

Jon Bernstein:

Welcome to PNC C-Speak: The Language of Executives. I'm Jon Bernstein, Regional President of PNC Bank in New England, alongside my co-host Carolyn Jones, Market President and publisher of the Boston Business Journal.

Carolyn Jones:

Thanks, Jon. It's great to be with you on PNC C-Speak. Each podcast features local executives talking about relevant and timely business topics. This knowledge-sharing platform showcases leaders with forward-thinking approaches that disrupt the status quo and cause us to think differently. Our guest today is Dr. Lauren Solotar, CEO of the May Institute.

Jon Bernstein:

Lauren, it's great to have you with us today on this special version of PNC C-Speak.

Lauren Solotar:

Thank you so much. I'm really thrilled to be here.

Jon Bernstein:

We're recording this session today in early April and it's Autism Acceptance Month. Would be great if we could start, if you could share a little bit about the efforts to raise awareness for autism and also both why the business community should care about this issue and what are the ways that we can get engaged.

Lauren Solotar:

Sure. I think I just want to start with how the name has transitioned from Autism Awareness Month to Autism Acceptance Month, and really sort of the transition or could because we want more than just awareness. Awareness is wonderful and it's great, but we really want inclusion, acceptance. We want individuals with autism to be accepted and part of every community in Massachusetts as well as across the country. And there's a lot of great opportunities now, I think, in particular for individuals with autism to be involved in the business communities, for business communities to sort of take a step back and look at how can individuals with this neurodiversity really have an impact on their businesses and how they can contribute to really enhance what everyone is doing day-to-day.

Carolyn Jones:

Lauren, thank you for that insight on the subject. And I wonder if you can also share with us a little bit more about the May Institute, its work, its mission, and perhaps its history.

Lauren Solotar:

Sure, I'd love to. May Institute was founded in 1955 by Dr. Jacques and Marie Anne May. They had twin boys with autism spectrum disorder, and at the time, the only services for education or for any intervention was institutionalization. The Mays decided that this was really not a treatment of choice for their boys, and so opened a school in a program for children with autism spectrum disorder. That school was in Chatham, Massachusetts. And over the last 68 years, we have grown. Now, we have 140 service locations at May Institute. We're in six states across the country. We serve over 2,000 people through

our consultation in schools. We impact probably close to 50,000 children a year. So we do have a really wide breadth and depth of services.

We have operational services in three areas, so we have educational services. We have six schools. Two of our schools have residential programs. We provide homeschool and center-based programs for young children with autism spectrum disorder across the country. And then in the '80s, we actually expanded into adult services, and so we provide services across the lifespan for individuals and for children starting before three, and then many of them who stay with us throughout their entire lifetime.

I just want to talk just for a minute about what distinguishes May from other similar organizations. One is the lifespan issue. Individuals can have services with us throughout their lives so there's seamless transitions. The other, I think, important factor is May is founded and uses evidence-based practices. So everything we do is based on research. It's based on the newest science. We collect data on all the individuals that we serve and use it to inform all of the care that we provide, whether it's educational, whether it's clinical, developing a new service. Everything we do is integrated, so we use interdisciplinary teams to inform all that we do.

Carolyn Jones:

I wonder if maybe let's talk a little bit about you and the May. You've been there also for 27 years, and you started in 1996 as the Chief Psychologist and Vice President of Clinical Services. So maybe take us through to your current role as CEO.

Lauren Solotar:

It's been a great and surprising trajectory, I'd have to say. So I did come to the May as a vice president and the chief psychologist. And then over the course of the next few years, my scope expanded and I took on all of behavioral health services. We had some consultation with hospitals down in the southeastern part of the state. And then in 2010, I actually was promoted into the role of Chief Clinical Officer. And at that time, I really oversaw all of the clinical services across the organization, which really broadened my role and really gave me a pulse on everything happening across May Institute.

I'm a psychologist by training, so I thought this was going to be my career trajectory till I retire. And then a year later, the CEO at May Institute was retiring, and I was approached by the CEO and the board of directors and asked if I would like to move into the role as President and Chief Executive Officer. Over the course of my career, I actually shifted, I did a lot of clinical work, but then I began to shift more into management and found that my clinical training... And I was also trained as a research psychologist. My research perspective in terms of using data really helped in terms of management. Data is data, so whether you're looking at clinical data or financial data, as long as you know how to read it and understand it and know the questions to ask, it's not that dissimilar. And so I think my background and training really helped me get into the current role that I'm in.

