issues were not being addressed in some of the ethical discussions I was taking part in. So my colleague Nancy Rosenberg and I decided that we would start our own ethical discussions and put those issues in the forefront.

Mary Barbera: Great. So thinking about little issues and focus on little issues, I think one of the big things, and I, I know you talked about this when I saw you speak for three hours, was I think people get really caught up behavior analysts more recently as the BCBA code has changed... But people are really talking about like gifts and water and coffee and can you tell us your thoughts on, on all that?

Dr. Ilene Schwartz: Well, that's the best example of little things, you know, and I'll start with an actual case that happened with me. I was going out with a student and we were going to meet a brand new client. It was a brand new client for her and a woman that I talked with this mom on extensively on the phone, but I hadn't met her. She had a two year old with autism and the student was going to be providing services for him over the summer. So

we went to their home and the mom was, you could tell very nervous; this was a new diagnosis. She was really kind of upset and we walked in the house and she said, and we, you know, made nice and then we're going to go sit down and talk.

Dr. Ilene Schwartz: And she said, me, she said to both of us, can I get you a cup of coffee? And we both said, oh no thanks. And then she said, really, can't I get you a cup of coffee? I'm going to get myself one. And I said, sure, I'd love a cup of coffee. And the student looked at me like I had just committed, you know, a cardinal sin. And so, you know, she got me a cup of coffee and then we talked and we had a lovely visit and you know, went on... then we went on and did provide great services to this family over the summer. And afterwards I was, we're leaving, the student said to me, I can't believe you accepted the cup of coffee.

Dr. Ilene Schwartz: And I said, Did you see how the mom's demeanor changed after I said yes? And she said, yeah, I saw that. And I said, that's why I accepted it. I didn't want the cup of coffee, but she was so nervous and she wanted to do something polite and something that she could control. And so that's why I accepted it. It wasn't a gift. It was a common courtesy.

Dr. Ilene Schwartz: And I go on to tell my students, you know, when someone comes to my house to put together a new barbecue or work on my plumbing or, you know, do yard maintenance, I say to them, would you like some water? And it's not a gift. I don't expect them to, you know, give me special favors. I don't expect them to charge me less. I don't expect them to do anything different. It's a common courtesy. And for some families that we work with that are from different cultures, especially... But I'll tell you in my culture too, if someone walked into my grandparents' house, you could not say no if someone offered you something to drink or eat. My grandmother would be insulted to the core of her existence if she couldn't feed you.

Dr. Ilene Schwartz: And, and that's just the way that some people interact. Now these are not gifts. You know, it's different if someone says to me, you know, I want to... you know, it's not the same as providing a, you know, a \$50 Starbucks card or you know, a new TV or, or you know, tickets to the baseball game or something like this. This is a common courtesy. And I think that it's not worth all the time we've actually spent on it. And I think when I hear people say we should never do that, I think it's... people are being very not, not taking into consideration issues of cultural competence and issues of how other of what we need to do to put other people at peace and make them feel comfortable.

Dr. Ilene Schwartz: So I don't think it's, you know, that's one of the things where I say that, you know, that's a little thing, like I don't if you take a cup of coffee from someone. It's not as if when it would be different if every time you walked into their house, you know, you, you expected them to have a latte waiting for you, that's a completely different issue.

Dr. Ilene Schwartz: But if you're sitting down at a meeting and they say, I'm pouring tea, can I pour you a glass? You know, or I've made these cookies for everyone, please help yourself. I think that's a different issue. And I think that that's one of those things where we overregulate the simple things because we don't want to address the hard issues. It's like when I go into a childcare center and people are very worried about making sure that all the electrical outlets are covered. A simple thing, but the quality of adult child interaction is terrible. That's a hard thing, but a more important thing. So let's worry about the important things. Let's worry about how people interact with each other. Let's make sure that we're, you know, doing no harm to anyone. Let's make sure that we're really implementing the core of applied behavior analysis and not worry about the small things that may not be as important.

Mary Barbera: And I think that's great. And I remember during the three hour workshop we had time where we actually sat in groups and we talked about scenarios, and two handouts that everyone listening will have access to through a link right below the video, but are the code and your process. So do you want me to pull up your process first or the code?

