



THE ONTARIO ASSOCIATION FOR BEHAVIOUR ANALYSIS



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## FEATURE ARTICLES

ONTABA

### MANIPULATING ANTECEDENT VARIABLES TO REDUCE PERSEVERATION FOLLOWING ACQUIRED BRAIN INJURY: A CASE STUDY

Kelley D. Anstey, Amy M. Barker, Gary J. Gerber, and Angela E. Burgess

ONTABA

### ONTABA ANALYST SURVEY RESULTS: Member Feedback



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# ANALYST

The Ontario Association for Behaviour Analysis

An Affiliate Chapter of The Association for Behavior Analysis International

[www.ONTABA.org](http://www.ONTABA.org)

Caroll Drummond  
Editor, Production Manager  
Bridgette Gauthier,  
Associate Editor, Submissions

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**INSERTS:** Workshop: Shining Through Centre with George Brown College and ONTABA : Introduction to Verbal Behaviour

Employment Opportunity: Alphabee Learning Centre

## *From the President's Desk*

**Peter Wyngaarden**  
**ONTABA President**



Well, it's May and there are signs that Spring is here. The days are getting longer, we've moved to daylight savings time and, soon the annual meeting of ABA International will occur.

### **Your Board is Hard at Work**

Your Board of Directors has been exceptionally busy in the past few months. Since the AGM, we have met five times and each meeting has had a packed agenda. There is much to be done in terms of running the day-to-day operations of a dynamic and growing organization like ONTABA. The board has sought to review each committee's mandate, membership and functioning. It has received proposed budgets from each committee and is working to finalize a consolidated budget for this year. It is also wrapping up the previous year's finances and ensuring that all legal and organizational requirements are met. The board regularly hears updates from its committees and acts upon their recommendations.

### **Exciting Initiatives**

While the day-to-day operations of the organization are one thing; there are also a number of new initiatives that have been undertaken. Your board continues to explore creative ways of enhancing ONTABA's membership numbers and its services to the membership. We are very pleased at several of these initiatives currently underway. For example,

- Beginning with our last issue, the Conference issue, the ONTABA Analyst is being published in colour. This is something that has been discussed for some time and that you, the membership, have indicated you would like to see. (The current newsletter contains a report of a membership survey regarding the Analyst).
- We now have expanded capacity for online registration and payment of your membership. (If you are not a member, or have not yet renewed your membership for 2008, sign up online right now!) In addition, continuing online registration and payment for our Conference and AGM this fall will be an added convenience for conference attendees.
- We are undertaking a search for an official ONTABA logo. In this newsletter and online you will be able to see the various proposed options. Alternatively, if you have an artistic flair, you are encouraged to submit your own design for consideration.
- A new membership brochure is being designed to assist in recruitment of new members.
- Appropriate application is being that we hope will result in having ONTABA's annual conference being eligible for continuing education credits towards maintaining BACB certification. This should make our always-great-annual-conference even more attractive to practioners of ABA.
- On May 9 & 10, 2008 a workshop entitled *An Introduction to Verbal Behaviour* is being offered. Taking place at Casa Loma, George Brown Campus, this event is hosted

*Continued on pg.3*

## **ONTABA**

**President:**  
2007-2009  
Peter Wyngaarden

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Rosemary Condillac  
Gerald Bernicky  
Bill Kirby  
Joel Hundert  
Maurice Feldman  
Wanda Smith

**Founder and  
Member Emeritus:**  
Larry Williams

---

### **2008 Board Members**

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**Members at Large:**  
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Jennifer Porter  
Carobeth Zorzos

**Student  
Representative:**  
Michelle Edwards  
(Undergraduate)  
Lisa Israel  
(Graduate)

## BOARD BIOGRAPHIES



### Jennifer Porter B.A., B.S.T.

Jennifer is a full time faculty member at George Brown College in the Behavioural Science Technology Program. Jennifer is currently pursuing her Master's degree in Applied Disability Studies with a specialization in Applied Behaviour Analysis through Brock University. Jennifer completed her undergraduate degree in Psychology/Cultural Studies and began to work in the field of behaviour analysis implementing behavioural programming with adults with dual diagnosis. Jennifer returned to school and completed an advanced diploma in Behavioural Science and moved back into the field working with children with Autism. In addition to teaching, Jennifer consults privately to agencies and individuals. Jennifer is a Member at Large for the ONTABA board of directors.