Carolyn Jones:

I wonder, just as a follow-up to that, if you could reflect a little bit on the changes that you've seen throughout your time as CEO and then perhaps maybe follow that with just what you're most proud of, and where do you aspire to see both the organization and/or the field go?

Lauren Solotar:

Yeah, great question. We utilized evidence-based practices at May, and one of the evidence-based practices is behavior analysis. It's a young field that is changing over time. At May, one of the things that

we're always looking at is sort of what's the newest, what's the best, what has the best evidence, and really looking at how to integrate behavior analysis with all the other specialties. So we include what is newest in speech and language pathology because autism is a disorder where there's speech and language communication difficulties as well as social difficulties and some behavioral difficulties. So we're always looking at how do we integrate speech, OT, PT, psychology, psychiatry, all of the fields and really coming up with an sort of integrated, person-centered, family-centered approach.

Probably what I'm most excited about over the last several years, and especially since I moved into my role, is that I've really made a concerted effort to recruit the best and the brightest from around the country. And that's for every field. So there's the clinical aspect. But really for the entire organization, we're really looking at developing centers of excellence. So it could be clinical, it could be operational, it could be human resources, financial, all the support departments, whatever we do and all the lives that we touch, I feel like really need to be impacted by excellence.

Carolyn Jones:

A great team is everything for sure.

Jon Bernstein:

Lauren, that's an inspiring leadership path. But please, could you talk a little bit about what was your first reaction when you were approached to be CEO? Were you expecting or aspiring to be there?

Lauren Solotar:

I was shocked. I have to say I was flattered, of course. And then, of course, you have a moment of, "Oh my goodness, can I do this?" This is a big organization. It's very diverse. It's spread out both across the commonwealth but across the country. And I always loved learning. So throughout the course of my career, I always felt like I was taking on new responsibilities, learning more, doing a lot of research. And so I thought, "Well, here's another opportunity." From a personal level, the timing worked out. My youngest child was going off to college, and I thought, "I'm going to have so much free time. What am I going to do?" Even though he was pretty independent by that point.

I thought it was just a great opportunity. I should tell you, once I was promoted into the role, I did call my former financial analyst who worked with me at May many moons ago, and she had become the CFO at another organization. And I said, "Guess what?" She gave her notice the next day, and she came back to work with me as the CFO. So it was really started just to create this wonderful team.

Jon Bernstein:

What are the specific skills or items that you drew on in your past that prepared you to move away from your clinical responsibilities to oversee a rich and diverse array of programs that exist in the May and this \$140 million organization that you started to run?

Lauren Solotar:

Well, when I did clinical work, because I was trained as a research psychologist, I always used data to inform what I was doing individually with individuals, with families, with couples. And so I think that was one of the greatest things that I was able to take and really transition to being a CEO and having to really look at and balance what is the clinical needs of every individual that we're serving. And this is a very diverse population. There's not a one-size-fits-all answer. So, how do I look at what every person and

every family needs and then make sure that when we're providing an intervention, or education, or habilitative service that there is an impact? How do I look at and assess impact?

And so I was able to think about on using the smaller-scale data systems I used with individuals, how do I take that and apply it and expand it to an organization so I can look at the data that I needed in order to make the best decisions possible? That's financial data, obviously, so looking at financial data. It's looking at workforce data. It's looking at staffing data. It's looking clinically at a lot of different data points. It's looking at operational data. So I figured out what are the metrics that I need in order to have the information necessary to make good decisions.

The other piece of it I do think is learning how to work with people. As a psychologist, you're trained to work with a broad range of individuals, and families, and learning how to talk to people, but learning how to be a really good listener, I think. I think probably the other skill that I brought was being a really good problem solver. I always say, "I may not have the answer and I know what I know, but I also know what I don't know." So I may not have the answer, but I do know and I have worked a lot with families and individuals on how to problem solve, and I do know how to problem solve. I think I'm good at putting a team together, figuring out what we need to do up to a point because you have to stop at a point and then making the best decision possible and then implementing it. And then again, looking at the feedback and taking it.

Sometimes it's really good, and sometimes it's like, "Oh, okay, this was not exactly the way it should have gone." I'll take a step back and look at all the new information and data, think about it, and integrate it, and push it out. I love working with a really great team, and I think a good leader brings in great people who are really bright and smart and have skillsets that you don't have and who can really help you think about all the different positions and the different impact you can have based on how you move forward.

Carolyn Jones:

Lauren, let's talk a little bit more about the critical work that you do. The prevalence of autism in children seems to be an ever-changing number. And just last week and according to the CDC one, one in 36 children has been identified with autism spectrum disorder or ASD. Why is that number going up and to what do you attribute the higher incidents?

