



The Ontario Association for Behaviour Analysis, Inc.
The 2017 Annual Conference

November 9th & 10th, 2017



Metro Toronto Convention Centre
Rooms 205 and 206
North Building
255 Front Street West
Toronto, Ontario, M5V 2W6

Accommodations:

The Intercontinental Toronto Centre Hotel
255 Front Street West, Toronto ON, M5V 2X3

Conference Courtesy Rate: ~~\$249.00/night (sold out)~~ or \$289.00+
tax

Bookings and hotel information can be accessed by clicking on the
following link: (<https://aws.passkey.com/go/ONTABA>).

*The \$249.00 rate applies to standard room type only and the \$289.00 rate
applies to the feature room type only. Rates and rooms are based on
availability

Coat check is available for \$3 each day.



Conference 2017 – DRAFT Schedule



Schedule subject to change

Thursday November 9 th , 2017		Friday November 10 th , 2017	
7:30 – 9:00	Registration (coffee, tea & light snacks)	8:00 – 9:00	Registration (coffee, tea & light snacks)
9:00 – 9:30	Opening Address	9:00 – 9:15	Opening Address
9:30 – 10:45	Invited Speaker: Dr. Williams #1 (1.5 CEU)	9:15 – 9:45	Awards
10:45 – 11:00	Break	9:45 – 11:00	Invited Speaker: Dr. Sturmey #2 (1.5 Ethics CEU)
11:00 – 12:15	Invited Speaker: Dr. Winston #1 (1.5 CEU)	11:00 – 11:15	Break
12:15 – 1:15	Lunch (off site)	11:15 – 12:30	Invited Speaker: Dr. Friman #2 (1.5 CEU)
1:15 – 1:45	Ignite Session	12:30 – 1:30	Lunch (off site)
1:45 – 2:45	Concurrent Session 1	1:30 – 2:00	Ignite Session
2:45 – 4:00	Invited Speaker Dr. Sturmey #1 (1.5 CEU)	2:00 – 3:00	Concurrent Session 2
4:00 – 4:15	Break	3:00 – 4:15	Invited Speaker: Dr. Williams #2 (1.5 CEU)
4:15 – 5:30	Invited Speaker: Dr. Friman #1 (1.5 CEU)	4:15 – 4:30	Break
5:30 – 6:45	Poster Session (Wine and Cheese Reception - Rm 205 abcd) We have approximately 50 posters submissions!	4:30 - 5:45	Invited Speaker: Dr. Winston #2 (1.5 CEU)
6:45 – 7:00	Break	5:45 – 5:50	Closing Remarks
7:00 – 8:30	AGM (206abcdef)		
8:30 – Midnight	Behaviour Social (location TBD) *water stations are available in each room		*water stations are available in each room

*See pages below for Invited Speaker and Concurrent Presentation Abstracts

Invited Speakers:

Dr. Patrick Friman, ABPP

Presentation #1: Tell Me a Story: Colloquial Vignettes for Teaching Select Behavior Analytic Concepts to Non Behavior Analysts.

There is much to love about behavioral analysis but the perfect love is hard to find, especially in the sciences. An obstacle to love is imperfect, incomplete, or incomprehensible communication. And because the technical language of behavior analysis is so challenging, even for those inside the field, using it with people outside the field can limit or completely preclude their capacity for loving (or even just liking) our science. The technical language of behavioral analysis is perfectly suitable (loveable) for use in the lab, classroom, scientific papers and formal presentations. But suitability and lovability rapidly diminish when that language is used in other locations and with non-behavior analysts, especially when one's intent is to convey the core concepts of behavioral analysis to those people. For that purpose the language of the street, or if you prefer, colloquial communication, is preferable. This presentation will make that point and buttress it by supplying several examples of colloquially worded teaching vignettes whose purpose is to describe behavioral analytic concepts and services to non-behavioral analytic consumers (e.g., friends, family, neighbors, parents of referred child, etc.).

