

Ep 150 SLP Happy Hour Transcript

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Sarah:

Hello everyone. Welcome to the SLP Happy Hour Podcast. This is episode 150, so I wanted to say a special thank you to those of you who listen regularly. This podcast has been such a gift for me. I truly feel that between the people I've met through doing the podcasts, the episodes I've posted on my Instagram account, I've been able to connect with so many of you. And I just wanted to say thank you. There are definitely days that I think I probably still would not be in this profession without the SLP Happy Hour crew and those of you who listen. So I just wanted to take this moment to provide a heartfelt thanks. Thank you for listening, thank you for reviewing the show. Thank you for purchasing things that I make on teachers, pay teachers. All those little things add up, and I am incredibly grateful for you. So let's talk about today's show. Today's topic is how to effectively collaborate with ABA providers. In this episode, I talked to Carly Baresne, who is both an SLP and the BCBA, providing speech pathology services and ABA services in Maryland. Carly is part of several ongoing groups who meet regularly to listen to autistic voices, support other ABA providers in providing trauma informed and child-led services through collaboration. And she supports parents in knowing that, no, not all autistic children need ABA. And if she can't see the kids of these families, she'll support others in what to look for to find a child led ABA provider. In this episode, you'll learn who isn't a good fit for ABA, ways to find out if ABA providers are neurodiversity affirming, and more. No matter what your feelings are about ABA, the fact is many parents will choose to proceed with ABA therapy for their children. So let's dig into figuring out how we can work effectively with these providers and how to educate them and provide resources about language development in a way that they will hopefully be able to hear. So let's hear more about Carly in her own words.

Carly:

Hello, I am Carly Barezney. I am an SLP BCBA So, speech language pathologist and board certified behavior analyst. I graduated from the University of Virginia in 2014 with my degree in Communication Disorders and from Ball State in 2019 with a degree in Applied Behavior Analysis. So I am nuts and have two master's degrees and I'm one of seven, I believe in Maryland that has both. But I pride myself would say, on being as educated as possible about neurodiversity affirming practices through CEUs, listening to adult autistic voices, and generally putting my clients needs first.

Sarah:

One of the things that Carly taught me was the difference between an RBT, which is essentially an ABA assistant, and a BCBA.

Carly:

So a BCBA is typically, if it's a large clinic, it's the person who owns the clinic. They have a master's degree, and they've passed a very challenging national Board exam. The RBTs

Registered Behavior Technicians have a high school diploma and 40 hours of ongoing training. An important piece of this is that if your families are working with an Aba clinic at least I've found this in parents I talk to. Don't understand the difference between the education of an RBT, who is perhaps seeing their child all day within the Aba clinic and an SLP, who has a master's degree and lots of continuing education and specialty knowledge in language. And that can be really confusing to parents. So one of the things we can do when we're talking to parents about Aba is to describe the difference between a BCBA, a master's level graduate who is board certified, and an RBT. Be. While we have that discussion, we can also explain our training as an SLP and why we're the experts on language. Here's Carly explaining what Aba looks like in action and what your students may be working on in an Aba clinic. And she also explains what she calls big box tours, aba clinics that have. A B CBA who owns the clinic and who employs RBTs. A lot of what EBA does is it's quote unquote programming to further the child along developmentally as much as possible without having them mask or not be their authentic selves. We're not trying to cure autism here. We're trying to make them as independent and autonomous as possible. And as I guess the best word I would say is powerful for themselves so that they can say no to the scary situations when they're out in the real world and yes to the opportunities that they need for themselves. So, like, taking a break, for example, we work a lot on listening to Autistic Voices, and people look at me like I'm half crazy when I talk about some of my sessions just because it does not look as scientific as behavior modification does, right? Where it's like, oh, well, it's first then and it's token system I want. And it's saying, oh, no, hand over hand. Must touch this now and PEX and things like that, right? So that's what behavior modification really looked like back in the 90s that a lot of people have not learned since then what a child led, ascent based, non compliance based, trauma assumed session can look like.

Sarah:

From Carly's experience, most Aba providers aren't researching neurodiversity viewing sessions through trauma informed lens or listening to autistic voices. Well,

Carly:

I'll be really honest. I find that big box clinics worry more about like, what money they can make than, like, what the child actually looks like. And that's a huge problem because they prescribe 40 hours a week. It's like a daycare. It's cut and paste goals. I've worked for one. I hated every second of it. I was traumatized by it. I saw some things that I would never repeat again because it was so awful to the children. And that's mostly what I see out here. And I'm in a very privileged population. They have all the information in the world. We have so many Facebook groups and support groups and things like that. And these people still go to the big box clinics.

