

# Should Behaviour Therapists Be Responsible For Crisis Intervention?

*Sheila (not her real name) is 29 years old, has intellectual disabilities, and lives with her elderly parents. Occasionally, Sheila becomes very aggressive to her parents, co-workers, and staff. Lately, the frequency and intensity of her behaviour has been escalating; she attempted to push a staff person down a flight of stairs and punched her mother in the face so hard that mother lost 2 teeth. A call is placed to the Behaviour Therapist to STOP the behaviour.*

Behaviour therapists are often called upon to deal with aberrant behaviours that are dangerous, such as aggression, self-injury, and property destruction. Typically, behaviour therapists are contacted when there is a behavioural "crisis" - i.e., when the frequency and/or severity has escalated to the point where people are getting hurt and/or a client's placement in the least restrictive setting is jeopardized because of his/her dangerous behaviour.

In this situation, crisis intervention procedures are usually necessary to minimize harm when the behaviour is occurring. For the most part, crisis intervention is intrusive. Common methods include physical or mechanical restraint, seclusion, and sedating medication. Protective/restraining devices may be left on to prevent recurrence of the behaviour. Typically, there is no attempt at this point to provide proactive therapy.

Is it appropriate for Behaviour Therapists to assume *responsibility* for crisis management? Should we be the ones who sanction the use of restraints and seclusion as response prevention and protection procedures for individual clients? Should we immediately introduce contingent aversives as part of behavioural program when the primary purpose is immediate behavioural control? In my opinion, the answer to these questions is NO. I believe that our primary role should be limited to providing and promoting proactive, educational/therapeutic interventions that have the goal of long-term behaviour change so that crisis intervention is no longer needed.

I am not arguing that intrusive procedures for the purpose of crisis management should not be used when necessary. If someone is hurting themselves or others, something must be done to stop the behaviour at the time, and that "something" is often fairly intrusive. I am proposing that we, as Behaviour Therapists, promote ourselves not as crisis interventionists per se, but instead as, well... *therapists*.

See Crisis Intervention page 3...

## ONTABA Ontario Association for Behaviour Analysis

Congrats to **Joel Hundert** for the Logo! He is donating his prize of Registration to the 1995 ONTABA Conference to a student of his choice.

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The ABA conference in Washington, D.C. in May was great. There were a multitude of presentations to attend and lots of opportunities for "chats." Typically, those who are fortunate to have support to attend ABA will gather papers, etc. for sharing. If you want more information

on an ABA presentation drop us a line and we'll put you in touch with an ONTABA member who was there.

Caroll Drummond (*ONTABA* Secretary) and myself attended the ABA Affiliated Chapters Meeting. An *ONTABA* representative has attended the Affiliated Chapters meeting for the past three years, however, this year was special. ABA has now officially recognized the Affiliated Chapters "collective" and given it Board status. (Please see ABA NEWS for details - page 5.) Thirteen Chapter representatives were in attendance. Especially noteworthy was that we were not the only non-American affiliate, we had Swedish comrades - Ned Carter and guest. At the time of the meeting they were not "official" - a mere formality - and they were very gracious in acknowledging the *ONTABA* Bylaws as their model. The emergence of the Sweden ABA, a strong, albeit small association, will be a tremendous resource for *ONTABA*.

STUDENTS! Where are you? We want to hear from you. *ONTABA* elections are around the corner and we would like to have students nominated for the position vacated by Mary Champagne. We counted 19 student members in the membership directory. We know you're out there! We're hoping to provide 5 *finger discounts* for students interested in attending the Conference. Tell your friends.

On a very serious note, I direct your attention to the newsletter coverage of the Board of *ONTABA*'s response to the Consent to Treatment Act and the Substitute Decisions Act proclaimed by the NDP government and the impact on specific behavioural interventions. While *ONTABA* in no way promotes wholesale implementation of punishment contingencies, we did identify a lack of process and a violation of an individual's right to effective treatment in the government's actions. Please give us feedback on this issue.

Now that summer is quickly turning into fall, we are looking forward to the Conference. Hopefully, you will be planning to attend the *ONTABA* 3rd annual conference to be held November 23rd and 24th and that you will be participating in the conference. We have included a "call for posters" in this issue.

