

The ONTABA ANALYST



NEWSLETTER OF THE



#ONTABACON2019 Call for Papers

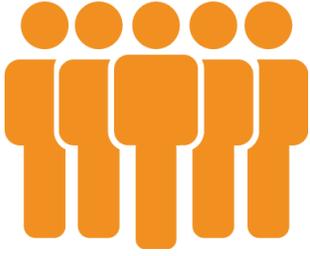
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FROM THE President's Desk

Dear Members,

As we approach mid year, I want to fill you in on some of the larger tasks that are on deck for the rest of 2019. As you know, the government released the two volumes of the Health Professions Regulatory Advisory Council (HPRAC) report to the public in late June.

The board and relevant committees have reviewed the report and ONTABA representatives have met with staff from the Ministry of Community and Social Services' (MCCSS) office for an initial discussion about the report and the implications for regulation. We anticipate subsequent meetings with MCCSS to further discuss regulation of behaviour analysts in Ontario. We have also reached out to the Ministries of Health and Education.

The board of directors and our governance consultant are set to begin an up to date governance review and begin the initial steps in our development of the 2020-2022 strategic plan. To support this development, we will be sending out a membership survey so that members can provide input on the future direction of ONTABA. This survey will be sent out in the near future, so be sure to keep an eye out for it. We hope that all members will take the time to provide input. Our goal is to have the governance review and strategic plan complete in order to present them and the updated by-laws to the membership at our 2019 AGM.

This year ONTABA is seeking nominations for President-Elect, Treasurer-Elect, two Director-at-Large members, and Graduate and Undergraduate Student

Representatives. We encourage members to nominate their fellow members in good standing who are interested in leading the organization into the future. The election nomination form, the role descriptions and the requirements can be found in the members portal under the 'my ONTABA' tab, in the 'elections' drop down menu. The window for nomination submissions will close September 27th, 2019. As all of us in the field know this is a time change for our field and our actions now will undoubtedly have an effect on the future of behaviour analysis in Ontario. We can make a difference here and if you're willing, we want you to be part of the change!



Jennifer Cunningham
President, ONTABA



Committee Updates

Website Committee

The ONTABA website has recently been experiencing some challenges related to membership renewal and PayPal. ONTABA will be switching to a new payment system in the near future and we are hopeful that this issue will be resolved soon. If members are unable to renew their memberships online, please email contact@ontaba.org and anyone who is looking to sign-up for or renew their membership will be assisted in doing so. A big thank you to our members for their patience on this matter!

Conference Committee

The 2019 Conference is quickly approaching! The call for papers, posters and ignite session is now open on the ONTABA website. If you'd like to show case your work be sure to make a submission by Friday, September 6th. In addition, we are interested in expanding our vendors and sponsors this year, if you or someone you know is interested please reach out! Conference updates will continue to be posted on our website, the Facebook and Twitter page so keep a look out!



ASD Committee

Since our last update, we are pleased to welcome Nancy Marchese into the role of ASD Committee Co-Chair. We are grateful for Nancy's leadership.

The ASD Committee continues to seek ways to support our members who are affected by the ongoing changes to the Ontario Autism Program (OAP). Many of our members work with individuals diagnosed with ASD and the recent changes to the OAP directly impact the individuals and families they work with, as well as our members. On May 11th, we held a members-only Town Hall. Considering the short notice, we had a great turn-out and a productive discussion about ways to effectively participate in the OAP consultations, as well as ways to effectively engage with political officials. For those who missed it, there is a link to the recording on the ONTABA website.

Our committee is also working to engage meaningfully with the greater community, including parents, self-advocates, and other professional groups. As such, we have distributed helpful resources about evidence-based treatment to diagnostic hubs, and we continue to reach out to groups such as Autism Ontario and the Ontario Autism Coalition to identify meaningful ways to collaborate. We look forward to providing details on our 2019 Work Plan in the next newsletter.

Professional Practice Committee

The Professional Practice Committee (PPC) would like to invite our membership to submit professional practice questions to professionalpractice@ontaba.org. We will endeavour to answer your questions or connect you to evidence-based practice resources. We look forward to hearing from you!

