

The ONTABA Analyst



Dear ONTABA

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From the President's Desk

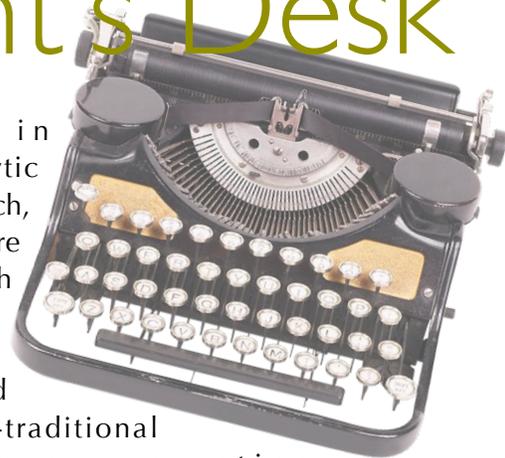
On the persistence of behaviour...

One of the great scientists of our time, John Anthony Nevin, has drawn parallels between the principles of behaviour and the fundamentals of classical mechanics, in proposing for example that “performance exhibiting greater resistance to change be construed as having greater mass” (Nevin, 1983, p. 50). Nevin’s research on response strength, choice, stimulus control, schedule effects, and treatment relapse have offered many fruitful translations to applied research and practice, and has helped to shine a light on the often neglected but ever important question of the longevity of behaviour change.

Nevin (2009) provides three scenarios that weaken reinforcement-based functional relations: (a) reinforcers are not presented directly after the response, but only after some other condition is satisfied, (b) reinforcement is based on the non-occurrence of the response, and (c) reinforcers are presented independent of the response. Nevin’s research also highlights the disrupting effects of extinction by contingency termination or reinforcer omission (Nevin, 2012), of punishment (Nevin & Grace, 2000), and of contrast effects (Nevin, 1992). Given all of the variables that can impact the strength of a response, it would not be obtuse to consider behaviour change as a vulnerable phenomenon.

Behaviour analysis has acquired astonishing mass in Ontario. Our organization exceeds 1000 members,

investments in behaviour analytic treatment, research, and education are at an all-time high in the province, and we are seeing unprecedented growth in non-traditional



practice areas such as the mental health and geriatric care sectors. The government of Ontario has made a public commitment to regulating the profession, and our partnerships, projects and contributions to research and policies have received international recognition. Most importantly, behaviour analysts across the province are united in a commitment to the advancement of the science of behaviour and all that it can offer society.

But how do we play the long game? How do we ensure that the work we have done in the past, and the work we do now, holds up to the disrupting influences of time, change, stimulus competition, punishment, and unpredictable schedules of reinforcement? How do we equip our repertoires of advocacy, education, research, practice, collaboration and leadership with a mass that will persist in the presence of so many disruptions within the context of such complex cultural contingencies?

The answer lies back within the fundamentals of our science. One of Nevin’s greatest contributions to the field of behaviour analysis is his work on persistence



and its resulting applications. Behaviour momentum theory tells us that responses are more likely to persist in contexts correlated with higher rates of reinforcement, and that persistence in the face of disruption is a function of the total reinforcement in a given context “regardless of whether reinforcers are response contingent or time contingent” (Pritchard, Hoerger, & Mace, 2014, p. 815). We can inoculate our professional contexts with high rates of reinforcement by prompting each other into action and then recognizing the accomplishments of our colleagues, rewarding collaborative relationships and organizational partnerships, and by providing one another with support, education, and constructive solutions rather than fruitless criticism and coercion. So, when contributing to the science or practice on an individual, organizational, or political level, reinforce and reinforce often; society will take care of the intermittent schedule bit, trust me.

To ensure the continued success of our field we must select the individual and collaborative behaviours that have led to those successes, and we must actively plan for their generalization and maintenance. We can also draw upon the technologies gleaned from the vast research in response generalization. We know for example that responses trained across multiple

environments, with variable schedules, that make contact with natural contingencies of reinforcement are more likely to persist over time. We can encourage lasting change by diversifying the targets and settings of our work and by engaging in initiatives and producing professional products that have their own reinforcing value. The foundational science is there, we only need harness it within the professional context to benefit.

In a tribute to B. F. Skinner not long after he died, Nevin (1992) proposed an optimistic outlook on our future and invoked Skinner’s observation that “just as aspects of the world affect behavior, so behavior in turn affects the world” (Skinner, 1957, p.1). In the presence of the many response disrupters that we are sure to face in the coming years, our behaviour must persist. We are our own best hope.

Sincerely,

Louis Busch, President
Ontario Association for
Behaviour Analysis



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Announcements

Save the Date: Journal Club

The Manitoba and Ontario chapters of the Association for Behavior Analysis International are pleased to offer our members the following exciting opportunity to participate in another journal club.

Topic: Sleep Training

Presenter: Dr. Kirsten Wirth, Ph.D, C.Psych., BCBA-D

Date & Time: Monday November 20 2017, 12:00-1:00 (CST)

Additional event and registration details to follow

ONTABA's Jurisprudence Committee Formed!

In our ongoing effort to foster a culture of excellence, integrity, and expertise for the advancement and promotion of the science of behaviour analysis, ONTABA will be working with the Behavior Analyst Certification Board (BACB) to develop a jurisprudence examination for behavioural practitioners in Ontario. To this end, an ad hoc committee has been formed, as per bylaw article 8(2). Committee members:

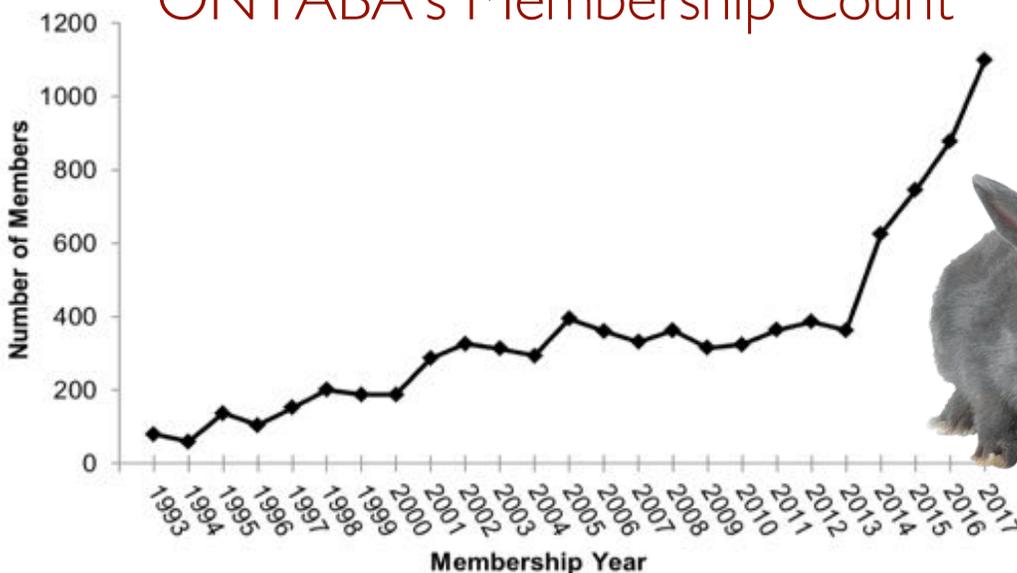
- Julie Koudys, Ph.D., C.Psych., BCBA-D (Chair)
- Joan Broto, Ph.D., BCBA-D (ONTABA Board Representative)
- Heather Church, M.A., RP, BCBA
- Rosemary Condillac, Ph.D., C.Psych, BCBA-D
- Tracie Lindblad, M.Sc., Reg. SLP (CASLPO), M.Ed., BCBA
- Adrienne Perry, Ph.D., C.Psych., BCBA-D



*Jurisprudence Committee
Chair: Dr. Julie Koudys*

The Committee Chair, Dr. Koudys, and ONTABA President, Louis Busch, participated in initial meetings with representatives of the BACB in September 2017 to secure their involvement in the construction of a psychometrically valid examination, which takes into account jurisprudence relevant to the practice of ABA in Ontario. The work of the Committee will begin this Fall and is expected to extend into the Spring of 2018.

ONTABA's Membership Count



Now that's impressive growth...even by our standards!