Until our next interaction, happy trails.

Wanda Smith, President

## *ONTABA Board responds to human rights and professional issues June/95*

*ONTABA*, The Ontario Association for Behaviour Analysis is an affiliate member of The Association for Behavior Analysis International. *ONTABA* currently has over 160 members from professions such as education, nursing, health care and psychology. The objectives of *ONTABA* are to promote behaviour analysis in the province of Ontario, to facilitate interactions between professionals engaged in behavioural activities, to monitor and participate in legal and professional issues related to behaviour analysis, and to initiate guidelines for professional practise in behaviour analysis.

We have been requested by the parents of a client at Southwestern Regional Centre, Dealtown, Ontario, to issue a position regarding Bill 109: Consent to Treatment Act (Section 14) and Bill 108: Substitute Decisions Act (Section 66.12).

The Board of Directors of *ONTABA* take the position that the recently added sections of The Consent to Treatment Act and The Substitute Decisions Act, violate a persons constitutional right to personal security, liberty and freedom from harm, as well as their right to safe and effective treatment approaches. The Acts discriminate against anyone who requires a parent or guardian to consent to treatment, in that it allows access to specific treatment by those that can self-consent but not individuals that lack the capacity to do so.

As a professional organization, we feel that it is inappropriate that several pertinent sections of these Acts were developed without consultation with any of the relevant professional organizations, such as *ONTABA*, The Ontario Psychological Association, The College of Psychologists of Ontario, The Ontario Medical Association, or the families of the individuals affected by these sections.

Further to this, it appears that open consultation was precluded by the former Minister of Community and Social Services, raising the spectre that treatments be dictated by special interest groups, rather than by clinically supported evidence.

It is in light of these factors, and the threat of this legislation to human rights protected by the Charter of Rights and Freedoms (Section 7), that we adopt a position of support to the families.

In the future, we hope that the Ontario government will recognize the considerable clinical, scientific, and professional expertise that exists in this province and will consult with appropriate professional organizations and knowledgeable individuals before implementing legislation that impinge on treatment decisions made by qualified professionals.

Sincerely, Wanda Smith, Ph.D., C.Psych., President, -and- The Board of Directors of *ONTABA*, The Ontario Association for Behaviour Analysis

cc: Dr. Jeroham and Mrs. Brenda Singer, Parents  
 Hon. Marion Boyd, Attorney General  
 Mr. Bob Chiarelli, Liberal Critic for the Ministry of the Attorney General  
 Mr. Charles Harnick, Conservative Critic for the Ministry of the Attorney General  
 Hon. Ruth Grier, Minister of Health  
 Ms. Barbara Sullivan, Liberal Health Critic  
 Mr. Jim Wilson, Conservative Health Critic  
 Hon. Tony Silipo, Minister of COMSOC  
 Ms. Yvonne O'Neil, Liberal Critic for COMSOC  
 Mr. Cam Jackson, Conservative Critic for COMSOC  
 Dr. Catherine Yarrow, The College of Psychologists of Ontario  
 Dr. Gregory Harnovitch, Ontario Psychological Association



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Ministère du Procureur général	Direction des services juridiques Ministère de la Santé	13 <sup>e</sup> étage, Centre Harbour 50, rue Grosvenor Toronto (Ontario) M5A 1S2	327-0585 Telephone: (416) 327-0005 Téléphone: (416) 327-0005

June 26, 1995

Dr. Wanda Smith  
President  
Ontario Association for Behaviour Analysis  
c/o Chedoke McMaster Hospitals  
Residence 36  
HAMILTON, Ontario  
L8N 3Z5

Dear Dr. Smith:

The Minister has asked me to respond to your letter concerning section 14 of the Consent to Treatment Act (CTA). Under section 14, a substitute decision maker is prohibited from consenting on behalf of a mentally incapable person to the use of electric shock as aversive conditioning (faradic stimulation).

It is the Ministry of Community and Social Services that maintains the lead for services to individuals who are developmentally handicapped.