Presentation # 2: EIBI, ASD and the Forward March of Behavior Analysis

Mankind continues to be guided by ancient, flawed ideas. One of the most pernicious of these ideas attributes problematic behavior to inherent flaws or defects in the persons exhibiting the behavior. The three most common domains for these flaws are morality, character, and psyche. Assumption of defect in these domains results in multiple challenges including defensiveness and resistance from the persons thought to be defective, helplessness and hopelessness in the presence of the problem behavior, and/or harsh treatment of the persons whose behavior is considered a problem. In stark contrast to this ancient idea, the core assumption of behavior analysis is that problem behavior (indeed all behavior) occurs as a function of circumstances rather than inherent human characteristics. However appealing this idea may be, its ultimate value can only be determined by its application to real human problems. Starting in the 1960s documentation of its beneficial application across a variety of problems began to appear but none captured much attention outside the field of behavior analysis, with one exception, ASD. Indisputable demonstrations of the benefit of applying behavior analysis to ASD, most notably in the form of EIBI, quickly captured the world's attention and neither ASD nor the field has been the same since. This talk will tout this extraordinary achievement, argue that it represents the slow and steady progress of behavior analysis from the austere pages of its primary scientific journals to the swirling currents of mainstream life, and recommend that new frontiers be explored.

Dr. Peter Sturme

Presentation #1: Behavioral Skills Training: Recent Trends and Implications for Practice

Behavioral Skills Training (BST) is a skills training package consisting of instructions, modeling, rehearsal and feedback. Originating in psychotherapy training to teach accurate empathy, researchers have used it in many contexts, including services for individuals with Autism. This paper will review the components of BST; the range of target behaviors; its effectiveness in changing behavior in Tier 1 (supervisor), Tier 2 (caregivers) and Tier 3 (individuals with Autism). The presentation will then identify issues in making BST more efficient, including maximizing generalization of Tier1 and Tier 2 skills training, teaching multiple skills, and reducing training time. Future directions for research and practice will be outlined.

Presentation #2: Reducing restraints and restrictive behavior management practices in individuals with intellectual disabilities and autism spectrum disorders: the contribution of applied behavior analysis.

Aim: Restraints and Restrictive Behavior Management Practices (RRBMPs) are stigmatizing, often dangerous and usually indicate a failure to implement effective behavior management practices. The aim of this workshop is to review the evidence for safe reduction of RRBMPs.

Method and Results: This paper will review the literature on safe reduction in RRBMPs and will include a systematic review of experiments in this area. Applied Behavior Analysis (ABA) offers a unique perspective in understanding the functions of RRBMPs for both the person restrained and the person implementing restraint. In addition, ABA has developed a number of specific intervention procedures, such as restraint fading; use of restraint as a reinforcer; rapid restraint analysis; other forms of functional assessment and analysis; and behavioral skills training to teach caregivers effectively which can result in effective treatment.

Conclusion: Safe reduction of RRBMPs is possible and may even be achieved within 6-12 months in some circumstances. It commonly involves tracking use of RRBMPs, goal setting, staff training to give staff alternative behavior and feedback.

Dr. Larry Williams, BCBA-D

Presentation #1: Some Recent Applications of Behavior Analysis: Babies, Hockey and Fluency

W. Larry Williams Ph.D., BCBA-D, LBA (NV), Ashley Greenwald Ph. D BCBA-D, Holly Seniuk Ph.D. BCBA-D, University of Nevada, Reno, Melissa Nosik Ph.D. BCBA-D, Behavior Analysis Certification Board, Sarah, Richling Ph.D. BCBA-D, Auburn University

Four separate projects will be described: 1) The effects of I-pad prompting for positioning and exercise by women in labor, 2) An application of the Matching Law to shot choices in the 2012 NHL season players, 3) A Fluency analysis of distraction in normal adults, and 4) Re-visiting our learning criteria for achieving maintenance from typical behavioral teaching.

Presentation #2: Time In: A Potential Tool for Treating Escape Maintained Behavior.

W. Larry Williams, Ph.D., BCBA-D, LBA (NV)

Lauren Brown MA BCBA and Natalia Garrido MA BCBA

University of Nevada, Reno

“Time In” here refers to any contingency arrangement in which demonstrated reinforcers are available only for appropriate participation in teaching / learning interactions, which are initiated by the learner activating a novel stimulus. This is different than typical uses of the term associated generally with an enriched environment, or a period of time in which reinforcement is available. The procedure was used by Williams (1977) as an “observing” response (Dinsmoor, 1995a; Wycoff, 1952) to increase the probability that discriminations of sign language stimuli would be established in participants to induce dyads of children with intellectual disabilities to earn reinforcers as speakers and listeners. The attending function is presumed to be established and maintained by first delivering reinforcement for the learner’s simple activation of a table top stimulus (e.g., turn on a light) and over trials requiring other responses (typical discrete trial tasks). These tasks are engaged in before the teacher delivers a reinforcer and disengages the attending stimulus (e.g., turn off the light). Each occasion of this chain is initiated by the learner, and is first established with typical prompt fading of a model or other assistance in engaging the time in stimulus. More recently we have used this simple arrangement to teach students with significant escape maintained disruptive behaviors to participate in learning tasks without specifically having to address disruptive responding. Examples of its application and a discussion of underlying variables responsible for its success (and failure) will be presented.