Public and Community Relations Committee

Since our last update the public and community relations committee has been hard at work. We had a successful event at Toronto's 2019 Autism Speaks walk in Nathan Philips Square. The team had a great time chatting with lots of families and professionals in the community.

The committee is very excited about "A BCBA's Guide to Self-Employment" event on Friday August 16th at the Richmond. This fun filled evening will help inform professional what is needed to start their journey into the private practice. You can listen to some great tips from professionals while eating delicious treats provided by Gusto. There are only a few spots left so get your tickets now!

If you cannot make it to the evening of behaviour analysis on August 16th, no worries. We hope to see you at the ONTABA social in November! This event will be great to catch up with old friends, have a laugh with new friends, and play some trivia.

Professional Regulation Committee

In our last update on October 2018, we indicated that the Private Act was in the final stages and we were working closely with our governance consultant to ensure our bylaws aligned with the Private Act such that if it was passed we would be prepared.

The abrupt and tumultuous end to the Ontario Autism Program (OAP) in February 2019 had a profound impact on the field and many of our members. Understandably, our committee members have been focused on advocating for the protection of the field and our members. Given the uncertainty of the political climate, submission of the Private Act was put on hold.

On June 25, 2019, the Ministry of Health finally released the report of The Health Professions Regulatory Advisory Council (HPRAC) on the risk of harm associated with ABA therapy. This is an important development for our field and we encourage all members to review the report in detail as we will be seeking input on the topic of regulation efforts in the near future. Links to both volumes of the report can be found here:

[Volume 1](#)

[Volume 2](#)

Professional Development Committee

The professional development committee had the pleasure of hosting Dr. Siri Ming on an on-line webinar in June to discuss how Relational Frame Theory (RFT) can be incorporated into Early Intervention programs. Additionally, we partnered with OBACoP to host an event featuring David Hingsburger and Louis Busch discussing how disability ethically interacts with ABA. The committee piloted the use of the CEU Helper app for automated collection of credits. There were some initial hiccups which will be resolved in time for our annual conference.



Got Something for an Upcoming Issue?

The ONTABA Analyst is produced quarterly. The remaining issues for 2019 will be released in **October**. Interested? Send it to us!

newsletter@ontaba.org

SPOTLIGHT ON:

Compassionate Care in ABA

An interview with Linda Leblanc, PhD, BCBA-D.
President and Founder of LeBlanc Behavioral Consulting

By Raluca Nuta
Treasurer, ONTABA

Briefly, what constitutes compassionate care when delivering behaviour analytic services?

In Taylor, LeBlanc, and Nosik (2018) we describe the differences between sympathy, empathy, and compassion. Sympathy involves feeling some sadness or regret that someone has had a negative experience. Empathy involves perspective taking, which means you try to understand the impact of that experience by reflecting on some analogous experience that you might have had. Finally, compassion takes empathy one step further in that you are empathetic and you take action to try to alleviate some of that suffering (i.e., you behave compassionately).

For example, the action you might take with a parent who has a newly diagnosed child is listening while the parent talks about their fears that many of their hopes and dreams might be in danger and trying to orient them to meaningful goals and hopes for the future and their role within the behavior analytic program as the best chance for their child's future success.

So, that action on the part of the therapist of listening, expressing care and concern, and reorienting the family towards a hopeful perspective, and maybe a broader definition of success, is compassionate care. I think that clinicians who haven't been taught about how to be empathetic in a therapeutic context sometimes feel an emotional burden, as though they have to experience the same loss in order to connect with the parent, and thinking about what the parent must be going through impacts them so negatively that negative reinforcement takes over (i.e., they avoid thinking about the family experience). While that's an understandable response, the professional in the therapeutic relationship is responsible for taking the actions that are most likely to produce an effective outcome, and compassionate care has repeatedly been shown in other disciplines to produce better outcomes. We, as a field, have to do a better job of teaching BCBAs how to engage in compassionate care without constantly feeling like they are emotionally burdened.

What are some of the key components of compassionate care?