As you are aware, there is a court application pending regarding this matter. Two families have applied on behalf of their developmentally disabled children under the Judicial Review Procedure Act, seeking an exemption from section 14 of the CTA in order to continue the use of faradic stimulation to control self-injurious behaviour. The Ministry of Community and Social Services is the defendant in the application.

The court application is not to strike down section 14 of the CTA, but to have the provision not apply to the applicants, on grounds that denying them faradic stimulation violates their rights under the Canadian Charter of Rights and Freedoms.

The court granted an interim order permitting faradic stimulation to continue pending a final decision. The Attorney General did not oppose the interim order. The hearing before the Divisional Court is scheduled for September 14 and 15, 1995.

Until the matter is finally dealt with by the courts, there will not be a definitive response to the difficult issues surrounding the use of faradic stimulation.

We thank you for your interest.

Yours sincerely,

*Paula Kamacho*

Per Helyna Porun  
Counsel

THE COLLEGE OF PSYCHOLOGISTS OF ONTARIO  
L'ORDRE DES PSYCHOLOGUES DE L'ONTARIO

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July 14, 1995

Dr. Wanda Smith  
Ontario Association for Behaviour Analysis  
c/o Chedoke McMaster Hospitals  
Residence 36  
Hamilton, Ontario  
L8N 3Z5

Dear Dr. Smith:

Dr. Yarrow has asked me to acknowledge the receipt of your letter dated June 8th, 1995.

Copies of your letter will be distributed to the Council members for their information.

Yours Sincerely,

*[Signature]*

x Schrine Persad, Ed.D., C.Psych.  
Private/Public Advisor

CPA/et

Rather than us being viewed by the client, his/her careproviders, and other professionals as the person to call to "fix," "stop," or "control" behaviour, we need to emphasize how we base our *therapies* on comprehensive ecobehavioural and functional analyses. The purpose of our interventions is not necessarily to stop the behaviour at the time, but to use stimulus control and positive-based skill-training strategies to teach the client to replace the target behaviour with appropriate alternative behaviour.

Who, then, should be ultimately responsible for prescribing crisis management techniques? My use of the verb, "prescribing" gives my suggestion away. Yes, I believe that physicians should be ultimately responsible for the prescription of nonpharmological interventions, just as they are now for pharmacological forms of crisis intervention. Physicians are the only professionals licensed to make decisions about the medical implications of crisis management techniques.

The decision to use crisis intervention should be made by the client's team. This team should include someone who is certified to teach the careproviders crisis intervention strategies. Because crisis intervention techniques are chosen based on needs for protection and minimization of harm, and not necessarily on the basis of a behavioural analysis, the application of crisis management strategies should be seen as separate from any proactive behavioural interventions that may also be implemented. This could become confusing if the crisis intervention trainer is also the Behaviour Therapist. Just as the Behaviour Therapist, by virtue of our expertise, is sometimes asked to set up an objective evaluation of the effects of psychotropic medications, so too could the Behaviour Therapist help the team determine if the chosen crisis management technique does in fact have a reinforcing or punishing function. But, helping to train mediators and evaluate the effects of crisis intervention does not mean that the procedures are part of the Behaviour Therapist's program. The ultimate responsibility for crisis intervention would rest with the physician.

In the case of Sheila, the parents had earlier rejected a behavioural program that included the use of contingent physical restraint. When it became clear that restraint was needed for crisis intervention to stop Sheila from hurting others, the parents had no problem understanding and approving the exact same intrusive procedure for crisis management that they previously rejected when it was presented as the punishment part of a behavioural program that also involved functional communication and tolerance training. In my experience, Sheila's parents' response was not atypical; mediators and advocates are generally more likely to accept intrusive procedures when they are used as crisis management rather than as punitive components of a behavioural program.

I call upon Behaviour Therapists to get out of the crisis management business. We now have a range of effective, socially acceptable, assessment-based, proactive interventions, that do not require the use of intrusive procedures to produce long-term behavioural change. Physicians should be responsible for any intrusive procedures needed for crisis management. Behaviour Therapists should do therapy.