Sarah:

So here are some things you can look for and some resources you can share with Aba providers you consult with. And these are all tips from Carly and I's conversation, which was more than an hour and a half long. So I'm going to summarize it here just to save you some time because I know SLPs are so busy. So first some terminology. You may hear terms like old AB and new aba. Old aba signifying this very behavioralism based and clinician led activities philosophy that

we know can lead to trauma, and new aba being more naturalistic based interventions that are based on finding joy within the therapeutic experience. You may also hear of terms like reform movement, which is ongoing and includes. The New Way and Reform Movement include updated practices in Aba, and I'm going to share five tips and resources that may help with that. I will also want to add that if we are listening to autistic voices, particularly adults today who have gone through Aba therapy, we personally may not ethically agree with Aba. We may believe that Aba is abusive, scarring, and traumatizing. Why? Because there is plenty evidence that it is. And I'll include some articles in the Show Notes which are on the website. This includes a 2018 study indicating nearly half of children who also went to Aba had PTSD, while only 28% of autistic children who didn't go to Aba had PTSD. So where do we go from here? The scope of this episode is this many of our students will go to Aba. We are not gatekeepers for Aba. We do not force families to agree with us. And we ultimately do not have control over whether families choose to put their autistic children in Aba. We can provide information to families and other providers and let them make the decision of what they want to do because they are in choice. With that, we are not taking people's autonomy away from them. And as a parent trying to make decisions for their child, we absolutely can and should bring up concerns about the autonomy of children within the Aba system and their perspectives. I found that many families still seek Aba, and I can't control that. However, I can equip parents to know what to look for in an Aba provider for families who will go. And I can consult with Aba providers and try to encourage them to use less harmful practices. And I can specifically ask them questions about their practices and try to plant a seed about further resources they can seek to improve their own practice. So, as I'm discussing Aba and PTSD, I also want to ask a question to you. Do you know what else is traumatizing for children? Social skills training that SLPs have done for years. And some SLPs still practice that encourages kids to mask and ultimately not to selfadvocate and do what they need to do to take a break, Stem, access things differently in order to fully participate in the classroom and social experiences and the rest of life. This means programs where a child is expected to look at speaker, keep quiet hands, have their body faced towards the speaker, and essentially mask to look like a neurotypical version of listening. This increases rates of trauma, PTSD and suicidality in children who have this specific type of social skills training in their speech and language sessions. I will link an article in the show Notes, which are always on the website for all these studies. I have run sessions with these practices early in my career. I really wish I hadn't, but when you know better, you do better. I absolutely know better and do better now. So I want to mention, and this is really key and important, that SLP practices have harmed the mental health of autistic youths and we need to consider this when we are providing therapy for students. I also have to acknowledge that I'm probably doing things today that I don't realize are ablest. You probably are too. We don't slap an infinity symbol on our clinic website or attend one training and assume we know all there is to know about neurodiversity. Rather, we are committing to a career of ongoing learning, learning new things and unlearning harmful practices, using autistic voices to guide our practice. Is Sometimes when we only vilify Aba, we might be tempted to think that Aba is the only profession that uses practices that can harm the

mental health of our students. I'm encouraging listeners to widen their perspective and think big picture. Think of the throughout the week experiences of the autistic students we see and acknowledge that there are unfortunately likely many providers in that child's life who are able list limiting them and using non neurodiversity affirming practices. Once we know this, we can educate families in how to see this, how to recognize this, what to do when they see this. And we can educate ourselves as well, so that we can encourage families and advocate for the students we work with. And as a gift to you, because I want as many children as possible to benefit from services that aren't coercive or ableist. I want to offer you a free, one page handout that I share with families I work with that examines tips for finding neurodiversity affirming, providers and questions families can ask any therapists or professionals they work with to open up conversations about. This will be on my show, notes on my website. So by now, you may be thinking what I'm thinking. If you have a student who already works with ABA or is about to start and the family has shared, this is their decision. They are going to move forward or they are going to stay in ABA. What do we do now? So, if a student is already enrolled in ABA or about to, here are some things to keep in mind. Carly helped me come up with five areas in which SLPs should be aware that there are resources for ABA providers to become more neurodiversity affirming. Tip one talk to your ABA provider about if they've attended any child led trainings. So trainings that focus on how to provide child led non coercive sessions. The first big name to be aware of is Dr. Greg Hanley's program, which promotes Happy. Relaxed and engaged. And some people call this the new ABA. In this philosophy, autistic children learn more through joy and connection so that they can be those three pillars happy, relaxed, and engaged during sessions. This includes finding out what brings that child joy, what their interests are, and creates a therapeutic environment in which the child feels safe and in control. Tip two see if your ABA provider has attended any trauma informed trainings. So some names that Carly recommended were Lauren Elder and Ashley Fiorelli. They said she mentioned they provide a very good, extensive training that ABA providers can take. So we are going to consider if the child's ABA provider is educated in trauma informed practices for ABA. This is essential because we know that children enrolled in ABA have higher rates of PTSD and that autistic adults are sharing that their experiences in ABA have been coercive and abusive. Given this information, it is my opinion that all ABA providers should have extensive training and ongoing training in traumainformed care or they shouldn't be practicing. Again, I really want to parse out here that that is my opinion, and I want to be clear in this episode what is research? What is Sarah's opinion? And to me, that seems like a really obvious and really minimum ongoing educational practice piece for ABA professionals. Given their history. It's important that your provider has at least some experience with trauma informed ABA, or what some providers call trauma assumed ABA, in that they are not providing services that are trauma informed to some children, but to all children as SLPs or as parents. There are three questions you can ask an ABA provider. Number one, what traumainformed training and our training programs have you attended? Number two, how does a traumainformed or trauma assumed lens impact your practice? Number Three what are a few things you do and a few things you no longer do in your practice due to your