One of the first core skills that we recommend targeting is perspective taking which can be facilitated by training in appreciating the family experience. Perspective taking involves understanding the stress and grief process that families are often going through and recognizing how that experience might be a functional determinant of some of the behaviour you are seeing from families. This also includes appreciation of the family as the client rather than just the child and focuses on strategies for building rapport and the value of a therapeutic alliance (i.e., the family and the professional agree that all are acting in the best interest of the family and a positive future). While this is easy enough to say, I have often encountered situations where that alliance is not strong enough, and the professional is viewing the family as a barrier to success, or the other way around. So, that first core skillset is really about perspective taking, empathy,

“We think being “right” is the most important thing, and it’s not. “Effective” is the most important thing.

understanding what families are likely going through, and that the whole family is your client, and then making time for that relationship. This allows you, as a BCBA, to understand whether what you are recommending is unlikely to work in all of the tomorrows after you are gone.

The second skillset relates to how one builds that relationship, and involves active listening, being open-minded, seeking input and accepting feedback, effective communication skills, celebrating the child’s success, focusing on how to involve all members of the family, compromise, and collaboration skills. I think that sometimes we over-focus on “right” and “precise” in behaviour analysis, that we think being “right” is the most important thing, and it’s not. “Effective” is the most important thing. It is important to collaborate and compromise, to know where real effectiveness and success is likely to come from, and that effectiveness it usually not associated with being “right” or proving that you’re right. It takes some years of experience to let go of this notion in favour of the reinforcer of a successful intervention.

Finally, the third core skillset relates to detecting any time that there might be strain on the relationship and taking steps to fix it. Those steps might involve many of the same skill sets as building the initial relationship.

Why is it important for behaviour analysts to use compassionate care and to spend time on building therapeutic relationships with caregivers?

It is important because it increases the likelihood of your success. The therapeutic relationship is very often the tool that we use to create a motivating operation to do the hard, different (i.e.,

change) things, that we have to ask the parents to do, especially when the immediate outcome feels like a worsening of a situation. The therapeutic relationship gives you the power to influence the family’s actions via reinforcement. We have to bridge the delay to reinforcement for the parent, by becoming reinforcers ourselves. Our interactions become the variables that will sustain effort under otherwise lean schedules of reinforcement from the child. Additionally, if you are not paying attention to that therapeutic relationship, you are likely to not hear about overarching problems (e.g., sleep problems, feeding problems, safety).

What are some tips for building a strong therapeutic relationship quickly when time in service is limited?

The first tip is to make your time less limited by involving families in therapy. A model has evolved where the behaviour analyst is in charge of the treatment, and the parent periodically gets an update about how things are going. The parents may not really be around for sessions, so they are seeing the effects, but not the sessions. Seeing the process and having someone explain what is happening, is how the parent will learn to create a different environment for that child when the behaviour analyst is no longer in the picture. We can’t achieve all of the outcomes by creating an artificial environment that will go away at the end of therapy and expect problems that arise down the road to be solved just as well in the natural environment. I encourage and even expect heavy family environment as part of treatment, so that the majority of time spent with that child is also with the parent. I don’t care if the parents know the ABA definitions and terms, but I care that they notice the important things or recognize them when I point them out. A second tip for when time with a family is limited is to use that time smiling, being kind and

approachable, establishing yourself as a reinforcer, asking open-ended questions, and proactively giving parents the opportunity to participate.

How can the lack of compassionate care be detrimental to treatment outcomes?

I think that one of the biggest dangers of the lack of compassionate care is that families feel somewhat detached from the intervention. Not talking about the family and their every day life, not listening to them and connecting with them, can set families up to feel like it is aversive for them to participate in treatment. This then has a spread of negative effects such as poor treatment adherence, poor generalization, and parents becoming combative when they feel like they haven't been meaningfully listened to.

How can behaviour analysts set boundaries such that they are remaining professional while building therapeutic relationships?