# A Capitol Time in Washington:

*ONTABA Members Well Represented at 21st Annual ABA Convention*

The 21st annual Association for Behavior Analysis Convention was held in Washington D.C. May 26 - 30, 1995 at the Washington Grand Hyatt Hotel. Behaviourists from all over the world descended on the Capitol to share information, improve skills, network, and promote the interests of Behaviour Analysis in behaviourism's version of "Mr. Skinner Goes to Washington."

On Friday, all day, and Saturday until noon, workshops were offered, many of which were presented by leaders in their respective specialties. Among those were Ogden Lindsley, Stephen Graf, Bill Potter, William Heward, Mark Sundberg, and ONTABA's own Jack Williams.

A variety of concurrent sessions were on Saturday's agenda. Topics ranged from introductions to behaviour analysis and behavioural treatments, to verbal behaviour and experimental analysis of behaviour. The largest number of posters in ABA's history were submitted this year, and no doubt the number of attendees! While making your way through extremely crowded aisles, poster viewers were overheard remarking on how many close, and at times, unavoidably intimate encounters they had with strangers.

An ONTABA Conference Committee meeting was held on Saturday afternoon to get things rolling for the 1995 ONTABA conference.

The ABA International Expo kicked off in the evening, with displays by ABA committees, International Associations and Programs, and graduate training programs. Attending members were out in force to make ONTABA's presence known.

On Sunday, the highlight of the day's events was Dr. Larry Stein's Presidential Scholar's address, *Skinner's Behavioural Atom: A Cellular Analogue of Operant Conditioning and its Implications*. In the evening, entertainment was provided by the University of Nevada's, "Behavioral Follies". In the wings was our own Member Emeritus, Larry Williams. Laughs and good times were had by all.

Aside from the lovely "ladies" at the other end of the 1-900 line, and the UN(University of Nevada) militia, my personal favorite was *THE TOP 10 THINGS NOT TO SAY AT YOUR*

*DISSERTATION DEFENSE*. We hope to let you enjoy it too, in our Winter edition of the *ONTABA Analyst*.

A breakfast for the directors of the Affiliated Chapters of ABA kicked off Mondays' activities. Wanda Smith and Carroll Drummond participated, giving ONTABA a voice in the discussions and activities. The highlight of the day was a panel discussion on the future of the treatment of behaviour disorders, chaired by Dr. Judith Favell, Au Clair Program, with invited speakers Dr. Michael Cataldo, Kennedy Krieger Institute, Dr. Edward Carr, State University of New York, Dr. Richard Foxx, Pennsylvania State University, Dr. John Jacobson, OM RDD Office of Planning, Dr. Lynn McClannahan, Princeton Child Development Institute, Dr. James Mulick, Ohio State University, and Dr. Todd Risley, University of Alaska. Later, ABA

president, Dr. Richard Foxx gave an inspiring address on behaviourism and its' future, *Inspiring the Covenant*. In the evening, members were able to put away their data recorders, let their hair down, and have a good time at the ABA social.

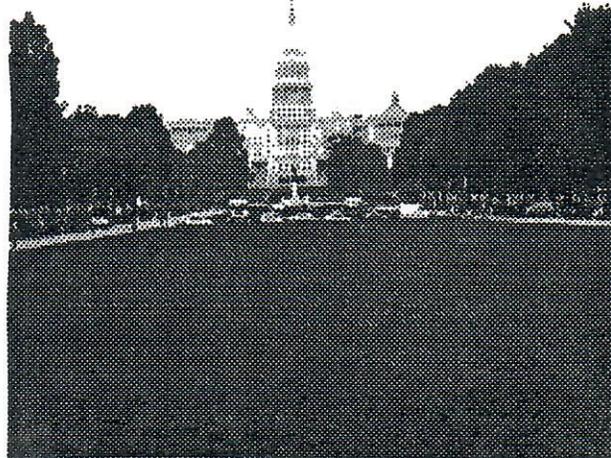
The final day of the conference featured a display of objects used by B.F. Skinner in his scientific work including an early cumulative recorder, an operant conditioning chamber, and the infamous Skinner box. While sessions continued throughout the day, members made sure they took some time

out to visit the nearby sights of D.C.

