

1995 ONTABA CONFERENCE

Toronto

The 1995 3rd Annual *ONTABA* Conference and annual general meeting was successfully held on November 23 and 24 at Metro Hall, Toronto, on the theme of professional standards and certification of behaviour analysts. The conference opened with a "collaborative consultation" session where participants came together in small groups to discuss clinical issues and cases of interest, under the leadership of facilitators. It proved to generate lively discussion and opportunity to meet other *ONTABA* members. The evening ended with a poster session over a cash bar, cheese and hors d'oeuvres.

The keynote speaker was Dr. Gerry Shook, Director, Au Clair, Tallahassee, Florida, who presented on Florida's experience on certification of behaviour analysts. There was much to guide *ONTABA*'s deliberations pursuing professional standards. Other presenters the second day were Dr. Ken Hranchuk and Dr. Joe Ducharme.

Participants discussed whether *ONTABA* should develop professional standards in small groups, followed by a large group session. There was overwhelming support for *ONTABA* executive to draft guidelines of professional standards for behaviour analysts in the province.

ONTABA Supported Conferences

Sudbury

Network North
Conference for
Clinicians
Delivering
Behavioural Services
to Individuals with
Developmental
Disabilities;
Networking in the
North
*Article on
Page 2*



Hamilton

On October 25, 1995, *ONTABA* co-sponsored a symposium with Behaviour Therapy Consultation Service entitled "Legal Issues and Behavioural Treatment of Vulnerable Populations." Presenters for the half day event were Judge Brian Weagant, Peel Region, who spoke on "Record Keeping and Treatment: What Can Be Subpoenaed," David Giuffrida, Psychiatric Patient Advocacy Office, Ministry of Health, who spoke on "Consent for Treatment with Individuals Who Lack Capacity" and Judy Finlay, Office of Child and Family Service Advocacy, who spoke on "Voices from Within: Intrusive Procedures Without Safeguards Reinforce Vulnerability."

The panel then discussed ethical and legal issues of a hypothetical case example and field questions from the audience, moderated by Dr. Rod MacLeod of the Child and Family Centre

Chedoke-McMaster Hospitals. A videotape of the proceedings is available for \$35.00 by contacting Beverley Morgan, Behaviour Therapy Consultation Services, Residence 36, Chedoke-McMaster Hospitals, Hamilton, Ontario, L8N 3Z5. Tel. (905) 521-2100, Ext. 7506, Fax (905) 383-5744.

Contents

From the Desk of the President <i>Maurice Feldman</i>	2
Media	2
Letters to the Editor	4
<i>ONTABA</i> on the Information Superhighway <i>Steven Reuffer</i>	5
Networking in the North <i>Jay Nixon</i>	6
<i>Nominations and "Other Sendables"</i> ..	7 and inserts



It is an exciting and interesting time to be a Behaviour Analyst. I feel like we alternate between extinction and positive reinforcement. Sometimes it seems like everyone is misinterpreting or ignoring us (the latter is a very effective procedure to reduce our behaviour as we are desperately attention-seeking). On other days they can't do without us — they actually implement what we

suggest — and oh my, it often works. I am tired of hearing that “behaviour analysis is dead.” It is disconcerting to continually have to define and defend our work (see the letters to and from the CBC that follow). It is frustrating to see major decisions made about individuals (who have difficulty making decisions for themselves) without data or with faulty (“facilitated”) data. There continues to be a lack of appreciation of a scientific approach to solving human problems, especially among many professionals who are paid to help people solve problems.

On the positive side, I see some encouraging trends, of which I will mention but a few. Governments strapped for funding for social services are beginning to ask some hard questions of service providers: “Does your program really work?” “Do client’s benefit in measurable ways?” “Is your service cost-effective?” A colleague in Alberta told me that behavioural services and practitioners are flourishing despite (or perhaps, because of) massive budget cuts to social and health services there over the past several years (more severe than what has recently happened in Ontario). By objectively demonstrating improvements in the behaviour of hard-to-serve clients, behaviour analysts were one of the few professional groups that had data to show that Alberta taxpayers were getting their money’s worth. If governments are serious about accountability, then one day we may see contingencies in place that base funding on demonstrated beneficial outcomes to clients. The recognition and respect of the role of behaviour analysis in helping people with acquired brain injury is also very heartening.