### Dr. David Factor Ph.D.



Dr. Factor received his B.A. and M.A. from the University of Guelph and his Ph.D. from The Pennsylvania State University. He has worked in many capacities at locations such as CPRI in London, School psychologist with the Dufferin-Peel Board, Thistletown Regional Centre, TRE-ADD program research coordinator and currently a behavioural/clinical consultant. Dr Factor worked as Clinical Consultant at Surrey Place Centre, Clinical Director and Director of Toronto Preschool Autism Service (TPAS) and currently assists at Erinoak kids with the Autism Intervention Service.

Dr. Factor has served on various provincial committees, including the Behaviour Standards committee and the Professional Advisory committee on the use of foradic stimulation. He has co-authored and published over 25 articles in peer-reviewed journals and has co-authored and presented over 50 papers at professional conferences.

Dr. Factor remains committed to the principles and integrity of behavioral analysis and intervention. He is a Member at Large of the ONTABA board of directors.

*The President's Desk... Cont. from pg. 2*

by Shining Through Centre and is co-sponsored by ONTABA and George Brown College. You can check out details and even download a registration form at the ONTABA website. This event is eligible for BACB continuing education credits.

### **An Extension to BACB Alternative Pathways for Ontario**

I should also note that work continues to be done on certification. It is with respect to certification that I am very pleased to announce that **ONTABA has requested and been granted a two year extension to the Alternative Pathways to BACB certification.** That means that **Portfolio & Experience Option will now end July 1, 2010** and the **Portfolio, Courses and Experience option will now end July 1, 2011.** ONTABA sought this extension to deal with the unique situation in Ontario, where limited (but expanding!) opportunities exist for training and supervision in applied behaviour analysis.

I think this is great news. ONTABA is very grateful to BACB for granting our request for this extension. In addition, as membership, you should know that your Board, the Transitional Certification Committee, and several previous board members have done a lot of work to make the Alternative Pathways and this extension a reality.

With warm regards, Peter

**Peter Wyngaarden, M.Sc.**  
**ONTABA president**

**MANIPULATING ANTECEDENT VARIABLES TO REDUCE PERSEVERATION  
FOLLOWING ACQUIRED BRAIN INJURY:  
A CASE STUDY**

Kelley D. Anstey, Amy M. Barker, Gary J. Gerber, and Angela E. Burgess  
West Park Healthcare Centre – ABI Behaviour Services

**Introduction**

Perseveration is a well-documented sequelae of ABI. Perseveration can present as a disorder of motor movement or vocal utterance (Vaughn et al., 1997). It can be conceptualized as a prolongation or repetition of an inappropriate behaviour in the absence of an external stimulus. Wandering and yelling can both be viewed as forms of perseveration (Ryan et al., 1995; Vaughn et al., 1997). Perseveration can hinder the process of rehabilitation, interfere with social interactions, and impede community integration.

We present the case of an adult male who presented with motor and vocal perseveration following ABI. Descriptive analysis suggested confusion acted as an establishing operation affecting the discriminative value of reinforcement conditions. Disorientation was an identifiable antecedent to perseveration. The subject was on several medications including methadone maintenance therapy with secondary effects of decreased mental alertness and fatigue (associated with increased disorientation). An intervention was applied, designed to prevent perseveration by the manipulation of antecedent variables. Manipulations included environmental reengineering, medication titration, use of visual barriers, a predictable daily routine and compensatory mnemonic strategies. The approach and behaviour data will be thoroughly examined.

**Subject**

Gordon\* is a 41-year old man who sustained a closed head injury at the age of forty (40). He was unemployed and separated from his wife at the time of his injury. Family members report no premorbid cognitive or behavioural impairments. He has a history of cardiac disease, and drug and alcohol abuse. Subsequently he developed aortic valve endocarditis, and sustained a left occipital infarct, as well as a subarachnoid bleed in the right frontal area and a post-injury diagnosis of Korsakoff Syndrome. Damage to the brain was diffuse and left Gordon with a number of sequelae primarily in cognitive and behavioural realms. He is not oriented to time, place, or person and has challenges engaging and participating in social interaction. He is especially impaired in short and long-term memory, and has difficulty learning activities. He retained good expressive and receptive language skills but demonstrates noticeable insight and awareness difficulties. Gordon is on a number of behaviour control medications. He displayed cognitive impairment and several challenging behaviours consistent with acquired brain injury. He resides in an acute care facility.