What I do is focus on remembering that I am the professional and they are the client. I have to convey that I am nice and approachable professionally, as opposed to in a purely social way. If a parent is disclosing information in a social manner, you can always contextualize it within the therapeutic relationship, and bring the conversation back to how that piece of information is relevant to the home environment and the goals that exist for the child. The easiest way to achieve the appropriate stimulus control within the relationship is to remember, and always orient yourself to the fact that you are the professional, and you are listening to information given by the parents as a therapeutic agent, rather than a friend. This way you can rephrase any social information that is given and bring the conversation back to an appropriate professional framework.

Where can behaviour analysts turn to receive training on interacting with caregivers and building therapeutic relationships, if this was not touched on enough in their graduate coursework?

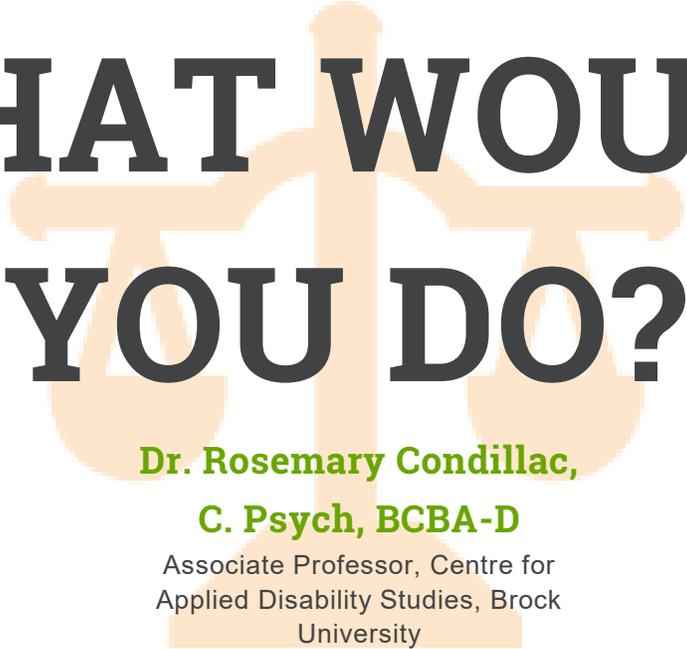
There is currently not a great set of resources available within behaviour analysis. I like to recommend that BCBA's read Kate Fiske's book on working with families of children with autism¹. Additionally, reading the articles on therapeutic relationships^{2,3} highlights the things to pay attention to. It's not that people don't know how to smile or how to ask open-ended questions; it's that they often don't know they should be doing it. I definitely think that there is some benefit to be gained by simply paying attention to, and thinking about, the skills outlined in these readings, and being aware of which of these things we do well, or don't do well. One other option, if it's available, is to see if you have access to a university course either in counseling, clinical work, or clinical psychology. However, I look forward to a future where we don't have to go to other disciplines to be able to learn the core skills that lead to our success! We have to start tackling this within behavior analysis. Part of my goal and Bridget Taylor's goal is to provide some of this training in a sustainable and accessible way in the future.

References

1. Fiske, Kate. E. (2017). *Autism and the family: Understanding and supporting parents and siblings*. New York: W. W. Norton & Company, Inc.
2. LeBlanc, L. A., Taylor, B. A., & Marchese, N. V. (2019). The training experiences of behavior analysts: Compassionate care and therapeutic relationships with caregivers. *Behavior Analysis in Practice*. Advance online publication. doi: 10.1007/s40617-019-00368-z
3. Taylor, B. A., LeBlanc, L. A., & Nosik, M. R. (2018). Compassionate care in behavior analytic treatment services: Improving outcomes by improving relationships with caregivers. *Advance online publication*. doi: 10.1007/s40617-018-00289-3



WHAT WOULD YOU DO?



**Dr. Rosemary Condillac,
C. Psych, BCBA-D**

Associate Professor, Centre for
Applied Disability Studies, Brock
University

Welcome to the “What Would You Do?” column on ethical and professional dilemmas in ABA. Please submit your questions, issues, dilemmas or tricky situations to newsletter@ontaba.org. My responses are my own, and are not intended to represent the Behavior Analysis Certification Board (BACB®), ONTABA, or any other organization with whom I am affiliated. Responses should not be taken as specific legal or professional advice as it is not possible to have or provide enough information in a column of this nature.