Dr. Ilene Schwartz: Well, why don't you pull up the compliance code first. And so as many of you know, the BACB changed introduced a new compliance code about a year ago. And I think that if there are some important things, so it was effective I guess two years ago now, January 1st, 2018. And there are two things that are important about that. The first is that it went from guidelines to a compliance code. So in the compliance code, people talk about the fact that they are going to implement... these are rules that cannot be broken as opposed to guidelines for how one should behave. And I think that that's, you know, I think that what that means when you say that these are our rules that cannot be broken is it assumes that there's a right and wrong way to behave. And I don't think ethics is that simple.

Dr. Ilene Schwartz: You know, when you read ethical scholars, one of the things that they say is that ethical problems are not right or wrong issues. Ethical problems is when there's a tension between two potentially right answers. If there's a wrong answer, it's most often not the ethical, not an ethical or legal thing to do. So often the tension between you know, ethical issues is when

there are two appropriate things to do. Now what we've done is we really want behavior analysts to think about ethical decision making, rather than looking to a code for the right way that will describe the right way to behave. Because again, I don't think that, you know, there are such simple questions.

Dr. Ilene Schwartz: So when I think about questions I say, you know, we encourage people to work their way through this decision making process because there's a wonderful writer in the area of ethics names named Rushworth Kidder. And one of the things he does is he talks about the importance of being ethically fit. And he talks about ethical fitness in the same way that we might talk about physical fitness. And one of the things that we know in order to be physically fit is that you need to work out frequently. You can't just, you know, once a year decide to go run a marathon and say that's going to be my exercise for the year. And in the same way, if we want to be ethically fit, we need to practice our ethical decision making frequently, and talk about these things and have a group of colleagues that we can bounce ideas off of. So when we think about ethical decision making, this is the process we encourage people to use. So the first step as you can see is: why does this trigger my ethical radar?

Dr. Ilene Schwartz: What are some potential solutions? What is the compliance code say about potential solutions? We should evaluate those solutions and consider what issues or conflicts or value tensions might influence every solution. And we also at this point need to consider when we're thinking about these solutions, issues of client's safety, issues of client dignity and self-determination, issues of client outcomes, impact with your relationship on your relationships with the parties involved and family preferences. Then you will have to say, did I find an acceptable solution?

Dr. Ilene Schwartz: Once you've found an acceptable solution, you need to make a decision and implement that decision with fidelity and then reflect upon the results. So if you think about the example we gave about the cup of coffee, then you can say, well why did this trigger my radar? Well, because the code says I shouldn't accept gifts. Well what are my solutions?

Dr. Ilene Schwartz: So my solutions are really pretty simple. I can except it, the coffee or not. But how do I evaluate those solutions? And at this point I think about the impact that my not accepting a cup of coffee could have on the relationship that I was establishing with the parent. And am I doing more harm to that ongoing relationship by not accepting coffee than I am by accepting this cup of coffee? And am I even doing more harm by saying it's unethical for me to accept a cup of coffee? Because then I sound like

a very not friendly and kind of full of myself professional as opposed to someone that's trying to establish a relationship with a family member who's clearly having a hard time. So I think it's really important to think these things through.

Dr. Ilene Schwartz: Now I want behavior analysts to be fluent with this ethical decision making process. And the only way, and we know the only way you establish fluency is through practice. So I think it's good to have discussions about these issues, but let's have some discussions about bigger issues, about issues of... Is it okay to you know, only provide intervention in homes when we know that the behavior problem doesn't really happen in the community? Or to do an FBA or an FFA in a clinic when the behavior's only seen at school? To me those are bigger issues and things that we might really want to spend some time talking about as a profession and as behavior analysts.

Mary Barbera: That's great. And one of the things I remember from the Penn State talk is as we went through the decision making process on things like accepting coffee, it's not just the code that says don't accept gifts. It's also the code that says we should, you know, have cultural sensitivity. And you know, there's also, you know, so when I was in there working with my group on this process, we were finding all kinds of codes that one could justify and say, but this says that you really should take into account this. And so it was kind of like a whack-a-mole. Like you solve this, okay, don't accept gifts. But then you went ended up having other ethical dilemmas all, all intertwined.