**Presenting Behaviours**

Gordon was referred to the Acquired Brain Injury Behaviour Services (ABIBS) of West Park Healthcare Centre for inpatient services. ABIBS is a specialty behavioural rehabilitation program that provides large, safe spaces for participants to live, and to engage in therapy, leisure, and vocational activities. Acute care hospital staff phrased the initial treatment goals as reducing problem target behaviours. An average of daily percent intervals was selected as the measure to monitor change.

The target behaviours were labelled as:

**Wandering** is defined as any occurrence when Gordon ambulates for more than 30 seconds without a goal or destination that is obvious to an observer and a staff member is more than three (3) feet away from him during this movement. The behaviour will be considered to have ended if he does not ambulate when alone for a period of time greater than one (1) minute.

*Continued on pg.5*

**Yelling** is defined as any occurrence when Gordon utters a loud vocalization and the volume is greater than conversational level and can be heard at a distance of greater than 20 feet. An incident of yelling is considered to have ended when there has been an absence of the behaviour for a period of time greater than 30 seconds.

**Method**

**Assessment**

Assessment was completed using the following methods:

- |                                              |                                                  |
|----------------------------------------------|--------------------------------------------------|
| 1. ABC event recording samples               | 5. Discipline specific assessment (OT/PT)        |
| 2. Hourly narrative recording                | 6. Life skills task analysis                     |
| 3. 24-hour partial interval recording        | 7. Historical file review                        |
| 4. Functional Analysis Screening Tool (FAST) | 8. Administration of the Mini Mental Status Exam |

**Assessment Results**

- Target behaviour is likely maintained by automatic reinforcement, including pain attenuation and sensory stimulation, influenced by the underlying biological state as illustrated by:
  - The secondary pharmacological effects outlined in Table 1.
  - The cognitive sequelae of the acquired brain injury illustrated in Table 2.

*Table 1: Baseline Medications and Secondary Pharmacological Effects*

Baseline Medication	Secondary Pharmacological Effects (CPS, 2005)
Methadone	Euphoria, disorientation, mood alteration, and general weakness
Seroquel	Drowsiness, dizziness
Olanzapine	Nervousness, agitation, anxiety
Clonazepam	Confusion, memory impairment, fatigue

*Table 2: Results of Mini Mental State Exam*

Category	Score
<b>Orientation</b>	<b>4/10</b>
Registration	3/3
Attention and Calculation	5/5
<b>Recall</b>	<b>0/3</b>
Language and Praxis	9/9

Thorough analysis of the hourly narrative data, confusion:

- Was defined as *verbal statements indicating disorientation to time, place, or person*.
- Was observed to change the stimulus conditions and alter the effectiveness of reinforcement, and further to evoke the behaviours of concern (See Table 3).
- And therefore acts as an **establishing operation** for the target behaviours.

*Table 3: Baseline Analysis of the influence of Confusion on Target Behaviours*

	Confusion defined as disorientation to:			Evocative Effect	Reinforcer Establishing Effect
	Time	Place	Person		
Number of days behaviour and effects observed	10/18	18/18	5/18	18/18	18/18

*Continued on pg. 8*

## ONTABA MEMBERS NEWSLETTER SURVEY

What, if any, information or sections would you like to see more of in the future?

**Articles on**

- acquired brain injury
- bill 171
- hospital based programs
- psychiatry
- substance abuse

Autism

BCBA certification process

Career/Job listings

Clinical articles/Emphasis on scientist-practitioner model

Conference/Workshop information

**Education Information**

- university/college programs teaching behaviour analysis
- opportunities to improve education

**Information on**

- finding online tools
- finding practical data collection forms for sharing
- report writing

**Recommendations of relevant reviews and journal articles**

- ABA
- working with individuals with intellectual disabilities

**Regulated/Unregulated practitioners**

**Updates**

- current research/trends
- members' research (or spotlight on members)

**Upgrading opportunities**

What, if any, information or sections would you like to see less of in the future?