knowledge about traumainformed care? Tip Three look for practitioners with AB H-C-O-E Accreditation so Carly shared with me this is really a general accreditation for ABA clinics or ABA providers. It's really a minimum industry standard to ask. The acronym stands for Behavioral Health Center of Excellence, and it's a long ongoing process in which ABA providers need to show data that what they're doing works and their values are that children are making progress, that there is value based care, and that there are high quality services. While those seem like catchphrases to me, I think I understand the basics here, that this is a fairly minimum accreditation that is national for ABA providers and clinics, and there is a free search tool online. There are accredited providers in all 50 states where you can see if there is one near you. When I use the provider Lookup tool, I found, unfortunately there were five or fewer clinics in my state with this accreditation and they are all in Portland, Oregon, which is four and a half to 5 hours away from where I live, depending on traffic. So a provider with this accreditation isn't accessible to my students, unfortunately. But you can give it a try and use the lookup tool. Tip Four most Important One listening to Autistic Voices we know as SLPs our responsibility is to listen to autistic voices. We want to hear from autistic people who can let us know what it's like to function in this very ableist world from an autistic perspective and what was helpful and what was harmful as they received therapies as children, or maybe if they didn't, how they feel about that. Now, I'm reticent to recommend any specific names at this point to you here or to my own patients. My handout that I do give to parents has a couple of names and encourages them to find autistic voices online, mainly because the nature of the Internet is ephemeral and blogs, YouTube and podcasts can die or change topic or be available now, but not in the future. So as far as SLP content goes, I would encourage you to follow Rachel Dorsey and the speechologist on Instagram, both autistic SLPs. I encourage families to ask APBA providers directly about how they are listening to autistic voices. Here are three questions you can ask. Number one what are some names of autistic adults or their accounts or handles you follow so that you can learn more about the autistic experience and listen to autistic voices like who are those people? What are their names? And again, these questions will stump people who are not neurodiversity affirming, and people who are will have answers. Question Two when listening to Autistic Voices, what is some input about your profession, specifically that you have heard, and how have you made changes based on that feedback? Question Three what is one thing you've added to your practice so you've started to do and one thing you've taken away from your practice or stopped doing in order to adjust your practice based on your experience listening to autistic voices? Tip Five for Parents find a Neurodivergent Parent Support Group when parents find support groups with other parents of autistic children, they can tap into collective wisdom, be supported, and learn new things. While many of these groups are on Facebook, you can also do an Internet search in your area to see if there are also in person options. Here, Carly tells what to look for in an ABA clinic, as well as explains what an RBT means. And those are the ABA practitioners who are seeing most of our students day to day.

Carly:

What you really want to look for is when you're interviewing these particular clinics or homebase, home based care providers, you want to look at how they evaluate your child, what sort of goals do they have in general for their BCBA's, their RBTs, how much? You actually want to know how much they're paid, because that will show a lot about what the company's about. Is it about money or is it about the children? So a Registered Behavior Technician, or RBT, only needs a high school diploma, 40 hours of training, which is usually online and pretty cookie cutter, to be honest. And then they're kind of just sent out in the world to just fly free. And some companies do more than that, like my company does way, way more than that, especially if a child is a little more challenging in behaviors. We work with every type of kid, and we want to ensure the safety of this particular inexperienced person. Or if they're going for their Masters, for example, we will train them to the greatest extent. And boards of our behavior analyst is somebody who has their Masters has passed an exam which has a rate of only 60% that pass in total. So it's very nerve wracking, by the way, and a lot of us don't pass the first time, but nobody ask you how many times it took you to pass. I'm grateful for so the BCBA's do the programming and oversee the RBTs. Now, if you have a good company, the BCBA's are doing more than 10% of supervision. The programming should not be cookie cutter. And it should not be like the 40 Hours, for example. That prescription was Dr. Lavas's. And I don't know if you're familiar with Dr. Lavas, but I personally wrote my university saying that he should be banned as far as literature goes from anything that we have to do with ABA because he is such a horrible human being. 5s Yes, it was to quote unquote, make your child indistinguishable from his or her peers. No, it is awful. It makes me want to vomit. Okay, so the 40 Hours prescription is so wrong, 19s and that's fair enough for SLPs like me who are working with kids who also go to ABA. 2s Sarah:

How do we as SLPs know what kind of ABA a child is getting? What it looks like? If it's child led, if it's clinician led, if they're doing hand over hand. If they're not, should we be reviewing goals? Should we call the provider and ask what a session looks like? What information can we get so that we have a picture of what ABA looks like? Because, again, some kids are in these programs for 25 hours a week, 40 hours a week, 15 hours a week, and it's all happening to us behind closed doors. So how do we know what we're getting?

Carly:

So I hear your frustration. I understand it. I've been there. I think that the BCBA really needs to better understand the scope of practice. If they're going to be using language so much, they need to start teaching child language development in graduate school courses. I'm not going to lie. I think that a lot of what's happening now is getting better and better and better. I'm not going to mince words. It's getting better, but it's not great. They talk about ascent based practices in grad school now, which is way better than when I went through grad school. Okay, so in 2019 is when I graduated. So that wasn't that long ago. And now that there's a new task list, they're talking about ascent based practices as a full course. So that means that the child is consistently having autonomy over their body, their words, their actions, et cetera. So it's just non compliance based as well as encouraging autonomy. We're leading towards that now, and we're leaning towards

natural environment teaching, which is our way of saying child led. So if you see natural environment teaching and most of programming, great, wonderful, there's a way to do it. And they're teaching that in grad schools now too. But we have a long way to go. We have a long way to go. I hate to say it, specific behavioral goals, then why ABA? Honestly, I've turned down clients because I didn't think that their child had any behaviors outside of developmentally appropriate behaviors. For example, they were just flipping their food tray, and I said, that's pretty normal cause and effect. You have a reaction, they're going to have a reaction. So if that's your number one concern, is they're flipping their food tray, then you really don't need me. I will be glad to be here for speech purposes because this particular child was non vocal, very good with play, but non vocal. And I said, I will put my SLP hat on and keep it on, and I will stay your SLP. But as far as behaviors go, why ABA? Then you can do great things with ABA, and you can do harmful things with ABA. And I will be the first to admit it because I have seen some harmful things on ABA, and I've seen some great things on ABA because I have training outside of what I learned in grad school. So I would go to the families and say, okay, well, why ABA first? Why not trial speech, OT etc., and if your child has Escalating behaviors, then ABA providers that are neurodiversity affirming are who you want to go to.

Sarah:

When I asked Carly what kind of documentation I could look at to try to figure out if the ABA provider I was working with was neurodiversity affirming, but also so what they were working on, she recommended I ask the BCBA for what's called an authorization report. These are made every six months or so and include goals in progress. Carly let me know that an SLP reading these documents, which are sometimes like 40 pages long or so. Upon reading these, it will be pretty easy for an SLP to have a good idea of if the practice is neurodiversity affirming or compliance based and what sessions might look like. 4s And that's it for this episode. Episode 150 of the SLP Happy Hour podcast. Thank you to our guests and thank you for listening. For those of you who have reviewed the show and if you are working with an ABA provider and you're thinking there must be an easy way to share information with them, there are two recommendations I have. Both are in my teachers pay teacher store. One is Parent handouts for AAC, and the second one is parent handouts for Gestalt language Development. I found that educating ABA professionals about gestalt language and AAC has really helped our communication and has helped me see that they're doing things within sessions that are supporting rather than undermining the students communication. So I will link those, as with all the links discussed today in the show notes:

www.slphappyhour.com/show-notes/150

Also, if you'd like semiregular updates from me, including maybe some lesson plans or just life lessons that I'm learning that week, I send that out once or twice a month and you can sign up at: www.slphappyhour.com/newsletter. Thank you for listening in. Thank you for supporting the SLP Happy Hour Show, and I hope this episode was a little slice of an SLP Happy Hour for you. Until next time.