Dr. Ilene Schwartz: And I think that's the great point because, again, ethics is a really complicated, difficult issue and there's not always a clear right or wrong. It's what is better in this situation? What's going to be the best outcome for the family? And so it makes it difficult when the current code, you know, says these are rules you must follow them. But in fact, there are many issues in the code where they conflict with each other. And how can you possibly follow all the steps of a code where there are conflicting rules? And really I don't think I want to work with a professional that says, you know, here are my list of things that I know my ethical rules. I want to work with someone who's thoughtful and respectful and you know, treats me the way they would want to be treated; treats me as a client the way they would want to be treated as a client. And to me that's, you know, we, some people call that the golden rule, but that's, to me, the ultimate ethical issue is are you treating your clients the way you would want to be treated? You know, and if we're doing that, then I think we're really doing good work.

Mary Barbera: And I think that leads nicely into my next question. So as you know, I'm the mother of a son with autism. He's in his early twenties now. I'm also a registered nurse so I'm a medical professional and I maintain my RN license, and I'm a BCBA at the doctoral level. So what I see, and I'd like your feedback on this, is a lot of knee jerk reactions of behavior analysts, some of which have been behavior analysts only for a few years or a few months, some of which have been behavioral analysts for a long time. And what I do is I'll post something on a Facebook page, like recently, a couple of months ago I saw a study come through Autism Speaks and it was on a supplement called folinic acid, which I've used in the past for my son and I do have an interest in the medical aspects of autism as well.

Mary Barbera: I saw this study, it was double blind placebo effect study on a supplement. I mean you just don't see that much. It was a small study. I put that in the description, small study, but a very controlled study and showing some progress in kids that had the folinic acid. And so, you know, there started the comments and one behavior analyst is like, we all know that all biomedical treatment and all supplements are pseudoscience and how dare you, it's unethical for you as a behavior analyst and a leader in the field to be posting anything about this. And I'm like, excuse me? So what are your thoughts? I mean it's really hard, especially for those of us that do have multiple roles.

Dr. Ilene Schwartz: Yeah. So I think there are, you know... you talk about having multiple roles professionally and personally. And I think that one of the codes in the in the compliance code really makes this especially, I think, difficult and challenging. So there's a code, I think it's 6.0 that says something like, as a behavior analyst, you know, that you're going to affirm that believes that behavior analysis or the principles of behavior analysis above all else. And I think that the reality is that many of us have multiple, have training in multiple areas. And that multiple training, those multiple experiences make us the behavior analysts that we are. And when I think about the primary principle of behavior analysis is that we're evidence-based and we're research-based.

Dr. Ilene Schwartz: And I think about the fact that Sigmon in his 1960 book on, you know, called Tactics, really talks about the fact that we shouldn't throw out other data. You know, there are all kinds of interventions that we use now that weren't available 10 years ago, 15 years ago. You know, at some point we didn't know about FBAs, you know, Brian Iwata's first article on that didn't come out to 1991. You know, we learn new things and we have to evaluate the data. So I think that it's important to look at data from all kinds of different areas. But then we have to look at what the

data and what the data says and also what the objective of the study says.

Dr. Ilene Schwartz: So do I believe that there are supplements that can help symptoms of autism? Absolutely. Do I think supplements are going to make someone not autistic? No. You know, but that's why we have to look at what someone says. So for example, if this, I didn't read the study that you're talking about, but if they say that, you know, this supplement reduced gastric problems in students with autism, I'd say that's important to know. Because we know that there are many students with autism who have gastric problems. We need to find a problem. We need to find some solutions for that. Those solutions are probably going to be biomedical.

Dr. Ilene Schwartz: Do I think teaching children to use to have better communication skills is going to come through a biomedical approach? No, I don't think that. But I think that if I have a biomedical approach that can make a student have fewer gut problems, that student's going to be more available for learning. You know, I, I have found, I believe strongly that working with students with autism especially, but really any students with any disabilities is a team sport. And it takes more than one discipline.

Dr. Ilene Schwartz: And as behavior analysts, we need to learn from different disciplines. And in the same way we need to be willing to teach different disciplines about what we do. And I think working together, we can move the field further. And again, if we come back to the idea that our ultimate goal is to increase the quality of life for our clients and their families, then the only way we're going to do that is through teaming and through working with other people. Now when I, you know... I don't expect that I'm going to be asked to give up my belief in looking at something in an empirical way. That's not something that I think behavior analysts are doing. And I don't think anyone who's talking about using findings from a different area is asking that. But when a colleague of mine from a different discipline introduces a new study, a new intervention that they want to try, to me, one of the things I always say is, well that's an empirical question.