Lauren Solotar:

That is a great question. "That's the million-dollar question," we say. It's a multifaceted answer. So I think, first and foremost, it is increased awareness. So parents have much greater awareness and are really looking and assessing their children. I can tell you every parent here at the May Institute comes to me and asks, "My child isn't doing this quite yet, what do you think?" Or, "My grandchild's not doing this." So there's definitely increased awareness that families have, increased awareness that pediatricians have. So that's really important that pediatricians now are looking for, looking at, screening for autism.

In 2008, the American Academy of Pediatrics recommended screening for autism spectrum disorder at 18 and 24 months, so that's happening. The CDC has a milestone app also for families that they can get online that starts at two months. So if families really are feeling somewhat anxious or just want to sort of have something to compare milestones too, which isn't a ban, there's not an exact date, they can use that. So that's increased awareness, increased screening.

I think another area that's had an impact is improved diagnostic assessments. So we have better, more refined diagnostic assessments. And we have assessments now that are much more culturally sensitive

and primary language sensitive. So I think that has allowed the autism community to expand its reach and be more inclusive of everybody regardless of language, and culture, and background. So I think that's had an impact. I think another area is changes in diagnostic criteria. So in 2013, when the DSM-5 was published, Asperger's disorder was folded into autism spectrum disorder, which is a spectrum with a very, very wide range of symptoms and functioning. And that sort of expanded then the breadth of who falls into that category. So that had, I think, a very significant impact on why the numbers have gone up.

And then I do think there's been an increase too. I think as people are getting older and other people who become adults with autism have children, they may have children with autism. Or, families are having a second child, and there's a much higher chance of having another child with autism if you have one child with autism. So I think that's all impacted the field as well.

Carolyn Jones:

And then I wonder if you can also talk a little bit about early detection and why it's so important.

Lauren Solotar:

Critical, early identification and early detection is really critical in autism spectrum disorder. All of the evidence and all of the research shows that the earlier you're able to intervene with teaching skills. The greater the trajectory is for the child, the better the trajectory is. They're able to learn language sooner and some way of communicating, and that's really critical for learning is figuring out a way to communicate. Another important factor is that your brain, there's much more elasticity in your brain when you're younger and it's easier to learn. So that's another reason.

And children have shorter learning history, so you don't have to unlearn certain things and then relearn them. So in this field, it's really critical to have early identification and early detection. Again, one of the, I think, limiting factors is just the shortages in BCBA's and professionals who can provide the interventions and the services for these children.

Carolyn Jones:

That's great. Well, hopefully, some of the information you've shared with us today will get this out to the broader community and they can all be on the lookout and advocating for the work that you do. So, thank you.

Jon Bernstein:

What's something that people get wrong or don't know about autism?

Lauren Solotar:

Well, there was thought A that it was due to having a cold, rejecting parent, which there's no research or evidence whatsoever for that. There's a thinking that these are children who don't want to interact, have no interest in people, that their behavior and their actions are very purposeful. I think that those are all myths. I think the fact that a number of these children can't communicate vocal verbally, it's devastating for a parent, for the child. I mean, imagine not being able to just share and communicate your basic needs. And so communication is first and foremost. I mean, that is something that we think about as soon as we evaluate or see a child is sort of how to help that child figure out a way to communicate. Sometimes it is verbally and we're able to help a child learn how to speak. Other times, it's using sign language, and other times, it's using a communication device, but that's always critical.

Looking at a child's behavior, there's a reason. You have to think about, "What is the function of this behavior? Why is a child acting this way? What's in the environment that is motivating a behavior where you can tell that they're stressed?" So then how do you look at the environment or the people in the environment and help them shift and change so you can promote and help kids relax, and enjoy what they're doing, and learn how to be independent, and learn adaptive skills. I think those are all really critical issues.

Carolyn Jones:

Yeah, very, very important. Lauren, working in your field, and any field but your field in particular, provides many challenges both for you, your clients, your staff, and strong leaders are often defined by how they lead and inform when they're faced with major obstacles or challenging issues. Would you say that this applies to you and maybe talk a little bit about that?

Lauren Solotar:

I would say it definitely does, without a doubt. There's challenges every day. I mean, we are working with human beings who have significant needs. Every day, we need to be cognizant, and thoughtful, and loving, and kind, and think about how to help individuals meet their needs, but also how to help them have the best quality of life and the greatest level of independence and experience joy and be able to be out in the communities with their families and make friends and all the things that what's considered a more neurotypical individuals going to do. So we are always looking at resources and what we need to get the work done, and that's a struggle I have to say. So just ensuring we have the funding to have the resources in order to meet the needs of all these individuals, that's one area.