In all, 19 ONTABA members had a total of 38 presentations or posters at ABA representing their work, their respective agencies, or institutions. Our reception at this conference is always warm and inspiring. We often don't realize the value and research until we are out of the country. (How Canadian eh?) We are certainly recognized within the field of Behaviour Analysis, and much of that comes through the respective good work of ONTABA members.

*A Note to Students:* Many of the posters and talks are done by students from various Colleges and Universities around the world. ONTABA Student members really should consider attending and presenting. There are financial breaks for students and rooming options that make it both affordable and inspiring!

*Scott Bark*



# ABA News

## *Affiliated Chapters Board:*

*What it is and what it means to ONTABA*

Recently ABA reorganized the Association Boards and Committees resulting in 8 Boards which report directly to the Executive Council and 20 Committees under these Boards. The Affiliated Chapters (AC), previously represented as a Committee, now has Board status. Gerald L. Shook has been appointed as the AC Board Coordinator.

Currently there are 19 United States chapters and 15 International Chapters. There are 2 International applications for chapter status which were pending in May, 1995. Interestingly, one of the US chapters, Northwestern ABA, includes behaviour analysts from British Columbia. And, we do have another Canadian chapter: Association Scientifique pour la Modification du Comportement (ASMC) in Montreal.

Each of the AC's will have a Director to represent their chapter and to sit on the AC Board. At the last ONTABA Board meeting the issue of who should represent ONTABA was discussed and it was unanimously agreed that this would be an excellent role for the President-Elect. At this time Maurice Feldman is our President-Elect and when he becomes President in November our acclaimed President-Elect, Joel Hundert, will assume the Directorship on the AC Board.

The significance of the change from Committee to Board status is the direct link to the Executive Council of ABA. Presumably, concerns and proposals will now be presented directly to Council, then a Board, and so on. By this change, ABA has committed to strengthening the AC's. We have been promised action from ABA, for example, providing speakers for AC conferences and assisting the AC's on legal and litigation issues. Unfortunately, ONTABA, being outside the US, may not be able to benefit from all that is offered. However, the change does give a voice to the AC's and, given that close to 50% of the AC Board Directors represent non-US Chapters, may be the most significant action ABA has made to date to becoming International. We'll see what happens!

# Students' Corner

## *Is your Net Working?*

I was trying to decide what would be on every student's mind these days and there really is only one answer: "Am I going to get a job when I graduate?" Not to be too depressing but these are economically taxing times, which means businesses are down sizing and main-streaming. This is a question that many people are now facing no matter when they graduate. This doesn't have to be a negative thing.

Businesses are looking for highly skilled professionals who can multi-task. The more you know the better off you will be in the end. It means that you need to be directly involved with the professions' ever-changing trends in research and technology. One way to accomplish this is through organizations full of professionals with similar interests.

At the last ONTABA conference I had the opportunity to talk with an individual from the gerontology field. She was interested in hiring a behaviour therapist and hoped she would find a qualified individual through the organization.

This field, as with many others, places a great deal of merit in networking and "schmoozing" with other professionals. In short, you need to stay in touch, not to mention the reinforcement you receive from exchanging ideas with people who care about, and understand your ideas.

Don't let any more potential opportunities pass you by!

*Anneka Morris, Student Representative*

If there is a student out there who would be interested in being a Student Representative  
**Please contact Wanda Smith before October 6.**

If you want more information about the role,  
**call Anneka Morris, the other Student Rep.**

# Behaviour Analysts Lost In CYBERSPACE

By: Gerry Bernicky, [Gerry\\_Bernicky@tso.org](mailto:Gerry_Bernicky@tso.org) & Bruce Sparks, [bruce\\_sparks@daystorm.com](mailto:bruce_sparks@daystorm.com)

In this volume of "Behaviour Analysts Lost In Cyberspace," we will introduce you to the wonderful and confusing world of modems, how to connect to the Internet, and conclude with the question, "Why would you want to get involved in this anyway?"

## What is A Modem?

Good question!!! When I first sat down at my computer, with manuals and books in hand, I was going to provide a thorough & technical description of what a modem is, and what it does. After reading all of this "gobbly-gook," I went for the simple explanation. The modem is that little box on or beside your computer and attached via "thousands" of cords to your computer, telephone, telephone line, the family pet, and plugged into your power bar/surge protector. (You do have a surge protector I hope???) Speaking of surge protectors, it is a good idea to put a surge protector on your telephone connection as well. Lightning does go down telephone lines too!! If you have an internal modem all you see is the cords connecting to your phone line and telephone.