Dr. Ilene Schwartz: We don't know if that will work or not, but we know how to measure it. And we also need to remember what an evidence based practice is. You know, evidence based practice is built actuarially. What that means is that we don't know if that's specific evidence based practice is going to work for a specific client on a specific behavior in a specific context at a specific time. But what we know is that it met the standards, which might be that it worked with 27 different, you know, with 27 different clients across nine different studies across at least, you know, two or three different investigators. That doesn't mean it's going to work with our

client. And so we have to collect data and evaluate interventions whether they're, you know, they have an evidence base or whether they're a new intervention, but we shouldn't close our eyes to things that are potentially new interventions.

Mary Barbera: And what are your thoughts on behavior analysts? I mean, I do video blogs every week, for instance. And so I talk freely about, for instance, this past week I did a video blog about how I believe children should be in the therapy. Like if you're getting private speech therapy for instance, I feel like the parent should be with the toddler in the speech therapy office, or at least behind a one way glass so that they can see what's happening so that they can intervene. You know, so, or I might say on a video blog that we shouldn't teach more and please and thank you before the child has any words. Like they should not be the first words. And so routinely, you know, every time I put out a video blog, I get this, where's your, you know, five articles that you can refer? Where's your references?

Mary Barbera: You know, it's like I am telling you from my experience, from all the research I've done and what works with families is like, I feel like behavior analysts are just so much focused on are there, you know, research articles. And I mean, I've done a lot of research that, and I published a few research studies. Unlike you I don't, you know, I'm not a full time researcher. I am trying to get the word out on how to help kids. So, you know, I feel like there's that balance between like not everything out of my mouth is going to be like, I'm not going to have five references for you.

Dr. Ilene Schwartz: Well, you know, five references are five references are five references. And my feeling about that is that again, when we think about what evidence based practices are, is that they're a starting place. And so some things are good practice and they, and some things may have a good research evidence behind them. And sometimes you need to trust your clinical judgment. And you know, when you look at evidence-based medical practices, they use clinician experience as one component. Whereas educational evidence based practices don't do that. So I think that, again, we have to think, to me the important thing are outcomes and what are the outcomes that we're getting. And you know, sometimes you know, the evidence based practice that we start with may not work. And you know, like an example I like to use when I'm trying to make this point comes, you know, something we all experienced with in medicine.

Dr. Ilene Schwartz: So let's say I have strep throat and I go to the doctor and he gives me antibiotic A, which is the evidence based practice, you know, antibiotic

I'm supposed to take for strep throat and I'm a very good patient. So I take my entire dose of the antibiotic and I do what I'm supposed to do, and I come back two weeks later and I still have strep throat. Well the doctor doesn't, you know, throw up his hands, hopefully, and say, I'm sorry you were supposed to get better. The evidence says you should've gotten better. Well hopefully what the doctor will say is, wow, that didn't work. What's, what's our next intervention? And that's, I think what we forget in applied behavior analysis is that maybe, hopefully that will work. But the reality is, is that what we have to do is take data.

Dr. Ilene Schwartz: We have to take data, you know, it's old fashioned, but it's the way we make decisions. Is the behavior changing. In a meaningful way? If not, then we need to do it a different intervention or we need to modify that intervention and maybe we need more intensity. Maybe we need more motivation, maybe we needed better reinforcer, maybe we need different kinds of demands. Maybe we need to make an environmental change, but something different has to happen because we're not seeing the behavior that we want to see. And one of the things that I love about applied behavior analysis is that we are an inherently optimistic profession. You know, one of, you know, one of the things I that I like so much about being an applied behavior analyst is that I believe that behavior can be changed. And I believe that we have the tools to change that behavior. And we don't want to handcuff ourselves and say, well, no one's done this before. We can't try this.

Dr. Ilene Schwartz: Because every student needs an individualized program. You know, in education, every student has an IEP, an individualized education program. And that means that we assume that this child's program is going to be based on his or her specific needs, strengths, wants, family priorities. And then we're going to put things together in a unique way for that child. We need to do that. Remember that in applied behavior analysis as well that things aren't cookie cutter; that family priorities are different. A child's strengths and needs are different and we need to really remember that as we develop our behavioral programming.