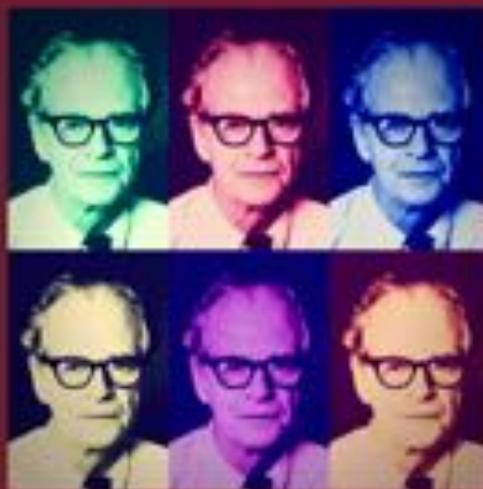




ONTABA'S 2017 CONFERENCE SOCIAL

Thursday
November 9th, 2017

The Antler Room
146 Front St. West, Toronto
(Below the Loose Moose)
8:30 to midnight



**Live music, trivia, raffle prizes
& appetizers will be provided**

Alcoholic & non-alcoholic
beverages will be available for
purchase

For more details visit:
[https://www.facebook.com/events/
1870234549971703](https://www.facebook.com/events/1870234549971703)



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the conference in
November!

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your groceries in one
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of our handy totes at
the ONTABA
conference in
November!

Coffee addict?

Tea lover?

We've got your fix!

Keep your eyes open for some
hot new merchandise at this
year's ONTABA conference!



Got something for
an upcoming issue?

The ONTABA Analyst
is produced quarterly.
The issues for 2018
will be released in the
last week of **January,**
April, July, and
October. Interested?

Send it to us!

newsletter@ontaba.org



Suggestions or feedback?

Could we really call ourselves behaviour analysts
if we didn't want feedback?

contact@ontaba.org or newsletter@ontaba.org

To ~~From~~ the Membership



Note from the Newsletter Committee: Usually the 'From the Membership' column is for showcasing submissions from our membership (we do love that) but... we got mail! So we figured it would be appropriate to share it here as it is addressed *to you*, the membership. *The Newsletter Committee*

Submitted by: Dr. Sylvain Roy

President, Ontario Psychological Association

Dear ONTABA,

It is with pleasure that I write the following message of support. For the past year, I have had the pleasure of working closely with your President, Mr. Louis Busch on ways to better serve Ontario's most vulnerable citizens. As a neuropsychologist, I had the privilege of working with a number of behavioural analysts at Community Head Injury Resource Services (CHIRS) and the Centre for Addiction and Mental Health (CAMH). I know firsthand how behavioural analysts contribute to client care as part of inter-professional teams. The lens you provide on the learned aspects of mental illness and challenging behaviour is unique and often necessary to facilitate rehabilitation efforts. Your interventions are highly individualized, focus on skill development and provide us with insight into the causes of challenging behaviour within the environments in which they occur.

Yet, access to behavioural analytic services is still lacking in Ontario Family Health Teams and Community Health Centres, despite evidence to suggest these services would be beneficial.

In 2015, the City of Toronto, Inner City Family Health Team and Community Living Toronto was awarded a one million dollar grant from MCSS's Developmental Disability Housing Task Force to develop innovative solutions for persons with developmental disabilities (DD) experiencing homelessness. The Bridges to Housing (B2H) project was successful in a number of ways. An effective population based triage and screening approach was developed that saw the rapid identification of clients with developmental disabilities and connection to Developmental Service Ontario Toronto Region. Wait time for diagnostic services was reduced from months and years to days for the homeless we engaged, and the majority of clients enrolled in our program have successfully been housed. Unfortunately, many clients with developmental disabilities had complex needs that could not be met by our program.

This has led to the creation of the Collaborative of the Willing, a think tank coalition of dozens of agencies and professional groups at the intersection of homelessness, mental health, addictions and developmental services that included representatives from the City of Toronto, MCSS, MOHLTC and MOH. These agencies have committed to working collaboratively to end the pattern of chronic homelessness observed.

Approximately 1200 homeless individuals from emergency shelters and a Psychiatric Hospital (ALC Patients) were triaged using the Rapid Assessment of Residential Supports (RARS). The emerging findings are as follows:

- 27% were suspected of having a developmental disability, while 34% were suspected of having a brain injury and 13% of having dementia.
- 60% had a severe mental illness affecting housing stability.
- 53% smoked cigarettes, used drugs or alcohol affecting housing stability.
- 22% required a Managed Alcohol Program.
- 71% had cognitive impairments, and 78% had adaptive functioning challenges.
- 36% had moderate to severe behavioural challenges.
- 36% were deemed to require 24 hour housing supports.
- 16% needed nursing care to manage ongoing medical challenges.

Of those that were diagnosed with a developmental disability, many had a history of incarceration, abuse in childhood, drug use, mental health challenges as well as acquired brain injury. According to front line teams, behavioural and/or psychological challenges were the primary barrier to housing.

These complex situations require innovative interventions from high-performance integrated health care teams. A strong partnership between psychologists,

behaviour analysts, and other healthcare professionals will offer this extremely complex and vulnerable population with the opportunity to receive high quality treatment from qualified professionals. By working together, we can support our clients in a way whereby they can enjoy a quality of life characterized by meaningful engagement in their communities.

We are thankful to Minister Dr. Helena Jaczek, the Housing Taskforce, and the Ministry of Community and Social Service for their continued support of the project and more importantly the persons we serve. By working collaboratively, Psychologists, Behavioural Analysts and other healthcare professionals can give a voice to vulnerable persons with disabilities. I look forward to continuing the collaborative practices developed this

past year. I am impressed by the calibre and leadership of your association and fully support your association's self-regulatory efforts and inclusion in interdisciplinary health teams.

Dr. Sylvain Roy is the President of the Ontario Psychological Association and a neuropsychologist at the Centre for Addiction and Mental Health (CAMH) and the Inner City Family Health Team in Toronto. Dr. Roy is an Adjunct Professor at York University, and an advocate for individuals with complex needs.



Committee Updates

Conference

The ONTABA Annual Conference is fast approaching! With only a few weeks left, spots are filling up quickly. The conference will be held on November 9th and 10th, 2017 at the Metro Toronto Convention Centre. The stellar line up includes Dr. Larry Williams, Dr. Peter Sturmey, Dr. Patrick Friman, and Dr. Merrill Winston, as well as several great presentations by local behaviour analysts and students. Be sure to check out www.ontaba.org for the schedule, abstracts, pricing, and registration details.

Members can also register for the AGM if they wish to attend in person by clicking on the registration link for the conference. Registration is free for the AGM. This year is shaping up to be a big one. We hope to see you there!

Sincerely,

Your Conference Committee



Events

We are happy to report that the ONTABA Summer Event was a great success! We would like to thank all who were in attendance for making it such a memorable workshop. Here's a quick re-cap: the daytime workshop consisted of two thought-provoking presentations delivered by Dr. Greg Hanley. His first presentation was entitled



*Event organizers in a photo op with Dr. Hanley!
(left to right): Katrina Abou-Risk, Stephanie McDonald,
Dr. Hanley, Ariel Haines, Olivia Burgess-Spander*

Photo credit: Ariel Haines

"Functional Assessment of Severe Problem Behavior of Persons with Autism: A Focus on a Safer, Faster and Still Effective Process", followed by: "Treating Severe Problem Behavior: A Focus on Strengthening Socially Important Behavior of Persons with Autism".

The evening event continued with a final talk from Dr. Hanley, "Acknowledging Essentials, Inferences and All That You Are Willing to Not Know When Functionally Analyzing Behavior". The night progressed with an insightful talk from Sarah Kupferschmidt on "Empowering Parents to Keep Kids Safe". Finally, Dr. Wanda Smith closed out the evening with her enlightening presentation on "Acceptance and Commitment Therapy: Observing Our Observing Self in the Summer". Again, we would like to extend our sincerest thanks to our presenters and attendees and we hope to see everyone at our next summer event!