And then the workforce challenges I talked about clearly are another. As I mentioned, during the pandemic in particular, as things were shutting down, we had to stay open. I mean, our residences had to be staffed and we needed to take care of people 24/7. Our ABA centers needed to be open. So we had a COVID task force. We had COVID teams. We met at the beginning of every single day to figure out, "What are the needs? How can we address the needs?" At the beginning, "How do we get PPE?" I mean, we had some gloves and we had masks that we used, but we were up in the middle of the night calling China, calling people in other countries to try to get resources and get equipment that we needed. We do a lot of work in teams. We bring together or I bring together the leaders in our organization depending on what we're focusing on, and we'll work on an issue and stay very focused until we feel like we've resolved it and then we move on to the next issue.

Jon Bernstein:

Lauren, in your field as leader of a growing organization, what makes you worry and what are you optimistic about?

Lauren Solotar:

I worry about filling all my shifts. I would say if you ask anyone, it's workforce. I mean, I worry about workforce because people... I mean, we have six special education schools. We need teachers, and there's a shortage of teachers. There's a shortage of special ed teachers. There's a shortage of severe special ed teachers. People are leaving their field. We are educating children. We need fabulous educators. So that's one area.

We need direct support professionals. We need people to work in our schools together with the teachers to provide the services. We need staff and great employees to work in our residences, in our

day habilitation program. One of our schools is for children with neurobehavioral disorders and brain injury. I mean, we need a lot of specialists and specialties, and I worry that there are not going to be enough people to do the work that we need. That's definitely, I would say, my largest worry. I feel like we know what to do, and we can do a great team approach, and we know how to do it really well, and we know how to replicate our programs and how to open really successful new programs. But I'm just worried there aren't people to do it.

I'm excited about the potential for growth. There's a large need, and we are exceptional and really excellent. I think we can provide really great integrative, compassionate care. So I'm excited that we can do it. I'm excited at all the innovation, and new development, and assistive technology that comes out all the time. There's always something new and exciting, and we're always looking at the research and integrating it in what we do day to day. That's what I'm most excited about, I would say.

Jon Bernstein:

We like to close with some rapid-fire questions so off the top of your head. Are you ready?

Lauren Solotar:

We'll see.

Carolyn Jones:

It's the fun part.

Lauren Solotar:

I'm a thoughtful person. I like to think things through, so we'll see how this goes.

Jon Bernstein:

What did you want to be when you grew up?

Lauren Solotar:

An attorney or a teacher. I'm neither.

Jon Bernstein:

Or both, in many ways, right?

Lauren Solotar:

True, true.

Jon Bernstein:

What are you currently reading and/or watching?

Lauren Solotar:

I am plowing through all of the Taylor Jenkins Reid books. So I just finished Daisy Jones and The Six, and I'm up to Malibu Rising, which I really liked. I did watch Daisy Jones in The Six on TV. And I'm also simultaneously reading a Demon Copperhead, the new Barbara Kingsolver book. [inaudible 00:22:10] I

read and the book falls right on my face at night because I'm so tired. I have to go back and reread things.

Jon Bernstein:

Who's a Boston leader or an organization that we should watch?

Lauren Solotar:

May Institute, of course.

Carolyn Jones:

Good answer.

Jon Bernstein:

What's your favorite spot in the city?

Lauren Solotar:

Probably the Seaport, I would say. Being out near the Seaport, I just think the water and the view. I would say the Seaport.

Jon Bernstein:

What makes you laugh?

Lauren Solotar:

My kids, without a doubt. My family, my kids, they're great.

Jon Bernstein:

And finally, what's a wish you have for Boston?

Lauren Solotar:

To continue to grow and be healthy, and for all the businesses to come back, and to have a vibrant community, and really affordable housing for people so they can stay here and live here.

Jon Bernstein:

And that wraps up another episode. Thank you so much for joining us, Lauren, and for sharing your insights.

Lauren Solotar:

Thank you so much for having me. It was really great.

Carolyn Jones:

It's been terrific.

Jon Bernstein:

This transcript was exported on Apr 21, 2023 - view latest version [here](#).

I'm John Bernstein.

Carolyn Jones:

And I'm Carolyn Jones. And this PNC C-Speak: The Language of Executives. Our guest today was Dr. Lauren Solotar, CEO of the May Institute.

Jon Bernstein:

You can find C-Speak at [bizjournals.com\boston](http://bizjournals.com/boston) or in any of your favorite podcast platforms until next time.