Autism

Conferences

**Other suggestions:**

E-newsletter

Fix layout (too harsh, not inviting)

Improve quality of photos

## ONTABA MEMBERS NEWSLETTER SURVEY



Very Important  
Very Satisfied  
Strongly Agree



Somewhat Important  
Somewhat Satisfied  
Agree



Neither  
Neither  
Undecided

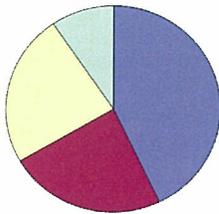


Somewhat Unimportant  
Somewhat Dissatisfied  
Disagree

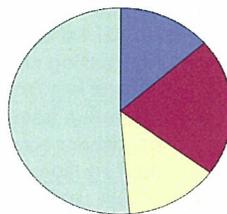


Very Unimportant  
Very Dissatisfied  
Strongly Disagree

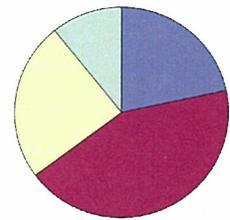
Q.1\*- Newsletter Importance



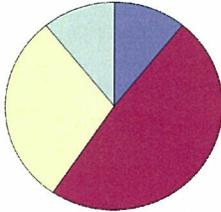
Q. 2 Layout Satisfaction



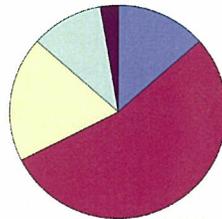
Q.3 Writing Quality



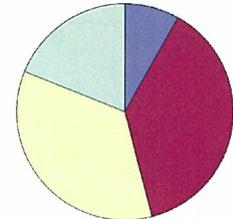
Q.4 Overall Content Satisfaction



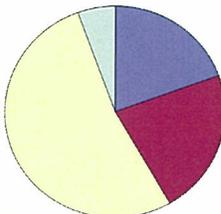
Q.5 Timeliness of Information



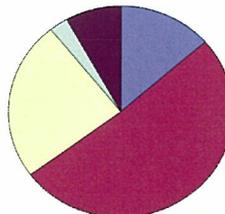
Q.6 Practicality/Helpfulness



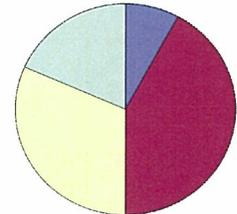
Q.7 Satisfaction of Ability to Submit



Q.8 Are Issues Covered



Q.9 Overall Satisfaction



Thank you for Participating

**Treatment Design**

Given the assessment findings, a strategy focusing on the possible influence of pharmacological agents was selected. With physician support, Methadone and other medications were gradually decreased over a period of eight (8) months. These medications are known to cause fatigue, decreased mental alertness, decreased arousal. Assessment indicated these secondary effects preceded presentation of target behaviours.

Further strategies based on best practice literature were developed and applied concurrently. These antecedent control strategies were directed at altering the establishing operation of confusion through manipulating both the internal and external environment. This strategy is outlined in Table 4.

Table 4: Summary of Antecedent Control Strategies

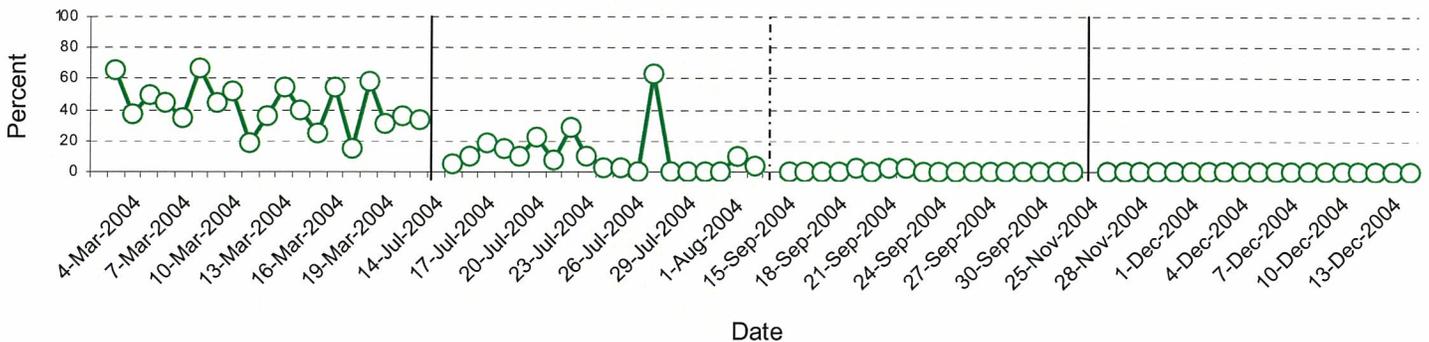
Antecedent Control	Examples
<b>Stimulus Condition/ Biological Changes</b>	<ul style="list-style-type: none"> <li>• Medication titration</li> <li>• Dental extraction</li> <li>• Addressing secondary medical issues (i.e., stomach pain, bowel regularity)</li> </ul>
<b>Compensatory Strategies</b>	<ul style="list-style-type: none"> <li>• Decrease frequency and intensity of behavioural and cognitive sequelae of the brain injury using a predictable daily routine and structured daily activities.</li> </ul>
<b>Situational Inducement / Preventive Environmental Redesign</b>	<ul style="list-style-type: none"> <li>• Visual cues, visual direction (i.e., posting direction, location signs, labeling client storage areas)</li> <li>• Visual checklists for both staff and client for activities of daily living</li> <li>• Flexibility in furniture arrangement</li> <li>• Increased opportunities for outdoor activities</li> <li>• Introduction of visual barriers (i.e., closed doors, locked covers over fire pull stations)</li> </ul>
<b>Shaping Competing Responses</b>	<ul style="list-style-type: none"> <li>• Presentation of tasks in a predictable, consistent sequence</li> <li>• Continence training</li> <li>• Opportunities for meaningful activities (i.e., meal retrieval, gardening, shopping)</li> </ul>