Sincerely,

Your Events Committee
Sub-Committee of the PCRC



The invited speakers (left to right): Sarah Kupferschmidt, Dr. Wanda Smith, Dr. Greg Hanley

Photo credit: Lesley Barreira

Feature Article

Editor's note: I'm just impressed by the fact that two brave souls stepped forward and accepted the challenge of putting this overview together! It was long overdue. Thank you Louis and Kyla. And of course, thank you to those from the "old guard" who helped Louis and Kyla capture some of the wonderful highlights that have grown a little hazy over the years. Let's consider this a work in progress—we'll keep updating so please send us any glaring omissions! *Lesley*



A Brief History of ONTABA

By: Louis Busch and Kyla Douthwaite

In 1992, a small group of behaviour analysts from Ontario gathered at Surrey Place Centre in downtown Toronto to discuss the growing profession. The result would be the formation of the Ontario Association for Behaviour Analysis (ONTABA), Canada's largest professional association for behaviour analysts. The following timeline of events was compiled through a review of the newsletter archives and through correspondence with the organization's founding members and advisors.

1992: During a meeting in the Zarfes Room at Surrey Place Centre, ONTABA, was unofficially formed. In attendance were Wanda Smith, Andrew McNamara, Francisco "Pancho" Barrera, Larry Williams, Gerry Bernicky, Bruce Sparks, Caroll Drummond, Joe Ducharme, and Maurice Feldman.

1993: ONTABA was formally announced as an affiliate

chapter of the Association for Behavior Analysis International (ABAI). The first Annual General Meeting was held. The first "annual symposium" took place on December 3rd at the Centre for Neurodegenerative Diseases at the University of Toronto, approximately 50 behaviour analysts are in attendance. ONTABA's first board included: Wanda Smith (President), Maurice Feldman (President-Elect), Larry Williams (Secretary), Andrew McNamara (Treasurer), Joel Hundert (Member at Large), Pancho Barrera (Member at Large), Dave MacKay (Member at Large), Lyle MacDonald (Ex-Officio Member at Large), Jim Reaume (Ex-Officio Member at Large), Mary Champagne (Student Representative), and Aneka Morris (Student Representative). Volunteers and committee chairs included: Anne Cummings, Joe Ducharme, Ron Weisman, Scott Bark, Caroll Drummond, Laura Methot, Jorje Teodoro, G Wilson, Gerry Bernicky, Karin Earle-Williams, Suzanne Meagher, Tony Schermbri, Sherrill Hunt, & Michael O'Riordan.

1994: The first issue of the ONTABA Analyst, ONTABA's newsletter was edited by Mary Champagne and disseminated in July. ONTABA Emeritus status was granted to Dr. Larry Williams.

1996: ONTABA embarked on the establishment of the standards of practice for behaviour analysis. ONTABA partnered with the Ontario Psychological Association and the Canadian Psychological Association to successfully lobby the government to modify the Consent to Treatment Act to reflect the safe and ethical usage of intrusive procedures. The ABAI Annual Convention is held in Toronto.

1998: ONTABA produced the first draft of its Standards of Practice for Practitioners of Behaviour Analysis in Ontario.

2002: The Transitional Certification Committee took steps towards Ontario certification. The ABAI Annual Convention is held in Toronto.

2003: ONTABA approved its first Strategic Plan. ONTABA's Transitional Certification Panel (TCP) was established.

2006: ONTABA assisted with the development of an online registry of ABA providers in Ontario; the ABACUS List. The Alternative Pathway for Behavior Analyst Certification Board (BACB) certification in Ontario was initiated. Dr. Larry Williams was recognized with the Teaching Award.

2007: The Ontario Government endorsed use of ABA in school board practices for student with Autism. (PPM-140). ONTABA's awards for Excellence and for Contribution to Behaviour Analysis were established and presented at the annual conference.

2008: ONTABA was granted a two-year extension for the Alternative Pathways for BACB Certification.

2009: ONTABA became a BACB CEU provider. ONTABA established the award for Clinical Practice.

2011: ONTABA members voted to move forward with a Private Act for Title Protection.

2012: ONTABA began drafting a Private Act and the associated bylaws, the Ministry of Children and Youth Services (MCYS) placed a request for a Feasibility Study on Development of Ontario-Based Certification, and the Public and Community Relations Committee (PCRC) was created. ONTABA received affiliate status with the

Association of Professional Behavior Analysts (APBA).

2013: The feasibility study on the development of an Ontario-based system for certification and/or regulation began with SEG Consultants. ONTABA wrote the Ministry of Children and Youth Services and met with opposition critics citing concerns about the absence of a behaviour analyst on the Clinical Expert Committee. ONTABA hosted its first parent conference in Toronto. ONTABA released a formal statement about use of restraint and seclusion. Ken Hbranchuk passed away and was remembered at the annual conference.

2014: ONTABA members obtained institutional access to JABA and JEAB.

2015: ONTABA held its first "Evening of Behaviour Analysis" in August and provided its first student scholarship award (\$1000). ONTABA released a statement on police involvement in group homes in Ontario advocating for increased behaviour analytic services for preventing challenging behaviour of youth with special needs as an alternative to reactive reliance on law enforcement.

2016: ONTABA completed a comprehensive review of governance, finance, and strategy and began implementation of 45 recommendations for organizational performance optimization known as the Governance Improvement Project. ONTABA retained a book-keeper and financial auditor and improved the organization's financial infrastructure. ONTABA forms the Autism Task Force, Adult Services Task Force, Education Task Force, and Ontario Scientific Expert Taskforce for the Treatment of Autism Spectrum Disorders (OSETT-ASD). ONTABA responded to changes in autism services in the province, launched government and public relations campaigns aimed at advocating for accessible and evidence-based services for individuals with autism. ONTABA met with the Ministers of Children and Youth Services (MacCharles, Coteau) on multiple occasions and worked with parents, advocates, and stakeholders to advocate for service improvements. ONTABA was invited to the Ontario Autism Program (OAP) Implementation Advisory Committee and selected Carobeth Zorzos as the organization's representative. After strong advocacy, a behaviour analyst was added to the Autism Spectrum Disorder Clinical Advisory Committee. ONTABA joined the Collaborative of the Willing, a multi-agency coalition formed to address the issue of homelessness of adults with intellectual disabilities. ONTABA met with Ontario's Ombudsman,

representatives of the Ministry of Community and Social Services (MCYS), and Ministry of Health and Long-Term Care (MOHLTC) to advocate for service improvements in the adult developmental sector. The Professional Regulation Committee held a Town Hall meeting on regulation with support from the BACB (Jim Carr) and APBA (Gina Green). ONTABA released the first annual edition of the ONTABA Parent Bulletin, a resource for parents, caregivers, and service recipients. ONTABA hosted a sold-out joint conference with the Quebec Association for Behaviour Analysis in Ottawa featuring Dr. Brian Iwata. ONTABA coordinated several multi-site journal clubs in partnership with the Manitoba Association for Behaviour Analysis. ONTABA sponsored several community of practice events and satellite conferences across the province. ONTABA released a position statement on the autonomy of behaviour analysts in clinical practice. ONTABA initiated a preliminary review of the mission, vision and organizational bylaws in anticipation of possible revisions. ONTABA Emeritus status was given to Drs. Maurice Feldman and Joel Hundert. Dr. Gary Bernfeld was recognized with ONTABA's first Lifetime Achievement Award. Founding members Anne Cummings and Jim Reaume were remembered at the annual conference. ONTABA initiated a collaborative strategic planning process.