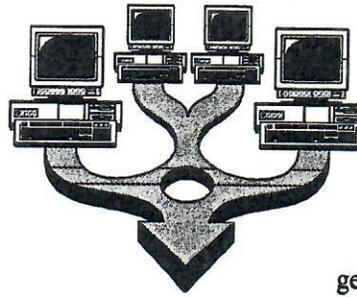
A modem changes the information, you want to send to another person via the computer (files, text, pictures, sounds, etc.), into a form that can be carried over the phone line, and also changes it back when received, into the form that your computer (and then you) can see or read. Have you ever heard that wonderful "whee, hiss, phiz, etc." over your phone line when you picked up while using your modem, heard a fax machine, or when a store authorized the credit charge for all that computer equipment that you keep buying? These sounds are computers "talking" to each other.

## Buying a Modem

### Internal versus External Modems

There is two major differences between the two types of modems, besides the obvious. If you are unable to figure out what this "obvious" is, then please set aside the rest of this article, break out your crayolas, and have fun!

The first difference is price, the second is how much work it can be installing the little beasties. The advantage to the external modem is all you have to do is plug it in and make sure that the port settings are correct (see your manual). You will need a high speed serial port if you have an older computer (again see your manuals, you should have what is called a UART 16650 chip). The disadvantage is that the external modems cost considerably more than an internal modem. On price, the internal wins. Now here comes the disadvantage to



the internal modem, "They have to be installed !!!\*@##\*!!!." If you happen to like to play around inside your computer, have kept all the documentation on your computer (and understand what it all means), you can call this whole thing a wonderful learning experience. If you want to just get down to the business of getting lost in "cyberspace," and don't want to play the game of "will it work this time???", then our suggestion is to pay to have the internal modem installed. Internal modems are notorious for presenting problems, even to the most knowledgeable people.

One final suggestion, learned the hard way by many individuals, is to purchase a name brand modem (GVC, Hayes, US Robotics, etc.). You are more likely to be able to connect with bulletin boards and Internet connectors as they usually use only the best and most reliable modems around.

## How do I get connected?

There are 3 basic ways to get connected with the Internet:

(1) Through a Bulletin Board System (BBS). This option usually provides a local group of people to converse with, plenty of files to download, newsgroups, and possibly access to various "NETS." (2) Direct access to the Internet via an Internet provider allows you to go "surfing" for information and files. These can be free like Toronto or Ottawa's Free Nets, or you "pay" for them like Compuserve, Prodigy, and America On-Line. (3) Through an institution or organization such as your local College or University if you are staff or student.

Look for local computer papers, contact libraries, ask around or speak to computer stores to find out the various options available. These services come in a whole range of options and costs, so definitely shop around. Most have free trial periods that you can use to get to know them.

What's happening with ONTABA members on the Internet? One lesson we have generally learned is that Email is just that, .... mail. People send messages to others when they have something to say, and read what is relevant to them. As said by one member, "too many competing contingencies." The big topic being Emailed now is Ethical standards for behaviour analysts. So if you want to join in on this, hook up your computer and put in your two cents.

*See you in Cyberspace. Bits & Bytes from those Cyberguys*

Come to the

## Third Annual *ONTABA* Conference

November 23 and 24, 1995

at Metro Hall, Toronto

**Theme:** *Standards and Certification:  
Pros and Cons*

**Key Note Speaker:** *Dr. Gerry Shook*

**Thursday:** Collaborative case consultations, posters, and wine and cheese

**Friday:** Key Note speaker, *ONTABA* member speakers, panel and round tables

*We look forward to your participation*

You will be receiving the conference flyer with more specific information soon

### ***Behaviour Therapy Consultation Service***

presents a Symposium

***Co-Sponsored by ONTABA***

## **Legal Issues and Treatment of Vulnerable Populations**

Wednesday, October 25, 1995

1:30- 4:30 pm.

