ONTABA Newsletter

November 2013

ONTARIO ASSOCIATION FOR BEHAVIOUR ANALYSIS

IN THIS ISSUE

ONTABA 2013 Conference

ONTABA is pleased to welcome our invited speakers Dr. Mace, Dr. Piazza, and Dr. Fisher to celebrate 20 years of ONTABA at our 2013 Annual Conference! The conference will be held on November 28th, and 29th, 2013, at the Metro Toronto Convention Centre in the North Building Rooms 206 AB and 206 CDEF. Those who registered by the end of day November 1st, 2013 will receive the early bird discount. Members who registered by the early bird deadline can receive their CEU credits for free. Those who registered subsequent to the deadline can receive their CEU credits for the low cost of $5 per credit! Non-members pay $10 per credit (early bird or regular pricing). Please make sure to indicate that you would like to collect CEUs at the time of your registration. Registration is at 8 am and only cash or cheques are accepted as payment at the door for registration and for CEUs.

Please continue to check the ONTABA website conference 2013 drop down menu for updates to the schedule, CEUs and presentations as they become available. Should you have any inquiries please email conference@ontaba.org.

Keynote Speakers and Talks

1. Dr. Mace - Thursday at 9 am

The Imperative of Translational Research for Behavior Analysis: A Behavioral Momentum Example Part 1 (2 hours)

Behavioral Momentum Theory (BMT) provides a science-based account of why behavior persists despite environmental change that discourages persistence. This workshop provides participants with a comprehensive overview of behavioral momentum and the science that supports BMT. *Continued on Page #2*

Emphasis is given to the ABA interventions that have been developed based on BMT. BMT-based interventions for developing compliance, making pro-social skills more durable and methods to weaken the persistence of problem behavior reviewed. Translating laboratory and clinical research into practical interventions will be emphasized.

2. Dr. Piazza – Thursday at 1:15 pm

Using a Data-Based Approach to Assess Pediatric Feeding Disorders (2 hours)

Pediatric feeding disorders are diagnosed when a child is incapable or refuses to eat sufficient quantities or varieties of food to sustain nutritional status. Feeding problems in children are caused by a wide range of interrelated biological (e.g., vomiting related to gastroesophageal reflux, choking due to oral motor deficits) and environmental variables (e.g., caregiver behavior). Often, the challenge in effectively treating feeding disorders arises from the difficulty in sorting out the contribution of the variables (i.e., medical, oral motor, behavioral) that may contribute to the problem. The purpose of the current presentations will be to discuss methods of evaluating how specific behaviors can be defined and measured to allow quantification of variables related to the etiology of a feeding disorder.

3. Dr. Fisher – Thursday at 3:30 pm

Treatment of Severe Destructive Behavior in Children with Autism Using Recent Refinements of Functional-Communication-Training Treatment (2 hours)

Children with autism spectrum disorder (ASD) typically display the core symptoms of the disorder, which consist of social and language impairments and repetitive behavior. Prevalence rates have grown about 20 fold over the last 30 years, and ASD now affects about 1 in 91 children. Without effective treatment, long-term outcomes for individuals with ASD remain bleak; few maintain friends, jobs, or independent living. In addition to the core symptoms, most children with ASD also display severe destructive behavior (e.g., aggression, self-injurious behavior), which represents a principal barrier to successful community life for these children. The most important advancement in the treatment of destructive behavior has been the development of functional analysis (FA), which is used to prescribe effective treatments. One such treatment, functional communication training (FCT), is typically prescribed when an FA implicates social reinforcers (e.g., attention) for destructive behavior. With FCT, the consequence that historically reinforced destructive behavior is delivered contingent on an appropriate communication response and problem behavior is placed on extinction. Although this straightforward approach to the treatment of destructive behavior can be highly effective, many pitfalls and practical challenges arise when this treatment is implemented by caregivers in natural community settings. In this presentation, I will present data and describe a line of research aimed at increasing the effectiveness, efficiency, and practicality of FCT for individuals with ASD who display destructive behavior in typical community settings.

Friday, 29th November

4. Dr. Piazza – Friday at 9 am

Using a Data-Based Approach to Treat Pediatric Feeding Disorders (2hours)

Pediatric feeding disorders are diagnosed when a child is incapable or refuses to eat sufficient quantities or varieties of food to sustain nutritional status. Feeding problems in children are caused by a wide range of interrelated biological (e.g., vomiting related to gastroesophageal reflux, choking due to oral motor deficits) and environmental variables (e.g., caregiver behavior). Often, the challenge in effectively treating feeding disorders arises from the difficulty in sorting out the contribution of the variables (i.e., medical, oral motor, behavioral) that may contribute to the problem. The purpose of the current presentations will be to review how this data-based approach can be used to prescribe and evaluate the effectiveness of treatment.