2017: ONTABA reached 1000 members and completed a 3 year strategic plan and identified 5 strategic priorities: (1) build and maintain relationships with key policy makers, (2) provide leadership on the regulation of behaviour analysts in Ontario, (3) improve financial viability and sustainability, (4) increase board and organizational capacity, and (5) protect the science of behaviour in Ontario. The Board of Directors created and implemented policy infrastructure (investment, spending, budgeting, legal compliance, reserve fund, whistleblower, and document retention and storage) and created the Professional Practice and Professional Development Committees to maximize organizational performance. The OSETT-ASD completed a comprehensive research synthesis entitled 'Evidence-Based Practices for Individuals with Autism Spectrum Disorder' which received international recognition and was discussed in the Ontario Legislature. On June 8th, the MCYS declared a public commitment to regulating practitioners of behaviour analysis. On October 17, the Minister of Health and Long-Term Care submitted a request to the Health Professions Regulatory Advisory Council (HPRAC) to provide advice on the harm

associated with behaviour analytic services and an appropriate approach for oversight. Two additional behaviour analysts were added to the Autism Spectrum Disorder Clinical Advisory Committee. The ONTABA Accreditation Committee produced 'Recommendations for Clinical Supervisor Qualifications in Applied Behaviour Analysis Programming for Children and Youth with Autism Spectrum Disorder'. Members of the Education Task Force met with the Minister of Education to advocate for investments and improvements in behaviour analytic services in Ontario's education system. The ONTABA Jurisprudence Committee was formed in collaboration with the BACB to create a jurisprudence examination for Ontario practitioners. ONTABA participated in a pre-budget consultation held by the Ministry of Finance to advocate for investment in behaviour analytic services in the province. The Private Act is completed, reviewed by legislative council at the Ministry of the Attorney General and submitted for legal review in anticipation of presentation to the membership and submission to the Ontario legislature. ONTABA received a grant from the Society for the Advancement of Behavior Analysis (SABA) and formed the Ontario Scientific Expert Taskforce for the Treatment of Challenging Behaviour (OSETT-CB) with the goal of completing a research synthesis on evidence-based practices for treating challenging behaviour in individuals with intellectual disabilities. ONTABA partnered with Autism Ontario and George Brown College to host a free 1-day conference for parents and caregivers. ONTABA was represented at a summit held by the Ontario Brain Institute for researchers, practitioners, advocates, caregivers, and service users to identify the top 10 provincial research priorities in neurodevelopmental disorders. ONTABA coordinated 3 journal clubs in partnership with the Manitoba Association for Behaviour Analysis, with sites across the province. ONTABA sponsored 10 community of practice events and satellite conferences across the province. ONTABA released statements on violence in Ontario schools, and on the inappropriate use of psychotropic medications on individuals with developmental disabilities. ONTABA designed a new website. The Professional Practice Committee drafted an update of the ONTABA Professional Standards of Practice. The Adult Services Task Force met with representatives from the MOHLTC and partners with Behaviour Supports Ontario (BSO) and other stakeholders to advance the field of Behavioural Gerontology in the province. In partnership with BSO, ONTABA hosted a free webinar on Behavioural Gerontology featuring Dr. Claudia Drossell

and commenced planning for a pilot for behaviour analytic services within one of Ontario's largest providers of services for seniors. ONTABA completed a comprehensive review of the organizational bylaws and initiated work on revisions to ensure compliance with

incoming legislation, the Ontario Not-for-Profit Corporations Act (ONCA) and to strengthen organizational effectiveness and protections.



Presidents

1994-1995 Wanda Smith

2002-2003 Gerry Bernicky

2010-2011 Daryl Nurse

1996-1997 Maurice Feldman

2004-2005 Rosemary Condillac

2012-2013 Jen Porter

1998-1999 Joel Hundert

2006-2007 James Porter

2014-2015 Albert Malkin

2000-2001 Bill Kirby

2008-2009 Peter Wyngaarden

2016-2017 Louis Busch



Behavioural cusp · n. 1 | be.hav'our.al cusp | /br'helvjər(ə)l kʌsp/

"Any behavior change that brings the organism's behavior into contact with new contingencies that have even more far-reaching consequences...a cusp is a special instance of behavior change, a change crucial to what can come next." (Rosales-Ruiz & Baer, 1997, p. 533)

and beyond!

Behaviour Analysis in Ontario: The people behind the work

Editor's note: Oh I have waited for this for so long—interviews with the entire invited speaker line up! Now this was a truly a labour of love. The switching back and forth from 'behaviour' to 'behavior'? Not so fun (what was said in American English was kept that way) but don't let that detract from your reading pleasure. Enjoy! *Lesley*

W. Larry Williams, PhD, BCBA-D

Dr. Williams is a professor of psychology and the past director of the behavior analysis program (2008-2011) at the University of Nevada, Reno (UNR).



After gaining his doctoral degree from the University of Manitoba, Canada, he helped establish and later directed the first graduate program in special education in Latin America at the Federal University at Sao Carlos, Sao Paulo, Brazil, teaching over an 8-year period. He subsequently directed several clinical programs for persons with intellectual disabilities at Surrey Place Centre in Toronto, Canada, over a 10-year period. Dr. Williams has been awarded the status of Member Emeritus (1994) with ONTABA and also received

ONTABA's Outstanding Teaching Award (2006). In 2012, Dr. Williams was recognized as the University's distinguished Outreach Faculty. Having published several books and more than 60 journal articles and book chapters, he maintains a lab group with interests in conditional discrimination processes, relational responding, verbal behavior, clinical assessment and interventions, and staff training and management systems for human services delivery.

An old colleague of yours (who shall remain anonymous) lovingly described you as "a delinquent teen from the rough part of Winnipeg". How did you make it from there to the land of behaviour analysis? (Laughs). I guess I was a delinquent teen until my parents pulled me out of grade 9 and sent me to a Jesuit school. Suddenly I had to wear a shirt and tie everyday. The Jesuits gave me an education that prepared me to enter university. I am actually amazed that I was able to do it.

It seems that wherever you go, behaviour analysis grows; you were an original ONTABA board member, you established the first graduate program in special education in Sao Paulo Brazil, and you were the founding President of the Nevada Association for Behavior Analysis. Can you comment on this observation? That's very flattering. I'm very lucky in that I've been able to make a career out of something that I find fabulously interesting. I'm a radical behaviorist and I like to spread the word about a worldview that is both valid and reliable. I think a big part of my success was the fact that in all of these places I had 3-5 colleagues who were also behavior analysts. It is really difficult being the lone behaviorist. When I taught at the University of Winnipeg, or Toronto (OISE), I was the only one and I was punished regularly. I had colleagues who thought that behaviorists were all simpletons who wanted to control people, which

was just ridiculous. I'm sure nowadays that still most behavior analysts are out there with non-behavioral co-workers with mentalistic views—I can empathize because it's a difficult situation to navigate. There's an anonymous quote at the beginning of Ayllon and Azrin's 1968 book *The Token Economy: A Motivational System for Therapy and Rehabilitation* that I have always liked, I'll paraphrase it: First they'll say you're wrong and they can prove it. Then they'll say you're right but it's not important. Finally, they'll say it's important but they knew it all along. I think this quote captures the traditional counter controls to behavior analysis as a field and now after all the working and fighting to establish the field which started with Skinner and then so many really amazing people after him, we are finally arriving at the last part of the quote—this is the end of the fight and it's a great time for our field. Thankfully, behavior analysis is truly worldwide now and I don't think there are many opportunities like the ones I had anymore. I was so fortunate to have worked in these communities with very nice people who were willing to put up with me.

Tell us about your path from Manitoba to Brazil to Toronto to Nevada. Well in 1975, I was at the University of Manitoba in Garry Martin's lab; he was my advisor and I had just achieved my first publication; a study published in Behavior Therapy. One of Garry's mentors was Jack Michael who later went on to spend most of his career at Western Michigan University. Jack had a teaching position at University of Arizona and Garry had completed his MA and PhD there. At the time, University of Arizona was famously known as "Fort Skinner in the

desert". Fred Keller had recently returned from Brazil where he had invented the Personalized System of Instruction (PSI) with a few Brazilians. Upon returning to the US, Fred took a position at the University of Arizona. Fred asked Jack if he would go down to Brazil to deliver a presentation. Jack said he couldn't do it so Jack asked Garry, who agreed. During his presentation Garry talked about the work in his lab in Manitoba and this of course drew interest to our program and a few graduate students came from Brazil to work in our lab. Being a healthy, young, and single Canadian, I fell in love with one of the visiting Brazilians. After defending my doctoral thesis I immediately went down to live in Brazil. I of course had to learn Portuguese but thankfully for me it seemed that most people were able to speak English. At the Federal University of Sao Carlos we were trying to establish a masters level program in special education because at the time there was no special education in Brazil. The goal was to train professors in special education and to take a radical behaviorist approach in teaching and learning. Apparently they were pleased when I showed up there with no job (laughs). The graduate program in Brazil was really a pioneer of its time and many of the students went on to do fantastic work. They taught me a lot, probably more than I taught them. I was in Brazil for 8 years and then we moved back to Canada but to Toronto instead of Winnipeg.