Mary Barbera: Yeah. Sounds great. Okay. We do have a question that came in from one of our members. It is about, I believe she's an RBT and she has a question about BCBA's using ineffective interventions such as sensory integration and expecting the therapist to use this as well. What's the best way to approach this with the BCBA? I've heard of BCBA's being very defensive and even aggressive when approached about these issues.

Dr. Ilene Schwartz: Well, again, I think that there's and I'm not going to be an apologist for sensory integration because as a field sensory integration has not been,

has no evidence that it's effective. However, there are some sensory integration strategies that have been effective. So let me give you an example. I published a study with one of my doc students about students sitting on a therapy ball during therapy, or an exercise ball during therapy. And you know, that's a sensory integration activity. And what we found, you know, because when she came to me and wanted to do this research, I was like no, we're not going there, you know, but what she convinced me of and why I believe so strongly that we have a really strong set of tools here is that I said, well, it's an empirical issue. Let's see.

Dr. Ilene Schwartz: And so what we found was that when students sat on these therapy balls during therapy, they were more on task and they were out of their seat less. Okay. So did it cure autism? No. Did it make the student more available for instruction? Yes. So it was great. Now, let's take an example of something I see all the time that I can't imagine why it would work, but I see all the time people using our weighted vests. So Aaron Barton, a great BCBA at Vanderbilt University did some research on that. She used, again the same kind of design in A B, A B design, put the kid in a weighted vest, take the weighted vest off. Put the kid in a weighted vest, take the weighed vest off. Do you see a change in the target behavior?

Dr. Ilene Schwartz: So what behavior do I think is going to be changed by the child wearing a weighted vest? If I see a change, great! If I don't see a change, then let's take the kid off out of the weighted vest. And so I think that we are, should be in a position where we're, where we are able to defend what we're doing. So in the case of the RBT, although you know, that's a harder conversation to have because of the power differential, I think it's important to say, why are we doing this intervention? And what changes do we expect to see in the behavior? And are we collecting data to determine that the behavior that we are seeing those changes.

Dr. Ilene Schwartz: So here's another intervention that some people think of a sensory intervention, sensory integration that I use a lot now: exercise. Now there's also a lot of ABA evidence that exercise is helpful. But when I see kids who come into classrooms and they have lots of out of seat behavior or kind of well lots of out of seat behavior, one of the first things I ask is how much exercise is this child have in their day? Because often, and especially with little kids, they don't have very much; they're seated, they take, have a bus ride, they come in, they're at circle, they're at center time, they're one-on-one working with adults. How much exercise does the child have in their day? So we now build an exercise breaks, whether it's jumping on a trampoline or running back and forth in a gym or riding on a bike. With older students, we use Exercycle or treadmills and we see big changes in that. Even things like getting up every hour to walk

around, my Fitbit tells me I should be doing that, you know? And so why isn't that good for people with autism to do as well?

Dr. Ilene Schwartz: So again, I think that there are some things that we've lumped into this sensory integration pot that we don't want to even try now. But I think that we as behavior analysts have the power and we have the technology to collect data. So, you know, that's always my approach when I'm working with people from different disciplines is I'm willing to say, as long as it's not harmful. Interventions that are harmful, I don't want to talk about. But if it's not harmful then let's collect data. And maybe for this student, you know, wearing a weighted vest will be really helpful. So I think you just have to weigh the pros and cons of using any idea, whether it's, you know, some sensory integration techniques or you know, some techniques or speech therapy or physical therapy and really think about what's the purpose of the intervention.

Dr. Ilene Schwartz: What am I trying to achieve? Can I take data on that? So for example, when an OT says to me, this is going to regulate their sensory system, I can't take data on that. Don't... Tell me what that means. Well they're going to be more on task. I can take data on that and then we can have a conversation based on the data. You know, you can't have a conversation, you know, I had a one once had a OT telling me something was going to re myelinate someone's central nervous system. And I was like, don't talk to me about that. Tell me what I can observe and then we can work together, you know? But let's keep it in the realm of observable behavior.