5. Dr. Mace – Friday at 3:30

The Imperative of Translational Research for Behavior Analysis: A Behavioral Momentum Example Part 2 (2 hours)

This presentation will build upon part 1 presented on Thursday morning. Behavioral Momentum Theory (BMT) provides a science-based account of why behavior persists despite environmental change that discourages persistence. This workshop provides participants with a comprehensive overview of behavioral momentum and the science that supports BMT. Emphasis is given to the ABA interventions that have been developed based on BMT. BMT-based interventions for developing compliance, making pro-social skills more durable and methods to weaken the persistence of problem behavior reviewed. Translating laboratory and clinical research into practical interventions will be emphasized.

6. Dr. Fisher – Friday at 5:30

Bio-Behavioral Approaches to the Assessment and Treatment of Autism and Related Disorders. (1 hour)

Functional analyses procedures have been used to assess and treat a wide variety of behavior problems. *Continued on Page #3*

Interventions developed from the results of functional analyses tend to be more efficient and effective than other treatments. However, it is often assumed that the environmental variables assessed during a functional analysis have little influence on aberrant behavior associated with complex psychiatric and neurological disorders. In this presentation, I will show how functional analyses and related behavioral assessment strategies can be adapted to improve our understanding of complex psychiatric disorders, such as rapid-cycling bipolar disorder. Similarly, I will show how behavioral assessment methods can be used to characterize unusual patterns of aberrant behavior associated with complicated seizure disorders, such as force normalization.

CONFERENCE HIGHLIGHTS

Poster Session

Join us for the poster session at 6:00pm on Thursday, 28 November. There will be a wine and cheese reception and professional posters showcasing the work of regional behaviour analysts.

Behaviour Social

We expect to have lots of fun together on Thursday, 28 November, at 8:00pm, at the Behaviour Social.

Location: Fionn MacCool's Irish Pub, 310 Front Street. One block east of convention centre.
Details: Door Prizes! Live Music! Behaviour Trivia!
Description: Come celebrate 20 years of ONTABA, have a drink or two, chat with that behaviour analyst you've been admiring from afar, share some laughs, and make some memories!

Annual General Meeting

Please plan on attending the Annual General Meeting at 1:15pm on Friday, 29 November. We look forward to seeing you at ONTABA's annual conference!

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CONTACTS

General Inquiries:
contact@ontaba.org

CONFERENCE DETAILS

Register for the conference at the ONTABA website:

www.ontaba.org

Important Please Read Below:

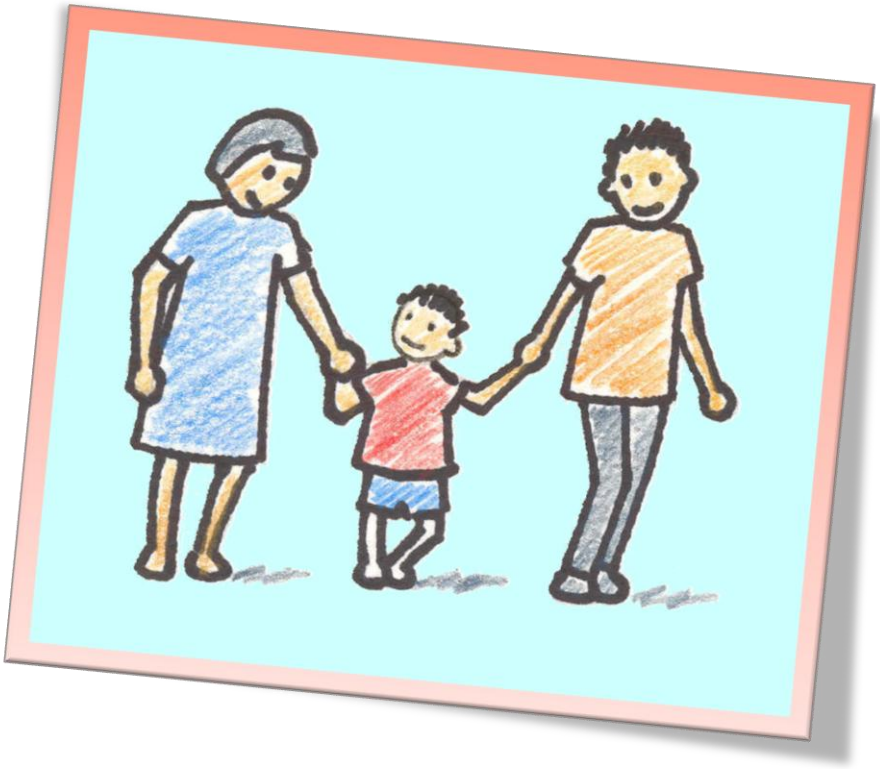
*Entry to the poster session is included with your Thursday full day conference fee or two day registration fee. You can also elect to attend only the poster session for a small fee.