Another promising development is the recent upsurge of interest in Ivar Lovaas’ early intervention approach for children with autism. Unlike most other popular treatments for autism, this one is actually based on research that validates its effectiveness and is — dare I say it — very behavioural. Of course, the reason for the excitement about this intervention has probably little to do with a sudden appreciation for 20 years worth of rigorous research findings or a new-found love of behaviour analysis. More likely it has to do with filling the void created by the disenchantment with facilitated communication and the success of Catherine Maurice’s book, “Let Me Hear Your Voice,” in which she describes her family’s experiences with the Lovaas program and the tremendous changes it made in her two children with autism.

While I am encouraged that families and professionals are finally recognizing the potential of Lovaas’ work (and that of other

applied behaviour analysts in the field of developmental disabilities and autism), my fear is that they will not discriminate these treatments from others that have no empirical basis. The “Lovaas Method” could be seen as just another approach to try because someone says it works. The down side of a failure to appreciate an empirical approach is the possibility that some parents and teachers will expect miracles and ignore the caveats and limitations uncovered through research. Understandably, they will buy Lovaas’ “Me Book” and try to do it themselves, without proper training and context. When their children do not make the gains described by Catherine Maurice and Lovaas, they will throw the book in the garbage — just another case in a long line of unfulfilled “cures.”

The negative and positive situations described above illustrate the need for us to continue to advocate for a scientific approach to treatment in general, and specifically for behaviour analysis (for problems where a behavioural approach is, or has the potential to be, effective). We need to continue to educate other professionals and the general public so that they can be more effective consumers of services. Therefore, to foster a better understanding of behaviour analysis, *ONTABA* is developing a marketing plan to promote and explain behaviour analysis. To define and encourage ethical behavioural practice, *ONTABA* has also initiated the development of generic behavioural standards and establishing credentials. To enhance the credibility and influence of *ONTABA* as the legitimate voice of behaviour analysts in Ontario, we are seeking incorporation as a not-for-profit organization. Through our individual and group efforts, we can help shape and reinforce the growing awareness and appreciation of the potential of behaviour analysis to advance the human condition.

In the Media....

January 4, 1996

Robin Bengier
Producer, Fifth Estate, CBC Television
250 Front St. W. Toronto, Ontario

Dear Mr. Bengier:

I am writing in response to the Fifth Estate piece on Ahmos Rolider. In particular (and not surprisingly), I would like to comment on the brief segment in which I appeared. After speaking to several people who watched the show, their feelings confirmed my own that you created the impression that I support the aversive approach of Mr. Rolider.

I take strong exception to your implication that I, and also perhaps the Ontario Association for Behaviour Analysis (*ONTABA*), supported Mr. Rolider’s methods. At no time during my conversations with you or your staff did I say that I or *ONTABA* approved of his approach. You asked me to be interviewed as an expert in behavioural methods, and in good faith I agreed to answer a few questions about aversive interventions, in general. I clearly told you that I was in no position to

comment on Mr. Rolider's program as I had never seen or evaluated it. The sound-bite you chose to use from my interview was about the pitfalls of making clinical judgments on the basis of a very brief video clip shown out-of-context. Ironically, although my comments were not a defence of Mr. Rolider's methods, you implicitly presented them as such — out-of-context.

As you know from having heard all my comments in my interview, in no way do I condone the kinds of aversive methods used by Mr. Rolider. As I mentioned in my interview, most behavioural interventions do not use aversive procedures. As you are aware, during the interview I raised several concerns about issues of informed consent, negative side-effects, and whether less intrusive methods had been tried. None of my concerns were included in your broadcast.

Perhaps, you also mistook my professional, non-emotive demeanour during the interview as tacit support for what he was doing. Nothing could be further from the truth. As I stated (before the on-camera interview), when Mr. Rolider and I both worked at Surrey Place Centre, I had directly confronted him about his approach with persons who have Developmental Disabilities. As I told you, in fact, Mr. Rolider left Surrey Place Centre when I became Acting Director in 1989.

You would be hard-pressed to find any professional Behaviour Analyst who would approve of Mr. Rolider's methods. As I mentioned to you, Mr. Rolider is not a member of the *ONTABA*. One of the stated primary goals of our recently formed organization, and the theme of our

last conference, is to develop credentialing and standards governing the practice of behaviour analysis in the province. Again, this information was not passed on to your viewers. Furthermore, I was a co-investigator on a provincially-funded grant to develop and evaluate nonaversive interventions for persons with Developmental Disabilities and severe behaviour disorders. Last fall, the *ONTABA* newsletter published an article I had written in which I stated a position clearly contradictory to Mr. Rolider's methods. I told you immediately after the on-camera interview that I would never use the kinds of aversive procedures that Mr. Rolider used.