Dr. Winston, BCBA-D

Presentation#1: “Why Your Distant Reinforcer May Not Be One: The myth the madness and the fix!

It is quite common for behavior analysis practitioners to arrange distant reinforcers, that is, reinforcers that are accessed an hour, a day, or a week AFTER the targeted behavior has occurred. Although most behavior analysts understand that reinforcement should be delivered within a few seconds of the target behavior to have any effectiveness, they typically claim that “this child has great verbal skills and he understands how he earns his reinforcer, so he doesn’t need it immediately.” The ability to “tact” a contingency does not mean that the alleged item/activity is in fact functioning as a reinforcer for behavior that has long since ended. This presentation will focus on how these distant programmed “reinforcers” truly function and compare this with how reinforcement of problem behavior occurs in the natural environment. There will also be a discussion of the clinical implications of misunderstanding the nature of these distant reinforcers and what can be done to ensure that target behaviors contact actual reinforcement. Finally, the audience will learn the importance of conditioned reinforcers that are only reinforcers in name and what can be done to eliminate this very common error in applied settings.

Presentation #2: “Whaddya Lookin’ At?” An analysis on confrontation seeking

Higher functioning socialized individuals, unlike non-verbal less socially aware individuals rarely attack without warning or provocation. Many persons with behavior problems, just like anyone else, will “pick a fight” which we might call confrontation seeking. This behavior rarely occurs all day long and is typically what one might call an intermittent behavior problem. This presentation will suggest an

analysis of the problem in behavioral terms, how to differentially diagnose the problem, and treatment directions.

Concurrent Presentations Thursday Nov 9th, 2017

1. Variations in Supervision Practices: Let's discuss how to best conduct supervision using different methodologies (1 Supervision CEU)

Panelists: Cheryl Davis, Hayley Vininsky, and R. Alexandra Fawcett-Drummond
Chairperson/Moderator: Cheryl Davis

The standards for Board Certified Behavior Analysts'® supervision have increased greatly over the past decade. As stated by the Behavior Analytic Certification Board, the supervisee's primary focus should be acquiring new behavior analytic skills related to the BACB Fourth Edition Task List, with activities consistent with the Dimensions of Applied Behavior Analysis identified by Baer, Wolf, and Risley (1968). Providing appropriate supervision includes clinical case review, direct observation and reviewing the application of BACB Task List items.

Supervising potential BCBA's is currently done using different formats such as in person and distance through both synchronous and asynchronous modes. This expert panel is comprised of BCBA supervisors and supervisees that represent all modes of supervision including, in person, distance, university practicum, private practice, clinic based and more. Panelist will present best practices in providing supervision, curriculum used, share tracking systems and discuss dilemmas faced when providing supervision. There will be a large emphasis on best practices, as well as using technology while ensuring client privacy, and how to meet the needs of each individual supervisee.

2. Title: Functional Analysis in Pediatric Feeding Disorders: A 16-year Review and Meta-analysis (1 CEU)

Authors: Valdeep Saini, Heather Kadey, Katherine Paszek, Henry Roane
Presenter: Valdeep Saini

Pediatric feeding disorders affect approximately 25% to 35% of typically-developing children and up to 80% of children with intellectual disabilities, with the severity of feeding difficulties varying considerably across individuals. The extant literature on pediatric feeding disorders has suggested that feeding problems are biobehavioral conditions in that biological and environmental aspects interact, and both need to be addressed to achieve normal feeding. Functional analysis is considered the primary method for assessing the environmental conditions that maintain maladaptive behavior and for informing the development of effective function-based interventions. We evaluated 86 published functional analyses of various severe and disruptive feeding behaviors (e.g., inappropriate mealtime behavior, expulsions) across a variety of dimensions specific to the mealtime context. We conducted a meta-analysis to (a) identify trends and differences across procedures and outcomes, (b) identify current barriers to methodology, (c) inform best practice guidelines, and (d) critically analyze the literature to provide directions for future research. We address the implications of our results with respect to (a) the assessment and treatment of pediatric feeding disorders and (b) functional analysis methodology as adapted for the mealtime context.