In Toronto, I worked at Surrey Place Centre and I was appointed Director of the Home Management Service. This was the first time I ever heard the job title "behavior therapist" and I was excited to be leading a team of

behavior therapists who were all masters level professionals. It was the mid 80s and we did behavior analysis and it was legit. We had a ball at Surrey Place for about 10 years, there were a lot of great behaviorists there: Linda Ross, Maurice Feldman, Dicky Yu, and Joe Ducharme to name a few. I taught at the Ontario Institute for Studies in Education (OISE) for a few summers but to honest I was more of a clinician than an academic. There came a time at Surrey Place where there was a shift in management philosophy and the behavior analytic services were no longer well supported so it was time for me to make a move.

The move to Nevada was a lucky one and it was a great opportunity to return to academia. I had bumped into Linda Parrott Hayes—we were old friends as she and I were both aides back at the institution in Manitoba. Linda told me that she and Steven Hayes were trying to establish a program at UNR and they would love to have me join but they couldn't really afford me (laughs). When I started at UNR I was one of the few who had worked with adults with moderate to profound intellectual disability and that's basically why I was hired. I started a clinic that essentially floated my salary and the program (graduate stipends). The clinic grew and we were able to take on more graduate students and cover their salaries too. Eventually the program became properly funded by the university but I was doing clinical work the whole time and taking time off to teach classes (laughs). That was 23 years ago when I started in Nevada if you can believe it! I had outstanding training from Garry Martin and Joe Pear and three very different careers and in each one I was surrounded by

talented behavior analysts so I consider myself very lucky.

Your research spans from toilet training with children with disabilities to decreasing tantrums in supermarkets to decreasing retail theft to staff training. That's an impressive breadth of work! Do you have a particularly favourite area of research or clinical application?

Well one current application that we are just starting at UNR is about cultural sensitivity in clinical behavior analysis. A PhD student and I are just in the grant writing phase now. Behavior analysis is largely based on western views of what we call science and this doesn't always line up with other cultures. What we consider a behavior problem may not be seen as a problem at all in another culture. It is really the elephant in the room especially if you're working in a large multicultural city—we need to come to grips with this.

Another study that we're working on is using the Assessment of Basic Learning Abilities (ABLA). We are specifically interested in what it takes to master Level 6 which is Auditory-Visual Conditional Discrimination. If you can make cross modal discriminations which is needed for even basic concept formation then you can be taught a lot more and also be a lot less dependent. There is a group in Brazil that has published two related articles on establishing auditory conditional discriminations, one in JEAB and one in JABA. We are looking at trying out their teaching strategies for persons below level 6. I think the ABLA is a fascinating tool; it's basically an ABA IQ test.

Finally, I'd like to challenge the

concept of probability. This is something I've never taken a good shot at but I would like to one day. It seems to me that to speak about probability is really just verbal behavior we engage in when we don't know if something is going to happen or not. I'm not sold on it. It's a wacky kind of theoretical thing but I think it's worth exploring. I think living in Nevada has made me lose some of my Canadian shyness so I'm more willing to tackle these types of things (laughs).

You've got an aerial view of behaviour analysis in Ontario that spans decades. Any advice to behaviour analysts in Ontario so far as where we need to nudge the field or advice on how we should be conducting ourselves—with each other or with non-behavioural professionals?

On a systems level, my bias has always been that there should be certification as a minimum standard and this standard should be continually improved upon. I think Dr. Jim Carr and the BACB are doing this well. The odd thing is that certification in other professions is usually reserved for higher-order skills, for example medical doctors who want to become plastic surgeons have to go through a board certification process but they obviously already have a medical license. We kind of have it reversed in our field; we have certification but licensure is not there yet in many places. In Nevada, we are governed by the Board of Examiners in Psychology but recently the Legislature established a College of Behavior Analysts to be established this year. Behavior analysts need to be governed by behavior analysts not other disciplines and I think licensure is really the way things need to go for every state or province. In Ontario, there are large publicly funded

programs particularly for children and youth with ASD. This is where things become legal—what's the standard? What if you're incompetent? If Ontario had licensure, the instances in which someone would lose their license would have to be clearly laid out. I think the writing is on the wall—Ontario needs to regulate the practice of behavior analysis and I'm really looking forward to seeing where this goes, I want to see behavior analysts governed by behavior analysts and we need to assure consumers that they can receive effective and high quality services. I really hope this happens for Ontario and all of Canada so the field of behavior analysis can flourish and be recognized as its own professional discipline. Now is our time, (they know it's important but they have known it all along).

We need to be confident in telling consumers what we can offer and of course we need quality assurance as we are like a brand new clinical show—how can we demonstrate and communicate what we can do? We are basically entering the Angie's List era for behavior analysts—are you ready to show that you are culturally sensitive? Effective? Fast? Can work well with others? Can you say how long it will take you for to address a particular referring concern?

Finally, one of my heroes was Fred Keller and I had the opportunity to work with him a little bit in Brazil. It didn't matter who you were or what education you had, when you were talking to Fred, he spoke to you like you were the most important person in the world. He respected people. That really stuck with me and I've tried to emulate that. So on an interpersonal and professional level,

my advice is: be humble and make working with you reinforcing. If you're stuck up and you think you know it all then no one is going to want to work with you. We have to be in business in order to make change.

Peter Sturmey, PhD

Dr. Sturmey is a Professor of Psychology at The Graduate Center and the Department of Psychology, Queens College, City University of New York where he is a member of the



Behavior Analysis Doctoral program. He is also an Honorary Professor of Psychology at the Division of Health and Social Care Research, Kings College, London. He specialized in autism and other developmental disabilities, especially in the areas of applied behavior analysis, dual diagnosis, evidence-based practice, and staff and parent training.

He gained his PhD at the University of Liverpool, United Kingdom and subsequently taught at the University of the South West (Plymouth) and University of Birmingham, United Kingdom. He then worked for the Texas Department of Mental Health and Mental Retardation from 1990-2000 as Chief Psychologist, first at Abilene then San Antonio State School during a Federal class action lawsuit. There he supervised behavioral services and Masters level psychologists providing behavior support plans for severe behavioral and psychiatric disorders in adolescents and adults with developmental disabilities and implementing large-scale active

treatment and restraint reduction programs. Professor Sturmey has published 27 edited and authored books, over 200 peer reviewed papers, over 60 book chapters and made numerous presentations nationally and internationally, including recent presentations in Canada, Brazil and Italy. He has an active lab of doctoral students mostly working on developing and evaluating effective and efficient ways of training caregivers using modeling and feedback to use applied behavior analysis with children and adults with autism and other disabilities. Since February 2015, Professor Sturmey has run the graduate level Current Topics in ABA series for board certified behavior analysts for ABAC. He is also Chief Scientific Officer for Long Island Applied Behavior Analysis.

One of your talks at the conference is about reducing restraints. Most would agree that reducing restraints is a good thing but why do you think there has been little practical guidance on how to do this in the literature? That's a good question. I think the lack of practical guidance reflects a number of things. There are people who could provide guidance but they get distracted writing policies about the use of restraint or documenting the harmful effects of restraints and these are relatively easy things to do. Maybe people feel like they don't have the time or perhaps they just aren't that committed to an evidence-based practice because a clear position would be required to do this. There are common beliefs like just taking a course about applying restraints and ensuring that staff members get debriefed after a restraint are good enough but to look at whether or not this type of training and debriefing actually reduces the use of restraints

is a big question and it's a lot of work to answer this question. You'd have to be prepared to change the practice you have subscribed to if what you are doing isn't working. When you look at the typical package of data collection, data analysis, goal setting, repeated wide scale staff training, problem solving for individual cases and for service units that have problems, it's just a lot of work. I think some people believe they don't have the time for that or they're just addicted to writing a policy, in-servicing people, hoping that it works and if they find that it doesn't then they just give up. In some settings, it is possible that there is just a lack of effective models. I think if they could talk to or see ordinary practitioners and not just hear about the work of academic researchers like myself but if they could talk to and see practitioners who have been doing the work for many years to see what they could do I think it would be very instructive. I think these are just some of the reasons why people are not independently rushing out to reduce restraints safely.