*Please note that payment in full must be received prior to entering the conference. Payment will be accepted via pay pal at time of registration, mail, or at registration (in the form of cheque or cash) on the day of the conference. Attendees who register as part of a group will not be permitted to enter the conference until payment is received.

Intercontinental Hotel Reduced Rate:

The Intercontinental Hotel Toronto Centre has been kind enough to offer a reduced rate of $199.00 to ONTABA conference attendees for 2013. The rooms are based on a first come first serve basis. In order to access the discounted rate follow the link provided here (https://resweb.passkey.com/go/ontaba2013) or call 1-800-235-4670 and ask for ONTABA 2013.

ONTABA Parent Conference 2013



The Ontario Association for Behaviour Analysis (ONTABA) is hosting its first parent conference. The conference will be held at George Brown College in Toronto on November 23, 2013. The goal of the conference is to provide parents of children with autism and other developmental delays information regarding ONTABA and Applied Behaviour Analysis (ABA), including: ABA in schools, evidence-based practices, and parent directed/implemented ABA.

We have a fantastic group of professionals who volunteered their time to present at this conference:

Jen Porter, MADS, BCBA, President of ONTABA, will be providing information about ONTABA including what ONTABA is and some information regarding some of ONTABA's initiatives.

The Association for Science in Autism Treatment (ASAT) will be providing parent information regarding, ASAT, evidenced-based practice and the ASAT task force findings.

Talks will include:

Standing up for Science: A Brief Overview of the Association for Science in Autism Treatment Jennifer Hieminga, M.Ed, BCBA, Associate Director of the New Haven Learning Centre, International Dissemination Co-Coordinator of the Association for Science in Autism Treatment

What Does It Mean to Be Evidence-based? Renita Paranjape, M.Ed., BCBA, Director of IBI services, Parent Education and Support, Geneva Centre for Autism, Social Media Coordinator of the Association for Science in Autism Treatment

Task Force Findings: What Do They Imply for Autism Treatment? Leanne Tull, MADS, BCBA Professor, Behaviour Science Technology (BST) Program at George Brown College, Managing Editor for *Science in Autism Treatment*

Tracie Linblad, M.Sc., M.Ed., Reg. CASLPO, BCBA, Clinical Director, President of Four Points Intervention Strategies Inc., will be talking to parents about the use of ABA in schools including:

- What is the difference between ABA and IBI?
- What is PPM 140 and what does this mean for my child?
- What should I be looking for in my child's IEP?
- What components are required in order to meet PPM 140?
- What does the research say about strategies that may be used in schools (and listed in the IEP)?
- Where can I get more information?

The day will end with a parent panel discussion regarding parent implemented and directed ABA.

The parents were nominated by professionals for being strong advocates, excellent at implementing behavioural interventions at home and/or being active participants in their children's treatment.

Professional Practice Bulletin

Public & Community Relations Committee

CASE STUDY

Jane is a 32-year-old woman with a diagnosis of Moderate Intellectual Disability, Cornelia de Lange Syndrome, a Generalized Anxiety Disorder and a variety of medical issues such as gastrointestinal problems, hearing loss, seizure disorder, and complications of a heart defect. Jane is on several medications including anticonvulsants, anti-psychotics, anxiolytics, blood pressure moderating medications, and supplements to address constipation. Jane has been on the inpatient unit of a psychiatric hospital for approximately one year and has a long history of emitting loud vocalizations and repetitive requests for preferred items and may engage in low intensity self-injurious behaviour (hand to head) when instructed by caregivers to engage in activities of daily living. Four months ago, Jane incurred a hip injury after a fall and required emergency surgery. As part of her rehabilitation, she is expected to use a walker to improve her strength and mobility. Unfortunately Jane will often fall to the floor after a few seconds of walking during the Physiotherapy session. Jane's clinical team includes a General Practitioner, a Psychiatrist, a Nurse, a Behaviour Analyst, a Physiotherapist, an Occupational Therapist, and several Developmental Service Workers. The team is trying to address Jane's behavioural challenges and medical problems, identify an appropriate location for discharge, increase her engagement in physiotherapy, and provide her with the skills necessary to be successful in a community group home.