3. Using AB designs in practical settings: An empirical analysis (1 CEU)

Authors: Marc J. Lanovaz, Sarah Huxley, Stéphanie Turgeon, Marie-Michèle Dufour, Patrick Cardinal, and Tara L. Wheatley

Presenter: Marc J. Lanovaz

One of the hallmarks of single-case experiments is replication, which often involves the repeated withdrawal and introduction of an independent variable (e.g., treatment). Although replication increases the confidence that the treatment is truly responsible for the observed changes, withdrawing it for replication has its drawbacks in practical settings (e.g., costs, safety issues, resistance from others). Thus, our purpose is to present two empirical studies that examined the relevance of conducting replications in practical settings. In the first study, we extracted data from published studies to generate nearly 17,000 AB graphs to examine the probability of observing changes (i.e., false positives) during extended baseline conditions using the dual-criteria methods of visual analysis. In our second study, we extracted data from ABAB graphs and examined the probability that the changes observed across the first phase changes would replicate across subsequent phase changes. We also examined whether effect size could predict future replication. The results of the first experiment showed that using the dual-criteria methods rarely resulted in incorrect conclusions as long as the treatment condition contained at least 5 sessions. The second study indicated that effects from the initial AB phases were successfully replicated at least once in 85% of cases and that effect size may predict the probability of replication. Overall, our two studies suggest that practitioners may use AB designs alone when the implementation of an empirically-supported treatment produces (a) clear change with a large effect size or (b) no clear change with a small effect size.

Concurrent Presentations Friday Nov 10th, 2017

1. Technology, Social Media, and the Cloud: Ethical and Legal Implications (1 Ethics CEU)

Presenter: Rosemary A. Condillac, Ph.D., C.Psych., BCBA-D.

The widespread use of hand held technology, social media, and cloud computing can pose ethical and legal challenges for Behavior Analysts who may be inadvertently putting client information at risk. This interactive workshop will use a case-based approach to provide behaviour analysts the opportunity to consider the risks and benefits of using popular electronic devices, social media, and cloud based services in the delivery of ABA services. Common practices will be considered in relation to the BACB® Professional and Ethical Compliance Code for Behavior Analysts (the Code) (BACB, 2016) and legislation relevant legislation to clinical practice in Ontario. Topics will include privacy, confidentiality, data security, boundaries and multiple relationships. In addition to identifying aspects of practice that may place clients or behaviour analysts at increased risk, potential solutions based on practice guidelines for regulated health professionals and standards for electronic storage and retrieval of health information will be shared.

2. An Evidence-Informed Checklist to Evaluate Medication Impacts during Behavioural Treatment (1 CEU)

Presenters: Dr. Alison Cox, Ph.D., BCBA-D; Kelly Resendes; Dr. Catherine Pryor, Ph.D., C. Psych

Psychopharmacological and behavioural interventions are used to treat challenging behaviours (CB). These interventions may be applied concurrently, or in isolation. Given that a large proportion of persons with intellectual disability and CB are prescribed psychotropic medications, it is likely that behavioural practitioners will be responsible for managing clients who have been prescribed at least one psychotropic medication. Clinicians may also be asked to attend psychiatric consultations to support families pursuing a medication trial for their loved one.

Behavioural practitioners may add value to the psychiatric process by identifying, implementing and overseeing effective, objective data collection strategies. The data collected may be used to better inform the prescribing physician on how medications changes may be positively or negatively impacting the client.

Currently, guidelines have only been developed for researchers conducting studies in applied behavioural pharmacology. Many of these recommendations may not be relevant for behavioural practitioners operating within a clinical setting. Therefore, we developed and piloted an evidence-informed checklist for behavioural practitioners. The intent of this tool was to support clinicians in selecting the appropriate target behaviours and coinciding data collection strategies to objectively evaluate medication impact and thereby perhaps influence individualized medication trials, which may improve overall client outcomes. Developing ways to provide more specific communication about behaviour-medication relationships with medical practitioners was also considered. Two specific case studies are described including the time committed required in following the checklist, as well as client outcomes.