**Treatment Results**

Data on wandering is presented in Figure 1 over the course of baseline, treatment and maintenance. The antecedent control strategies were effective at reducing the frequency of wandering. The intervention resulted in a zero rate of responding.

Figure 1

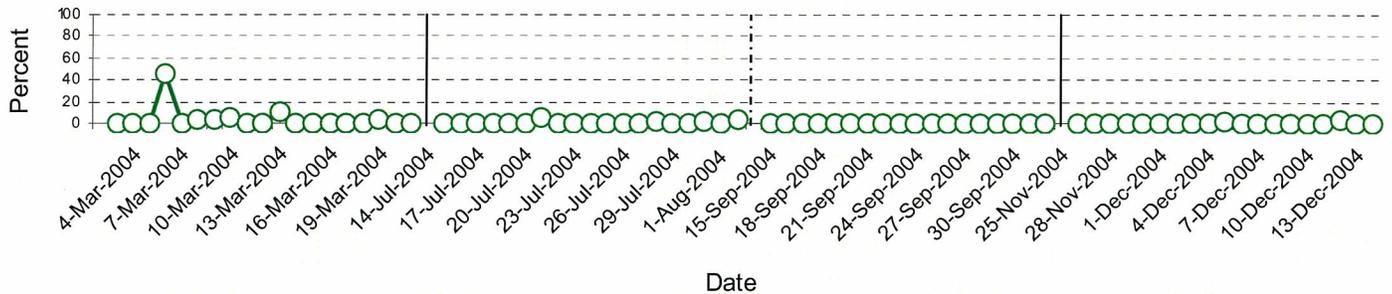
Average Percent of Daily Wandering Intervals for the Course of Baseline, Treatment and Maintenance



Continued on pg.9

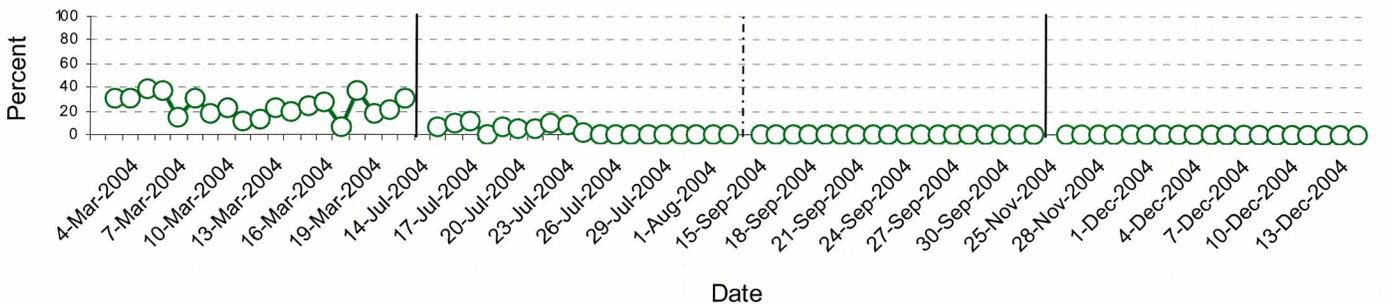
Data on yelling is presented in Figure 2 over the course of baseline, treatment and maintenance. The antecedent control strategies were effective at reducing the frequency of yelling. The intervention resulted in a noticeable decrease.