Burlington Holiday Inn

Registration: \$50.00

For more information call:

Mary Anne McEachern at (905) 521- 2100 x 7510

***YOUR  
AD  
COULD BE HERE***

Contact: The Editor



**THE  
QUEEN ELIZABETH  
HOSPITAL TORONTO**

*The Queen Elizabeth Hospital, University of Toronto affiliated teaching and research hospital, committed to quality patient focused care has a vacancy for our:*

### ***Acquired Brain Injury Program***

The Queen Elizabeth Acquired Brain Injury (ABI) Rehabilitation Program has recently received additional funding to expand. The ABI Program plays a major leadership role in The Metropolitan Toronto area in the provision of a comprehensive, integrated regional service for persons with brain injury. The program emphasizes a collaborate inter-disciplinary approach to patient care. We are currently seeking an individual for the following position.

### ***Behavioural Psychologist***

You possess a Doctoral degree in Psychology and are registered or eligible for registration with the College of Psychologists of Ontario. In addition you bring extensive experience in behavioural assessment, intervention and staff training. Knowledge of cognitive rehabilitation, neuropsychological assessment/treatment and individual and family counseling is strongly preferred. Interests in clinical research and teaching will be emphasized.

Please submit your Curriculum Vitae to:

M. Chandler  
Personnel Department  
550 University Avenue  
Toronto, Ontario  
M5G 2A2

***WE ARE COMMITTED TO THE PRINCIPALS OF  
EQUITY IN EMPLOYMENT***



University Avenue



Dunn Avenue

**Developmental Clinical Services (DCS) a division of Network North** - the Community Mental Health Group and is located on the grounds of the Sudbury Algoma Hospital. DCS provides services to children and adults who are developmentally challenged or are autistic within the District of Sudbury/Manitoulin. This district encompasses an area of over 46,000 square kilometres and has a population of almost 190,000 people.

Behavioural services represents one of the major services provided by the psychology staff at DCS. Individuals are referred for a wide variety of behavioural difficulties which may include aggression towards others, self-injury, severe temper tantrums, and maladaptive sexual behaviour. Whether the service is the shorter term Behavioural Consultation or the more intensive Behavioural Assessment and Treatment, the emphasis is on attempting to gain a better understanding of the function that the behaviour serves and under what particular conditions it occurs. Accordingly, recommendations are made in an attempt to alter the conditions that are felt to trigger the behaviour or to teach the individual more appropriate coping skills for dealing with the situation.

Referrals are accepted from agencies, families, and clients themselves. In addition to providing services to individuals with a wide range of developmental disabilities and autism, services are also provided to people who have a dual diagnosis (i.e., a developmental disability and a psychiatric diagnosis). Behavioural services at DCS are provided by six Clinical Case Managers at a Master's level, a Behaviour Therapist, and a Crisis Intervention Worker who are all supervised by a Psychologist. In-house resources provided by other professions such as Occupational Therapy, Physiotherapy, Speech/Language Pathology, Social Work, Paediatric Medicine, and Adult Psychiatry are other valuable components of providing holistic behavioural services.

In the near future, DCS will be getting together for a special day-long session with other clinical professionals who provide behavioural services in Northern Ontario to become familiar with each other's work and to develop linkages. ONTABA has generously offered to attend this event to support in any way they can. ONTABA's participation will be most welcome.

Connie Zieren

---

Member Emeritus

Larry Williams

---

Sustaining Members

Scott Bark  
Francesco Barrera  
Gerry Bernicky  
Carolyn Bielby  
Ed Black

Anne Cummings  
Caroll Drummond  
Maurice Feldman  
Joel Hundert  
Mary McMillan

Drew McNamara  
Laura Method  
Ron Settingington  
Wanda Smith  
Bruce Sparks

Rebecca Ward  
Benj Wu

**ONTABA, the Ontario Association for Behaviour Analysis,**  
is an affiliate Chapter of the Association for Behaviour Analysis International.  
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such as education, nursing, health care, and psychology.

The objectives of ONTABA are to promote behaviour analysis in the province of Ontario,  
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and to initiate standardized practices and certification of Behaviour Analysts.

**ONTABA**  
***Ontario Association for Behaviour Analysis***

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