You're originally from the UK, what brought you over the pond? I was teaching at Birmingham University in the Clinical Psychology program and I was frustrated at the lack of Applied Behavior Analysis in Britain and the lack of interest in it. I think in Britain it's much harder to get things done; people work less (laughs) and they are less goal-directed. I had an opportunity to have a sabbatical at Louisiana State University with Johnny Matson and so I was able to see some American services that were much more goal-directed, much more into Applied Behaviour Analysis. I guess I'm one of the lucky people for whom the American dream has kind of worked

(laughs), people work very hard in the US but the standard of living is fantastic and there are many opportunities here that you don't get elsewhere. I took a job in west Texas so once I saw more commitment to Applied Behavior Analysis that really got me hooked and I got involved in the Texas Association for Behavior Analysis. It was just wonderful to see all those things; I saw the benefit for so many people with developmental disabilities and their families and staff too so that is what hooked me to come here and to stay over here.

How did you know that the field of behaviour analysis was for you?

Well I began this kind of work by being a volunteer in a special education school when I was in my last two grades of high school and I just really enjoyed working with kids with disabilities, I could see all the hidden potential and the unrealized potential that many of these kids have. When I went to Liverpool University, I worked with a professor there, Tony Crisp, who ended up supervising my PhD. I had some undergraduate classes in clinical psychology, behavior modification, and disabilities and it just seemed that the logic was a perfect fit which is that individuals with disabilities have problems learning and there is a science of treatment based on learning and the two are a good match, they go together. I think also once I saw it happening when I was an undergraduate, I saw individuals benefiting from Applied Behavior Analysis it was just fantastic. It's something I could see that other approaches still don't have anything to offer us like that. Seeing the effectiveness and the benefits to the families, that's when things really clicked for me and I knew that this is what I wanted to do.

Tell us something about you that we wouldn't find on your CV. So I'm crazy about classical music. I spend hours reading musical scores on Youtube. I get to listen to Bach cello sonatas tracking the original score in the handwriting of Bach's wife—I think that is just wonderful. You might actually figure that out because I do have a paper on teaching sight reading to flute students and another paper teaching flute students to adopt correct posture. Most of my work is on parent and staff training but the general principles apply broadly like getting the conductor not to yell at you would be quite nice at choir practice (laughs), there are overlaps.

What would your advice be to your younger self as a new clinician and academic?

(Laughs) Well that is a very hard question for the older person to answer, I think about it a lot! If I was to advise a young Peter Sturmey, I think that I would tell him to get a life outside of academia—there is more to life than publishing papers and chapters. Go to the gym more, go to more classical music concerts, spend a bit more time with friends, travel a bit more, and have some fun. In the long term, I think that these are the things that would benefit the young Peter Sturmey both in terms of academic work and personally, so yeah, get a life!

What is the most important thing behaviour analysts should remember when working with parents of children and adults with developmental disabilities?

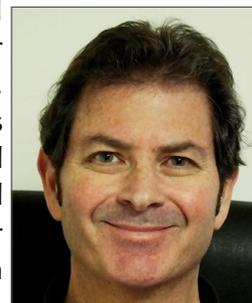
I think the most important thing that they should remember and respect is that the parents are in it for the long haul. Most parents are very committed to their kids with disabilities and dedicate their lives to them. I have friends who have adult children with disabilities who have been doing this

for nearly 50 years. People like us come along, work hard with the kids for a few months or a couple of years and that's great but the parents are there for the long run so I think be more respectful of the realities that family members face, avoid direct or indirect criticism of the parents, and try to figure out what you can get done with the parents. Just step back and look at what we do compared to what the family members do and acknowledge that they are doing a much bigger, marathon type of job compared to what we are doing.

Merrill Winston, PhD, BCBA

Dr. Winston is a Behavior Analyst who has worked in the field of Developmental Disabilities for over 20 years.

Dr. Winston is a Board Certified Behavior Analyst with specialties in



Developmental Disabilities & Behavior Disorders. He is a Crisis Management Instructor Trainer & Consultant who specializes in the analysis and treatment of severe behavior disorders with special populations. His range of treatment experience includes feeding disorders, self-injury, severe aggression, language acquisition, and skill acquisition problems. Dr. Winston is a popular speaker at conferences and conducts presentations on a wide variety of topics in behavior analysis including psychotropic medication usage, mental illness, autism, exceptional student education, assessment and treatment of behavior problems, IEP goal selection and measurement, and a variety of conceptual issues as

they relate to conducting behavior assessments. Dr. Winston has worked in a variety of settings including private homes, group homes, large institutions, secured facilities, schools and day-treatment programs.

What was your first job in behaviour analysis? My first job was in an institution in Gainesville Florida called Sunland which was one of the four big state institutions. I worked there while I was in my undergrad at the University of Florida. I worked in a cottage with young women ages 15-25 who had profound developmental disability. I was responsible for writing simple behavior plans and also programs for teaching simple skills. It was there that I came across my first experience with someone engaging in self-injurious behavior and it was quite severe so I was basically thrown into it headfirst.

How did you know that behaviour analysis was for you? That's actually pretty interesting—I knew that I was interested in Psychology and so during my undergrad I took basically all the courses in every orientation of psychology; social psychology, cognitive, and so on. There was a fellow student who seemed to be in all the same courses as me; we became friends and turns out we both became behavior analysts. It was during a course in ABA taught by Hank Pennypacker that I turned to my friend David and said: "This what I'm going to do". The content of the course was just so different than all the other psychology courses and it just made sense to me. It was also Hank himself who really made an impression on me. Hank's speaking style is pretty much where I got mine from; he's a tremendous smartass (laughs). I also

took an experimental course and worked with rats and pigeons and I learned that this stuff is actually really difficult but that was it—that was the end for me!

You've devoted your career to the field of developmental disabilities. I'm sure that your career could have taken you in many different directions, why did you choose to stay? I think probably I just really like working with this population. From the start, I was comfortable here and I got to see real behavior change; that hooked me. I was able to gain a lot more experience working with persons with developmental disabilities in grad school and these clinical experiences were invaluable to me. Initially, I did think that maybe I wanted to get into teaching but in academia you really have to crank out the research and I wasn't too interested in that. At that early time in my career I really didn't know much about applications of behavior analysis in education or organizational behavior management (OBM) but I was able to get into the education side of things because PCMA was contracted by the Palm Beach County School District so that was a natural way to broaden my work. When it comes down to it, it's really the real time change that hooked me.

Your clinical work seems to focus on behaviour analysis in applied settings including schools and other community programs. What's the most important thing a behaviour analyst needs to know when consulting to school settings? I think understanding the needs of the school is crucial. How does the principal view things? How does the teacher actually feel about working

with a particular student? I could write any behavior program I want and it could be a really good one but if the teacher feels like the student doesn't belong in the classroom then I have a different kind of problem on my hands. I got to the point where I just stopped writing behavior programs when I knew that the recommendations weren't going to get implemented by the staff members. Does the teacher indicate that the program you wrote make sense? Is the teacher telling you that there isn't enough time or resources to put it in place? The role of teachers is basically the equivalent of the role of parents in the home; if you don't have parental compliance and buy-in then you already know that you won't get zip. When I consult to a teacher, I need to make sure that the teacher understands that Merrill isn't going to fix this problem for you, *you* as the teacher, are the one who is going to fix the problem and I'll show you how to do it. You need to understand the contingencies in place and that includes the contingencies for the teacher. If you don't know these things at the outset then your report is just going to sit in a drawer somewhere.

Who are your mentors? Who has influenced your career and interests the most? I'd have to say a big influence was Jim Johnston; he was my major professor. He's now retired but he still writes books to keep busy. Other than Jim, I'd say obviously Hank Pennypacker and definitely the late Peter Harzem. Peter did a lot of work on conceptual issues so he sparked my interest in that and it's really become increasingly valuable to me over the years. My mentors really influenced how I look at and think about behavior analysis. Technically, I am

four generations away from B.F. Skinner: Skinner trained Ogden Lindsley who trained Hank who trained Jim who trained me! So basically I can go straight back to Skinner—that's my behavioral DNA (laughs).