**Figure 2** Average Percent of Daily Yelling Intervals for the Course of Baseline, Treatment and Maintenance



Data on confusion is presented in Figure 3 over the course of baseline, treatment and maintenance. Antecedent control strategies were effective in extinguishing the establishing operation of confusion.

**Figure 3** Average Percent of Observed Daily Confusion Intervals for the Course of Baseline, Treatment and Maintenance



Data on medication reduction is presented in Table 5 over the course of baseline, treatment and maintenance. All medications were reduced by at least 70%, with the exception of Olanzapine, which would be reduced by 33%.

**Table 5: Reduction of Behaviour Control Medication over Course of Baseline, Treatment, and Maintenance**

Medication	Baseline	Treatment		Maintenance Probe
		Data Probe 1	Data Probe 2	
Methadone	50 mg PO Qam	34 mg PO Qam	24 mg PO Qam	13 mg PO Qam
Seroquel	200 mg PO QID	175 mg PO QID	50 mg PO QID	25 mg PO TID
Olanzapine	15 mg PO HS	15 mg PO HS	10 mg PO HS	10 mg PO HS
Olanzapine	2 mg mg PO QID	0.5 mg PO TID	1 mg Q HS	0.5 mg PO Q HS

- Data on the shaping of competing responses is presented in Table 6.
- The level of continence demonstrated a 100% increase.

Continued on pg.10

- The level of assistance required to complete activities of daily living (ADL) decreased from instructional prompts to attend to task and progress to the next step(s) to no prompting or supervision for all ADL activities including showering, dressing, grooming, and tooth brushing.
- As skills increased and behaviours decreased, level of staff support also decreased from 1.5:1 at baseline to 0.3:1 during maintenance.
- Leisure participation increased in both hospital-based and community-based activities over the course of treatment

Table 6: Data on Shaping Competing Responses

	Level of Continenence	Activities of Daily Living	Level of Staff Support (Staff to Client)	Hospital Based Activity Participation	Community Based Activity Participation
Baseline	0%	Instructional Prompts*	1.5 : 1	0 - 3 occurrences per week	0 occurrences per week
Treatment Probe 1	75%	Minimum Instructional Prompts	1 : 1	1 - 4 occurrences per week	0 - 1 occurrences per week
Treatment Probe 2	100%	Independent	0.6 : 1	1 - 3 occurrences per week	2 - 4 occurrences per week
Maintenance Probe	100%	Independent	0.3 : 1	1 - 5 occurrences per week	1 - 2** occurrences per week

\* Prompts to remain on-task and to progress to the next sequential task

\*\* Preparing for discharge to LTC where there would be less opportunities for community activities

### Discussion

- Acquired brain injury rehabilitation often includes the use of pharmacological interventions. Our study illustrates the negative effects of certain medications on cognitive and behavioural presentation. These effects can create an establishing operation with evocative behavioural effects and changes to the operant conditioning paradigm.
- By extinguishing the establishing operation of confusion we were able to alter to reinforcer establishing effect and therefore by increasing the discriminative value of reinforcers we were able to effectively shape positive social behaviours and adaptive life skills.
- The effects of the medication were only assessed using an AB design. Experimental control would have been strengthened by an ABAB reversal design. This was not completed due to ethical and medical considerations.
- Enhanced experimental control would have been achieved if the antecedent control strategies were differentiated and a multiple baseline design applied. The antecedent control strategies, which included medication titration, were applied concurrently due to length of stay constrictions and practical considerations.
- Our data illustrate robust positive effects both in the area of decreasing maladaptive target behaviours as well as increasing adaptive life skills. Further research is warranted to draw stronger conclusions about the relative effects of each category of antecedent control.