3. Diverse Applications of ABA (1 CEU)

Discussant & Chairperson: Dr. Kimberley Zonneveld

Presentation 1

Authors: Talia M. Ennett, Kimberley L. M. Zonneveld, Kendra Thomson, Adam B. Carter, & Mahfuz Hussan

Presenter: Talia M. Ennett

TAGteach is a multi-component intervention package involving the use of teaching with acoustical guidance (TAG), a teaching procedure that uses an audible stimulus (e.g., click sound) to indicate that a desired behaviour has occurred (Fogel, Weil, & Burris, 2010). TAGteach has been found to effectively improve performance in sports (Fogel et al., 2010), dance (Quinn, Miltenberger, & Fogel, 2015), surgical techniques (Levy, Pryor, & McKeon, 2016), and walking (Persicke, Jackson, & Adams, 2014). An adapted alternating treatments design was used to

compare the effectiveness and efficiency of the standard TAGteach error-correction procedure and a modified TAGteach error-correction procedure to teach four novice adult yoga practitioners beginner yoga poses. Results showed that both error-correction procedures were effective for all participants; however, the relative efficiency of these error-correction procedures remains unclear. Results are discussed in terms of limitations and considerations for future research.

Presentation 2

Increasing Young Children's Compliance with Essential-Routine Procedures

Authors: Adam B. Carter, Kimberley L. M. Zonneveld, Jacqueline Pachis, Talia M. Ennett

Presenter: Adam B. Carter

Noncompliance with essential healthcare routines (e.g., hair cuts, dental visits) is a widely reported problem in children with intellectual and developmental disabilities (Allen, Stanley, & McPherson, 1990). This problem is exacerbated when essential healthcare routines involve the use of sharp objects (e.g., scissors, dental scrapers) that have the potential to cause physical injury to children who exhibit noncompliance or avoidant behaviors during the procedure. A multiple probe design within a nonconcurrent multiple baseline design was used to evaluate the effects of demand fading, synchronous reinforcement, plus escape on the acquisition, maintenance, and generalization of compliance with two essential healthcare routines exhibited by 3 children. This treatment package was effective for 2 children and the evaluation is ongoing for the 3rd. Results are discussed in terms of treatment implications and the importance of programming for generalization.

Presentation 3

An Evaluation of Behavioural Skills Training to Teach Motor Skills to Individuals in the Special Needs Activity Program

Authors: Sarah Davis, Kendra Thomson, and Maureen Connolly

Presenter: Sarah Davis

This research aims to evaluate the efficacy of Behavioural Skills Training (BST) for teaching volunteers how to also use BST to teach motor skills to individuals in the Special Needs Activity Program (SNAP) at Brock University. The SNAP program is a developmentally appropriate movement education-based embedded curriculum, implemented by university student volunteers, to promote the development of motor repertoires of individuals with developmental disabilities. Motor milestones are essential for positive growth and child development, and many children with disabilities fail to meet these motor milestones and/or acquire the fundamental motor skills due to gross and fine motor impairments. The study has two Phases: (1) a multiple baseline across participants design to evaluate efficacy of BST for teaching university student volunteers how to implement BST to teach motor skills; and (2) an alternating treatment design to conduct a component analysis to determine what steps of BST are necessary and/or sufficient to teach motor skills to individuals with disabilities motor skills. Recruitment and pilot data collection is currently in progress and further data collection will commence in September 2017 (concurrently with the SNAP program). Preliminary data will be presented and implications for clinical practice will be discussed.

Presentation 4

An Evaluation of Behavioral Skills Training and In Situ Training for Teaching Caregivers How to Support Social Skill Development in Their Child with Autism Spectrum Disorder

Authors: Mahfuz Hassan, Andrea Simpson, Katey Danaher, James Haesen, Tanya Makela, & Kendra Thomson

Presenter: Mahfuz Hassan

Children with autism spectrum disorder (ASD) often have social skill deficits and benefit from training that programs for skill generalization and maintenance, components that are often lacking in practice (Rao, Beidel, & Murray, 2008). Although caregivers are well suited to promote generalization and maintenance of child skills in the natural environment (which may lead to better child outcomes), limited research has been conducted in this area (Reichow, Steiner, & Volkmar, 2013). Therefore, evaluating which strategies are effective for training caregivers is highly warranted. We used multiple-probe designs across two sets of four caregivers to evaluate the efficacy of individual behavioral skills training (BST), group BST, and in situ training for teaching caregivers how to also use BST to support their child's context-specific social skills. In Study 1, caregivers met mastery criteria (i.e., 100% BST implementation accuracy) within a brief individual BST session. Accuracy did not generalize to the natural environment even with the addition of a group-BST session and regressed to baseline levels after a one-month follow-up. In Study 2, in situ training was introduced in place of a group-BST session which led to caregivers implementing BST more accurately in the natural environment which maintained after a two-month follow-up. Children in both studies were typically more successful at performing social skills when caregivers implemented more steps of BST accurately. The implications of the results will be discussed.