What could be the role of the behaviour analyst in this case? How could the behaviour analyst benefit from the expertise of other disciplines? What obstacles might arise while working within this interprofessional team?

Continued on Page #7

Professional Practice Bulletin

Issue: How Do We Fit In? The Place of Behaviour Analysts within the Interprofessional Assessment and Treatment Team

The professional practice of behaviour analysis is broad in its scope. Behaviour Analysts are employed by organizations that deliver services to many clinical populations in a variety of educational, residential, treatment, and care-based settings. Recipients of our service have unique support needs which are multifaceted, occur across the life-span and often appear to overlap with the scope of other disciplines. The service needs of any population often involve biological, psychological, behavioural and environmental challenges, as well as larger system level needs such as family dynamics, monetary resources, access to services and staffing, quality of education, and advocacy. The goal of every treatment team is to provide effective services that meet the complex needs of the individuals they serve. Best practice for many populations often requires an approach that integrates different clinicians. Behaviour Analysts in Ontario play an important role on clinical teams, with medical practitioners, social workers, and other disciplines often depend on our analyses in order to understand the service needs of their clients.

Uni-modal clinical teams include similarly trained clinicians that work together to meet goals and solve problems based on their scope of clinical foci and often address just one service area. Multi-disciplinary teams include clinicians from several disciplines that work parallel to one another and address needs across several areas, but ultimately work in silos, with Behaviour Therapists, Speech and Language Pathologists, and Occupational Therapists submitting their formulations and recommendations independently. Interprofessional teams include clinicians from several disciplines that integrate practice for an understanding of the client's needs and produce recommendations that complement one another. This trend is increasing rapidly. Service models, organizational values, and philosophies of care throughout healthcare systems across the globe reflect the Interprofessional practice and education movement.

Behaviour Analysts are often allocated to provide care teams with an analysis of the learned aspects of behaviour and to identify its relationship with environmental variables while recommending a range of supports to impact challenging behaviour, skill deficits and caregiver safety. Behaviour Analysts may struggle to function on interdisciplinary teams when clinical questions such as "causes" of challenging behaviour are assessed by other professionals who may have differing philosophies, language, and even concepts of what constitutes evidence and best practice. In spite of this, applying Behaviour Analysis within an interprofessional framework can improve the professional practice of behaviour analysts in several ways:

- It can demonstrate that our treatments are applicable and generalizable to large and socially significant areas of health care and education, and not just applicable within "behavioural bubbles".
- It can help us consider motivating operations that may exist outside our current scope and integrate the interventions of other professionals into our work. E.g., changes in sedating medication often serves as an EO or AO for negatively reinforced challenging behaviour in the classroom, knowing that a dosage has changed can impact the types of instructions we deliver to clients.
- Permits ongoing professional practice improvement and learning. E.g., it may improve access to relevant literature outside of our typical resources.
- May educate other professionals about the practice of behaviour analysis, increase general interest in the field, and dispel problematic misconceptions.

Interprofessional practice may have inherent challenges:

- Role Blurring. *Continued on Page #8*

Professional Practice Bulletin

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- Too many "hands in the pot".
- The existence of hierarchies & seniority on clinical teams.
- There may be an "order of involvement" of various disciplines (first medical, then social work, then behaviour strategies).
- Time efficiency may be affected by team meetings or waiting for collaborative input.
- Not all members of clinical teams have received interprofessional education.
- Communication barriers between disciplines may exist. E.g., Pediatricians, schools, and IBI providers.

Several myths exist regarding interprofessional practice:

- Role blurring is a bad thing. The addition of other practitioners can add valuable resources, innovative treatment approaches, and advocacy for better services.
- Interprofessional practice looks great on paper, but doesn't work.
- Working with others will compromise the standards of practice for behaviour analysts.

The interprofessional practice movement in education and healthcare has significantly impacted how professionals are being trained and how they are delivering services. Are Behaviour Analysts in Ontario being left behind or excluded? Working in isolation may prevent Behaviour Analysts from delivering services to new and diverse populations, from obtaining funding for new services or research, and may perpetuate misconceptions about Behaviour Analysis. Behaviour Analysts can support interprofessional practice by providing opportunities for new Behaviour Analysts to learn about the philosophies and functions of other disciplines while offering practicums alongside them so they can learn how to integrate with other professionals without compromising their standards of practice. Practicing Behaviour Analysts can create clinical pathways and contribute to a multi-modal case formulation while making the practice, language and data more accessible to other disciplines. This can be done without compromising standards of practice and may increase the value of including a Behaviour Analyst in a diverse array of clinical settings.