I have recently received a number of questions regarding supervision of candidates working towards BCBAs and BCaBAs, which I have combined into the following scenario:

Leonard is a BCBA with several years of experience who meets the supervisor qualifications set out by the BACB. He supervises a number of BCBAs and BCaBAs for their supervised independent fieldwork, and charges his regular hourly rate for this supervision. In one recent case, a supervisee had received satisfactory ratings for several months, but has recently become resistant to feedback and to following his advice, and as such has begun to receive unsatisfactory ratings. Leonard has expressed his concerns to this supervisee, and has drafted a learning

plan which includes increased supervision but the supervisee does not feel that the unsatisfactory ratings, learning plan, and increased supervision are warranted. Leonard no longer wants to supervise this individual but is concerned because the code explicitly states that a BCBA should not abandon clients or supervisees. Further, Leonard has mixed feelings about signing the final experience verification form given what is transpiring, but feels some obligation to sign off on the hours because he was paid to provide the supervision.

I would suggest that Leonard look at the terms of the supervision contract that he and his supervisee signed and review any specific conditions listed for the termination of supervision. Some reasons for termination include a lack of progress after a designated amount of corrective feedback, flagrant violations of the BACB’s Professional and Ethical Compliance Code for Behavior Analysts (BACB, 2016), a change in status pertaining to a criminal reference check, etc. Leonard should review any reasons that were pre-determined for not counting certain hours of practice such as administrative meetings, unsatisfactory performance, etc. Finally, the conditions stipulated for not signing the final experience verification form should also be considered. In an ideal situation, the circumstances of concern would have been covered by the conditions of the contract.

Another area of consideration is Leonard's request for increased supervision. The BACB code discourages most conflicts of interest including providing supervision to one's employer, yet it allows direct payment for supervision for non-employees. This can be perceived as a conflict of interest, because the supervisor might feel obliged to provide satisfactory ratings and final experience verification because they have been paid for their services. In this situation, Leonard's request to increase the number of supervision hours to meet the supervisee's needs may well be legitimate, but it could be perceived as self-motivated. It would be important to check if conditions were set out for flexibility in the number of hours of supervision necessary to meet the supervisee's learning needs or a process through which that would be negotiated.

It is almost always more difficult to negotiate terms after a contract is signed. Contracts are legal documents and must consider the needs of both parties, and the worst-case scenario. Likely Leonard would be less conflicted in this scenario if his contract with the supervisee had clearly addressed the issues of concern. If these issues were not clearly addressed, Leonard would have to give consideration to the supervisee's position, and determine how to move forward in a reasonable manner.

I would suggest that Leonard consider involving a trusted mentor, supervisor, or colleague to be part of a direct conversation between him and his supervisee to ensure that both parties feel that their position is being considered. The supervisee's position should be heard, and any legitimate concerns should be addressed. Leonard must identify and document the specific areas of concern and the changes in behavior that he wants to see from his supervisee. He should provide a time frame for improvement or termination of supervision. Leonard should be honest about his reticence



Have a Question or a Topic for What Would You Do?

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to sign the final verification form and perhaps consider signing the form for the period prior to the change in performance if the situation can't be resolved and the contract didn't stipulate that the form might not be signed. However, the decision to sign the final verification form rests with the supervisor, and should be based on supervisee performance whether or not the supervisee has paid for their supervision. Leonard should also consider his obligation to help his supervisee by suggesting alternate supervisors if the relationship must be terminated, though it is possible that the supervisee might not want his assistance in that case. Leonard should review his supervision contract and add specific details pertaining to issues of performance, termination, and supervisory needs to minimize risk to his supervisees and himself in the future.

If you have questions relating to this topic or any other issues that you would like to see addressed in this column, please send your questions to newlester@ontaba.org.

References

Behavior Analyst Certification Board (2016). Professional and Ethical Compliance Code for Behavior Analysts. Littleton, CO: Author.