### Conclusions/Implications

The field of applied behaviour analysis has historically neglected the influence of antecedent events on problem behaviour (Smith and Iwata, 1997). The dominant approaches have been directed at contingency management. There is mounting support for 'the potential of Michael's (1992, 1993) concept of the establishing operation to aid understanding of events that have been poorly understood' (McGill, 1999). This may be particularly relevant for the contribution of applied behaviour analysis to acquired brain injury rehabilitation. Behaviour disorders following brain trauma are common and can be especially challenging to manage with traditional operant treatment designs. Manipulating antecedent events at both the level of the organism and the external environment can act to alter the establishing operation and result in the abatement of evoked problem behaviour. Our study suggests that antecedent control can act as a powerful behaviour support technology.

\* Name changed to protect confidentiality.

## *ONTABA Analyst Submissions*

### **Your newsletter is only as good as your contributions.**

The *ONTABA Analyst* is a forum for us to stay connected in many ways. All members are encouraged to submit articles on topics related to behaviour analysis; theoretical, practical or topical issues, perspectives from different regions of the province, jobs or schools, research accounts, news, announcements, your biography, reviews, student practicum, etc.

### **Article submissions:**

We reserve the right to edit without changing the intent of an article, request further editing by the author, publish articles relative to the content of the current Analyst, publish them at a later date with due respect to the timeliness of a given article, or refuse an article. You will be informed of acceptance, rewrite or refusal of an article. Announcements will be published at the discretion of the editor. *ONTABA* will not be held responsible for the views and opinions of *ONTABA Analyst* contributors.

**Advertising** in the *ONTABA Analyst* is available for a fee payable to *ONTABA* ( \$100.00 1/4 pg., \$200.00 1/2 pg., \$300.00 full pg.). Job ads will be posted on the *ONTABA* website for up to 30 days for free with an *ONTABA Analyst Ad* for 1 month. Website ads only are \$50.00 for the first month and \$30.00 thereafter (subject to change).

**Submissions for the next *ONTABA ANALYST, Issue 14.2 :Summer*, must arrive to Caroll Drummond at [caroll.drummond@surreyplace.on.ca](mailto:caroll.drummond@surreyplace.on.ca) by June 15 for the July 1, 2008, deadline.**

### ***Upcoming Conferences and Workshops***

**May 16, 2008 -Best Practices for Working with People with Acquired Brain Injury, Mental Health and Addictions Issues;** Dr. John Davis, Ph.D., C.Psych., ABPP Location: Best Western Highland Inn and Conference Centre, Midland, Ontario .Contact Kelly Taylor Email: [ktaylor@mhcp.on.ca](mailto:ktaylor@mhcp.on.ca) Phone: 705-549-3181 ext. 2301

**May 23-27, 2008 -34th Annual ABA International Conference, Chicago, Il.** Chicago Hilton.  
[www.abainternational.org](http://www.abainternational.org)

### ***Webpage update***

**Chair/Liaison:** Carobeth Zorzos

We're pleased to announce that you can now renew your membership online at [www.ontaba.org](http://www.ontaba.org). We have added a new feature which allows members to renew their Full or Sustaining memberships for 3 years at a discounted rate. We plan to have online voting and an enhanced FAQ for the BACB Ontario Alternative Qualification process within the next couple of months, so please check the webpage often for updates.

### ***Membership update***

**Chair:** Amy Barker    **Liaison:** Lisa Israel  
As of February 23, 2008:

Total Members = 214  
Renewing Members = 135  
New Members = 55  
Returning Members = 24  
Full Members = 150

Student Members = 27  
Sustaining Members = 26  
Affiliate Members = 10  
Member Emeritus = 1

Please contact Amy Barker if there is a change in your contact information (i.e., mailing address, email address).



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**Committees**  
**Awards: Board of ONTABA**

**Certification :**  
**Chair: Andrew McNamara**  
**Liaison: Peter Wyngaarden\***

**Conference 2008:**  
**Liaison/Chair: Shiri Bartman\***

**Elections2008: Board of ONTABA**

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**Chair: Amy Barker**  
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**Newsletter: The ONTABA ANALYST**  
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**ONTABA, the Ontario Association for Behaviour Analysis,**  
is an affiliate Chapter of the Association for Behavior Analysis International.  
ONTABA currently has members from professions such as  
education, nursing, health care, and psychology.

**ONTABA's Vision:** *Fostering a culture of excellence, integrity, and expertise for the advancement and promotion of the science of behaviour analysis.*

**ONTABA's Mission:** *To demonstrate leadership, knowledge, and innovation in education, training, and research for the ethical and effective application of behaviour analysis.*

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