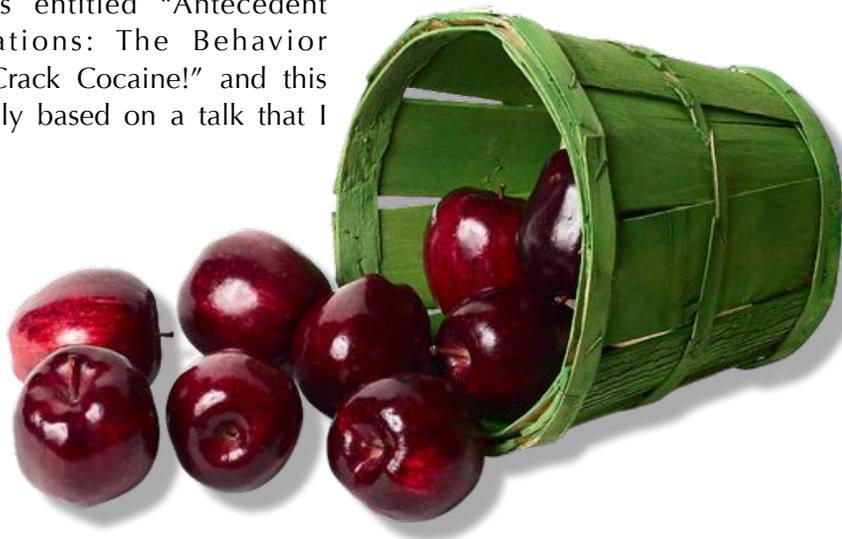
You're an accomplished martial artist and also a behaviour analytic rapper, which really means that people should think twice about picking a fight with you at the conference! Interestingly, one of your talks at the conference is about the behaviour of picking fights. This is so curious—how did you become interested in this?

(Laughs). Well I haven't done karate in a while but I think that I am still reasonably proficient. Yeah this is something that I had been thinking about for a long time; I came up with the term "confrontation seeking". It's really just a name for this particular behavior that seems to only occur in well-socialized individuals. It really started with this one kid I was working with who would attack his teacher. They already tried strategies like reinforcing behaviors that were incompatible with aggression, like staying on task. The thing was that he would never attack the teacher out of the blue but rather he would engage in behaviors that would result in the teacher having to come over and address him following his bids for a confrontation with her. He would only attack the teacher if she had approached him to intervene. There would be times that she would not immediately intervene and then he would escalate and do other things until she had to do something about it. For lack of a better descriptor, this is essentially a higher-functioning person's problem. There are lots of reasons for what we do and it's complex; it goes beyond

the basic functions of problem behavior. To engage in confrontation seeking behavior, you need to have an idea of right and wrong and you also need to understand the social protocols otherwise you wouldn't do things to bait someone so that you can justify your own subsequent actions. A low functioning individual isn't going to create a situation to attack you; he or she is just gonna bite or hit you. This is really akin to the classic story of a guy walking into a bar and picking a fight. He doesn't just walk in and punch someone in the face, he says something to escalate the other party so that he can justify punching that person in the face, like "What are you looking at?" or "We don't like your kind around here". That guy in the bar wants to take it out on someone, he understands the rules and laws and he is creates a reason to punch that person guilt-free.

Do you have a rapper stage name? And also, I know you have a lot of great short videos about a variety of behaviour analytic topics available on Youtube, how did it evolve into laying tracking and rapping about behaviour analysis? (Laughs). I guess I'd have to say that my stage name is "Dr. M", that's how I've referred to myself on the videos. My first rap video was entitled "Antecedent Manipulations: The Behavior Analyst's Crack Cocaine!" and this was actually based on a talk that I

had prepared for a conference in Mississippi. After I had submitted my talk title and abstract, the conference organizers asked me if I could change the title as they were more of a conservative crowd over there. I said no problem and sent back a revised title: "Antecedent Manipulations: The Behavior Analyst's Heroin!" The organizers contacted me again and said something to the effect of "No Dr. Winston, you just used a different drug in the title, would you be able to revise it?" So I ended up changing the title to: "Antecedent Manipulations: The Behavior Analyst's Deep Fried Twinkie!" and if you know anything about Mississippi, then you'll recognize that this title is appropriate as it is regionally relevant given the prevalence of obesity. Anyways, I thought it would be fun and a little more memorable if I took the main points from that talk and record a rap song. I've been a musician since I was about 15. I play guitar and keyboard and I write and record my own music so it was a natural fit. Unfortunately, people made the mistake of really enjoying this original rap video so that reinforced my rapping behavior and I've created more.



Patrick C Friman, PhD, ABPP

Dr. Friman received his Ph.D. from the University of Kansas. He is the current Vice President of Outpatient Behavioral Health Services and a Clinical Professor in the Department of Pediatrics at the University of Nebraska School of Medicine.



He was formerly on the faculties of Johns Hopkins, University of Pennsylvania, and Creighton Schools of Medicine. He was also formerly the Director of the Clinical Psychology Program at University of Nevada as well as the Associate Chairman of the Department of Psychology.

Dr. Friman is the former Editor of the Journal of Applied Behavior Analysis and former President of the Association for Behavior Analysis International. He is also on the editorial boards of eight peer reviewed journals. He has published more than 180 scientific articles and chapters and three books.

The primary focus of his scientific and clinical work is in the area of Behavioral Pediatrics and Behavioral Medicine. Dr. Friman's work in behavioral pediatrics has concentrated on the gap between primary medical care for children on one side, and referral-based clinical child psychological and psychiatric care, on the other.

He also specializes in consultation regarding workplace issues such as motivation, dealing with difficult people, change, and pathways to

success. As an example of the impact of his work, following a publication on child sleep problems, the American Medical Association invited him to headline a press conference in New York City where he was presented to the press by the Surgeon General of the United States.

What was it like to be mentored by Don Baer, Montrose Wolf, and Todd Risley?

It was an honor and a privilege; a spectacular honor actually. When I got to the University of Kansas I was one of the few students who didn't know of their prominence but I quickly learned of their geniuses. What really struck me about all three was that they were gentle, intellectually forceful but they were patient and very generous mentors and supervisors. To give you an example, we took a class taught by Mont and Todd, it was an advanced course and the students were split up into six teams of six. Over the semester we were tasked with writing a grant and Mont and Todd would serve as the review committee and evaluate each team's grant. At the end of the semester on the last day of class each team presented their proposal. The first five teams delivered very polished presentations complete with slides, each was compelling and well-rehearsed. With every presentation it seemed that there would be no way the subsequent presentation could improve upon merits of the previous. A high level of teamwork and collaboration was obvious in each of these teams. Finally, the sixth team got up to present their proposal. There were no slides, it was clearly not practiced, and the presenters ended up arguing with each other. After each presentation Mont or Todd would offer his impression and after

the final one we were all looking at Mont and eagerly awaiting his review as we had never really heard him say anything discouraging to anyone. He sat for a moment and then stroking his chin he said: "Well, it was a comprehensive approach". (Laughs). From that moment on whenever we, my best friend (who was also a student in the class) and I would come across something that was just awful we adopted that expression.

Don Baer had a sign on his office door that said "Don Baer – Wordsmith". He had a real talent for writing and he always took the time to work with students on improving their work. Don had two computers in his office so that he and the student could each look at a monitor and wordsmith together until it was right.

What was your first job out of grad school?

That was in a program called Project HEALTH (Harnessing Education and Learning for Teaching Health) at Johns Hopkins at the Kennedy Krieger Institute. There were three pediatric clinics and we were embedded into each clinic so we worked alongside pediatricians. We developed and delivered programs for any behavior concerns that arose in clinic and we were of course training the pediatricians too. We developed research questions and went on to publish a few papers in JABA. There was a big article in an issue of the American Psychological Association's Monitor on Psychology that gives a good description of the program.

How did you know that behaviour analysis was for you?