So how do we fit in? Are we up to the challenge of working with others for the benefit of our clients? Can we remain analytic, conceptually systematic, and insistent on the rights of our clients to effective treatment while delivering a service that meets our standards of practice? Will we move into the new era of integrated service delivery or be relegated to isolated specialization?

Classified Advertisements

Employment postings:

Capital Health

Job Opportunity Details

Job ID:	1014438	Job Title:	Board Certified Behaviour Analyst - Emerald Hall / COAST, Mental Health Program
DeptID:	ELDN NSH EMERALD HAL	Location:	Mount Hope - 1st Floor
Open Date:	10/01/2013	Close Date:	11/07/2013
Reg/Temp:	Regular	Full/Part:	Full-Time

Applications are accepted until 11:59 PM on the Closing Date

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Opening Statement

Successful Applicants are required to provide a criminal record check (including Vulnerable Sector Search) to People Services before starting employment and assume any associated costs as a condition of employment.

Responsibilities

Capital District Health Authority is seeking a Senior Behaviour Analyst for a full-time clinical position with the tertiary care neuro-developmental disabilities service at Emerald Hall /Community Outreach Assessment, Support and Treatment (COAST) Team in Dartmouth, Nova Scotia.

Emerald Hall/COAST is a Provincial Program providing tertiary services to persons who have an intellectual or developmental disability and complex mental health or behavioural difficulties (dual diagnosis). Emerald Hall is the inpatient component, providing short term hospitalization for assessment and acute treatment of psychiatric illness and/or complex behavioural issues. The COAST Team provides assessment and treatment services and follow-up support in the community.

We are seeking a behavioural analyst interested in working collaboratively within a dynamic interdisciplinary team to provide specialized behavioural services both on the inpatient unit and the community.

Responsibilities Include:

* Conduct functional behavioural assessments/analysis
* Design and write behavioural intervention according to prescribed standards of service and clinical practice
* Participate in the treatment planning process
* Develop and monitoring and data recording systems
* Review and analyze data
* Offer training to in-patient staff
* Work collaborative with other clinicians and direct care staff to solve challenging clinical issues and concerns
* Maintain continuity of service delivery among the different domains
* Provide ABA training and educational resources to staff and community caregivers
* Collaborate with community caregivers to create behavioural support plans
* Participate in meetings and collaborate with community partners as needed

Qualifications

* A Masters Degree in psychology or related field with experience and knowledge of Applied Behaviour Analysis, Board Certified Behaviour Analyst preferred.
* 3-5 years of experience in conducting behavioural assessments and developing interventions
* Clinical experience working with individuals on the autism spectrum
* Interest working on an interdisciplinary team using a biopsychosocial model
* Excellent interpersonal, conflict resolution, and administrative skills
* Excellent oral and written communications skills
* Culturally competent/knowledgeable
* Team oriented, self motivated, and the ability to manage multiple priorities

PLEASE NOTE: Applicants relying on education and experience equivalencies must demonstrate such equivalencies in their application. Candidates will not be considered for an interview if applications are incomplete or missing information.

Hours of Work

* Permanent Full-time; 75 hours bi-weekly

Salary

To commensurate with experience

Closing Statement

Thank you for your interest in this position.

This is a NSGEU Bargaining unit position. Preference is given to bargaining unit employees for unionized positions.

We will contact you should you be selected for an interview. Typically interviews are held within three to four weeks of the closing date.

Capital Health is proud to provide a smoke free and scent free environment that promotes our vision - Healthy people, healthy communities.

Successful Applicants are required to provide a criminal record check (including Vulnerable Sector Search) to People Services before starting employment and assume any associated costs as a condition of employment.

Pivot Point Family Growth Centre Inc.

Pivot Point Family Growth Centre Inc is seeking a Board Certified Behavior Analyst (BCBA) or Behaviour Consultant with a Master's degree and experience to join our dynamic team. This is a contracted position located in Castlegar, BC. Experience working with clients who perform problem behaviour and their support teams is required.

Other Requirements:

* Experience completing Functional Assessment and Functional Analysis
* Experience writing Safety Plans and Behaviour Support Plans
* Ability to work as part of a team
* Ability to train staff and families to implement Behaviour Change Plans and Safety Plans
* willingness to travel to communities within the East and West Kootenays.

Benefits and Compensation

* Very competitive salary
* health benefits
* travel expenses (hotel, airfare, per diem, gas)
* generous professional development funding
* paid vacation
* moving subsidy
* office expenses and administrative support

To Apply please forward your résumé to hr@pivotpoint.ca. To learn more about the organization go to www.pivotpoint.ca.

If you have any questions or concerns, please email HR or call 604-531-4544 or 1-866-531-4544.

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