Mary Barbera: Great. And I do think from my personal experience, I have no data. I've seen no evidence of this in writing, but that if you, for instance, get a kid more active, bounce him on a ball, swing him, put him on a trampoline, you get more vocalizations, more babbling, and that sort of thing. So, so I do recommend that that's not going to harm anything. And I do tell people, you may want to take, you know, 15 minutes of data and then babbling at the table and 15 minutes of data doing active, you know, activity and see if you get more vocalizations.

Dr. Ilene Schwartz: Well, like here's another example, animal assisted therapy. Do I think that animals are going to cure autism? No. Do I love my dog? I love my dog and my dog, my life is better because I have a dog in my life. And I think the lives of children with autism would be better because they have dogs in their life. Maybe they'll actually have something more to talk about. Maybe they'll have more play skills because they'll learn how to throw the ball for the dog. But the reality is is that there are things in the lives of people with autism that aren't therapeutic. And there are things in my

life that aren't therapeutic and it's okay, but let's just remember what the purpose of that thing is and whether it's a therapy or not a therapy.

Mary Barbera: And what do you think is the most disturbing ethical issue you see in the field today?

Dr. Ilene Schwartz: Boy, you know, I'm not quite sure how to answer that. Because I don't think that the problem is an ethical issue. I'm not sure if it's an ethical issue or a practice issue. I think that what I see is that people have moved away from the applied in applied behavior analysis. You know, when you go back and you read Baerwolf and Risley, you know, they talk about the fact that we should study behaviors that are important for study and not convenient... And not just because they're convenient and that we should study them and in their natural environments and not in places they're convenient for study. And when you go back to the Lovaas 1987 study, first of all, it offends me that I see so many people doing home therapy who've never read that article and that seems wrong.

Dr. Ilene Schwartz: But, you know, when you go back to read his study, you know, he talks about the fact that he did home therapy because of the problems with doing clinic-based therapy. You know, that because of the lack of generalization; because of the disconnect between client, between clinic and home. And now I see so many clients who are being served in clinics because it's way more convenient. Because it is really hard to maintain a workforce of people who are doing home therapy. It's really hard to maintain quality. It's really hard to maintain employees because they get tired of being so isolated and living out of their cars. However, is it what's best for the clients? It also bothers me that I see this disconnect between schools and behavior analysis and almost people not certainly not working as good partners. And you know, we developed our program for children with autism at the University of Washington that's called Project Data to be implemented by schools because education is the one great entitlement that every child in the United States has.

Dr. Ilene Schwartz: And you know, if you have a child who is economically disadvantaged and has autism, you know, they're at double jeopardy and we want to make sure that every child with autism, every child with a disability can access really good services. And it bothers me that we aren't always doing that. You know, I sometimes look at the behavior plans that some of my students are implementing as RBTs for the agencies that they're working with while they're getting, they're doing their ABA masters work. And I'm like, why are you working on that skill? You know, like, why are you doing that? And they're like, I don't know the BCBA wrote the plan. Well that is a really bad answer. You know, and, and some of the skills are not

functional. They're ridiculous, and they're not working to improve the quality of the child's life.

Dr. Ilene Schwartz: And I think that we, that concerns me, you know, that concerns me. Yes, we can teach a ton of discrete skills. But if the child can't participate at a family dinner, you know, if the child can't go with their parents and go to the supermarket, if they can't go to their grandparents' house because they're afraid of dogs, you know, those are such important skills. And you know, and yeah, they're harder to teach. They're way harder to teach than big and little or shapes or you know, feature function class. And so I just worry that we aren't always teaching the things that are the most socially important, that we've given that up for sometimes things that are more convenient. And I think that really makes us ignore our roots and we need to remember our behavioral roots.

Mary Barbera: I think that's excellent. So I know I am very excited about your book. I didn't know you were writing one and I'll be first in line to get a copy of your book because I really... Your philosophy and what you've talked about for the past hour is, is totally aligned with my online programs and everything I teach. So that sounds great. Thank you so much for your time today. I know I learned a lot. I learned a lot back when I saw you present, and I saw you present on other topics too. So if you see Dr. Schwartz presenting on any topic, I would highly recommend it.

Mary Barbera: I hope you enjoyed that podcast with Dr. Ilene Schwartz answering the ethical questions that I presented to her. If you would like more information about how to use my approach with toddlers through teens with autism, or even young kids with signs of autism, I would love it if you had attend a free workshop at marybarbera.com/workshop, and I hope to see you right here next week.

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