I got a job at the Boulder River School and Hospital; this was one of the old state institutions in Montana. I was

hired as a 'Habilitation Aide 1' and during my pre-service training I was told explicitly not to go into any of the cottages and just go straight to the education building since as a new trainee, I would apparently not be able to safely negotiate my way with the residents of the cottages. On my third day as I was walking to the education building, I crossed paths with a nurse and she winked at me. She was a very good looking nurse so naturally I followed her into cottage 3 knowing full well that I may lose my job over this. I wandered into the cottage and the nurse disappeared but I found myself increasingly surrounded by the residents of cottage 3 who were all men. Hearing the commotion, the door to the supervisor's office flew open and the supervisor asked me what I was doing there. On the wall in his office I could see two things: a poster of Fran Tarkenton, a quarterback for the Minnesota Vikings and a help wanted ad for a 'Habilitation Aide 5'. That position was four levels up from my current position and required an MA or a PhD, I didn't yet have an undergraduate degree but I told the supervisor that I was there to inquire about the job posting. So the supervisor invited me into his office and we talked for about an hour about the Minnesota Vikings. He went on to tell me that he was

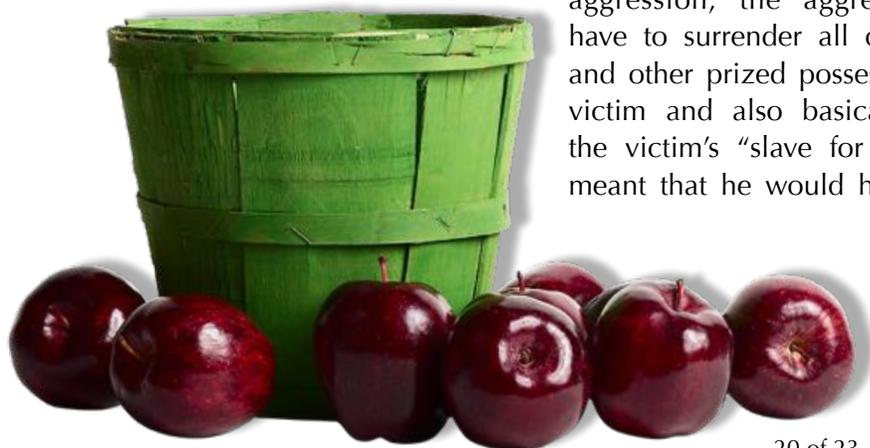
dissatisfied with the hiring practices of the institution and he wasn't pleased with the MA or PhD level candidates as they all seemed to regard themselves as hotshots. Mostly as a snub to the institution, he indicated that he would make a case to hire me if I could get my undergraduate degree. So I went back to my French professor and convinced him to change my grade from 'incomplete' to 'complete' in order to have enough credits to obtain my degree. By that December I had officially graduated and I was hired on New Year's Day.

On my very first day I watched one resident walk over and hit another resident with enough force to knock him over. A staff member ran over and attended to the aggressor not the victim. The staff member ushered the aggressor into the staff room, made him a coffee with sugar and soothingly talked to him about what happened. At that time I had no behavioral training at all but I knew something was really wrong with that. This particular resident had a history of engaging in high rates of aggressive behavior so I decided to go and talk to the Level 5 Aides about what to do. They suggested that I take a behavior analytic approach; they described one possible procedure that turned out to be over-correction. So I wrote up the program and for any instances of aggression, the aggressor would have to surrender all of his candy and other prized possessions to the victim and also basically become the victim's "slave for day" which meant that he would have to serve

the victim his meals and things like that. The Level 5s taught me how to take data and in one week, the aggression was down to zero. They encouraged me to write it up and that's how I got my first publication in the Big Sky Behavior Analyst. I had the chance to write and implement many programs and I had a lot of success there; it was a stepping stone for graduate school.

A common theme in your discussion papers and commentaries appears to be a caution against infighting, that is, behaviour analysts attacking behaviour analysts in the name of protecting the science of behaviour. Can you comment on this?

Fundamentally we are all trying to make the world a better place and we are all in possession of the same unifying idea and that idea is that behavior is a function of environmental contingencies. This is the most powerful idea ever invented to address human problems but only a handful of people on the planet know this. Everything that this idea touches improves; this idea emptied the institutions, it brought continence to those who were thought to be forever incontinent, and look at what early intensive behavior intervention (EIBI) has done for the lives of so many children. Each one of us has a part to play in this. As a field we have a lot of geeks. I love the geeks but they are only concerned with getting what they do right and what they do is acquire knowledge and develop ideas. They are great at this but not so great at marketing what they have. Then we have the not so geeky but good at marketing people and these are our clinicians. These clinical people can sometimes feel like the geeks are highly critical of their work. Skinner asked the question: "We happy few, but why so few?" as



a field, to achieve our goal and get this idea out further into the world, we have to have both; we need successful marketing and we need principled critiquing of our work.

There are many behaviour analysts who work with parents or do some form of parent training. Some young behaviour analysts (and some not so young ones like myself) do not have kids of our own which can sometimes create awkward moments laced with fear of losing professional credibility. Do you have any advice on how to manage this?

Yes, get out in front of it. Let them know you don't have kids and let them know that you would never suggest that you, as a non-parent, know what it is like to be a parent. A non-parent can't know what it's like to be responsible for that child, to be the only thing standing between that

child and the abyss. You can't know so don't pretend. As non-parents, we don't know about being parents, but we do know about behavior and we have the tools to make the job of parenting a little easier.

You've published on a wide range of topics and applications of behaviour analysis, is there a particular application that you haven't explored yet but would like to? I think if I had the time and wherewithal I would explore what behavior analysis could contribute to intimacy. I don't know how I'd go about an experimental analysis of that but yes, intimacy. Intimacy involves a person exhibiting behavior that is at risk of punishment and instead of delivering punishment the other person delivers reinforcement instead. The behavior got appreciated and accepted so the

person feels safer and closer. So how can we get couples to recognize when one partner is sticking their neck out? Being able to do this would create intimacy.

What advice would you give yourself as a brand new behaviour analyst? Learn to be bilingual. Learn the technical terms of the field and become fluent in it then learn to translate this into plain ordinary English or Canadian (laughs) and back again to technical geek speak. Get comfortable with going back and forth.



Have someone in mind for the Cusp?

Let us know, we love suggestions!

newsletter@ontaba.org



WHAT

Would You Do?

Professional and Ethical Issues

By: 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.

This issue was submitted by a member, and has been

altered to protect privacy:

Mindy and Susan are BCBA's working in a large private practice agency. Susan is very experienced and notices her client starting to escalate in the waiting area. Susan uses the teachable moment and coaches his caregiver through the steps of his intervention. After her client leaves, another caregiver in the waiting area asks Susan about the procedure she was using. She asks if it would work for her child because she is not finding Mindy's intervention ideas helpful, and has never experienced the kind of coaching that she just saw Susan do. Susan spends about half an hour informally discussing the case, and makes a few suggestions, modeling techniques that she thinks might help. Susan goes about the rest of her day feeling good about helping her colleague with a difficult case. When Mindy comes to the waiting room, the caregiver tells her that she no longer wants to work with her, and tells her that she will be speaking to the manager and asking to switch to Susan. Puzzled, Mindy tells the receptionist what just happened. The receptionist mentions to Mindy that she saw Susan talking to her client and showing her some techniques. Mindy gets quite upset when hearing this news, but as a relatively new consultant, she is unsure what to do.

So what should Mindy do? First, Mindy needs to find out exactly what happened so that she can determine the specific issues of concern. The client has a right to terminate therapy and work with a different clinician. However, Susan, the BCBA, needs to follow the Professional and Ethical Compliance Code for Behavior Analysts (BACB, 2016), and she has made several serious

errors while trying to be helpful and kind. First, she is providing ABA services outside of a professional clinical relationship (1.05a). Second, she is providing recommendations to Mindy's client in the absence relevant assessment data (4.03). Third, that conversation should not have been carried out in a busy waiting area to protect confidentiality of the client and her colleague (2.06). Third, though Susan appears to have good intentions, she is potentially disrupting the clinical work being done, which could cause harm (2.15a). Mindy has a few options here. She should calmly approach Susan and get a first hand account of what happened, and how she came to be involved with her client, then decide on how to proceed based on the code (7.0). Given that she is relatively new, she might want to enlist the help of a mentor or manager to help her to have the discussion with Susan (1.02b). Susan likely needs to revisit the Code and ensure that her practices, no matter how well-intentioned, are consistent with the code (1.04d). When approached by someone else's client who she does not have an agreement to work with, Susan should have redirected the conversation. She could have offered to speak with Mindy directly, and encouraged the caregiver to do the same. Then, when speaking with Mindy, Susan should describe the situation fully and repeat what the caregiver told her. Susan, as a more seasoned consultant, could offer assistance/consultation if the situation is as reported and if Mindy needs support. Though well intentioned, Mindy might perceive some conflict of interest if Susan appears to be recruiting her clients (8.07).



Reference

Behavior Analyst Certification Board (2016). Professional and Ethical Compliance Code for Behavior Analysts. Littleton, CO: Author. bacb.com/wp-content/uploads/2016/11/161101-experience-standards-english.pdf



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WHAT
Would You Do?

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