As you can gather, I am extremely disappointed that you took my comments out-of-context and did not present the concerns that I had raised. To portray me, and perhaps other behaviour analysts, as supporting Mr. Rolider's approach was not just unfair and unjustified, it was outright misrepresentation. Therefore, I am requesting an opportunity to make a clear and accurate presentation of my position and that of *ONTABA* on the Fifth Estate. Please contact me as soon as possible to make arrangements to correct the erroneous impressions you have created.

Yours truly,

Maurice Feldman, Ph.D., C. Psych.
Queen's University, Kingston

CBC SRC

Canadian Broadcasting
Corporation
Société Radio-Canada

R. Benger
the fifth estate
CBC
P.O. Box 500
Station A
Toronto
M5W 1E6

Dear Dr Feldman,

Thank you for your January 4th fax taking issue with the way you were portrayed in the recent report on Ahmos Rolider. I apologize for the delay in getting back to you.

It should be said that Rolider was the focus of our story and not the broader issue of therapy for brain-injured people.

However we did feel it was useful to put Rolider's self-described model into some sort of context. It was clear that he saw himself as a behaviouralist, so it seemed logical to go to an association of behaviour analysts. Many also suggested you as an authority in this broad field.

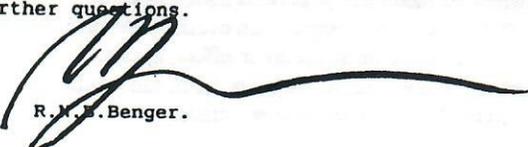
Your concern is that we "created the impression" that you support the aversive approach of Mr Rolider. I regret your interpretation.

My clear intention was to have you put the aversive model in some kind of context. Because the report was about one therapist and not a debate between aversive and non-aversive, it had to be done economically and clearly. To have you question, as you did, condemning a whole approach on the basis of one video excerpt was a thoroughly valid point to make and one which was critical in helping our audience understand the broader and legitimate reality behind the apparently regrettable behaviour of one practitioner.

I must concede that the superimposition of the word "supporters" over your image was unfortunate. There was not the intention to suggest that you personally supported Rolider's specific application of this model. There was the intention to introduce to the audience, however briefly, the reality that there are highly respected individuals and organizations trying to come to grips with the issue of aversives, and that aversives may have a place in the continuum of care for some people in specific situations.

I appreciated your input a great deal and maintain that it did help the audience distinguish between what Rolider was doing and what the more responsible community is required to do.

Once again I apologize for any misunderstanding arising from this report and please don't hesitate to contact me if you have any further questions.


R. Benger.

Letters to the Editor

Editor's Note: The article in the last Newsletter on "Should Behaviour Therapists be Responsible for Crisis Intervention?" was authored by Dr. Maurice Feldman. We regret the omission.

Should Behaviour Therapists be Responsible for Crisis Intervention?

Letter to the Editor, The *ONTABA* Analyst
Ontario Association for Behaviour Analysis, October 2, 1995
Dear Editor:

I'm writing in response to an unsigned piece entitled *Should Behaviour Therapists be Responsible for Crisis Intervention?* that appeared recently in the *ONTABA* Analyst. Your commentator argued that behaviour therapists should not and cannot offer behavioural treatment in certain crises. Instead, your commentator argued, such situations are properly the exclusive province of physicians. The crises discussed were those emergencies where behaviour is grossly out of control and the safety of a client or others is at risk. Your commentator asserted that behaviour therapists should spend their therapeutic efforts arranging the everyday environment to promote learning through positive techniques.

In my view, your commentator's advice ignores scientific and practical truths. I agree that to often we are called only when a client's behaviour has become a crisis. I agree that, when behavioural principles are applied all along, most crises never occur in the first place. Arranging positive environments ought to be our primary occupation. However, as your commentator states, crises do happen and must be managed. The question is, "Should behaviour therapists direct intervention in a crisis?"

The answer to this question depends entirely on the answers to these: "Will clients learn anything because of the crisis management methods used? Might clinicians employ crisis management methods that inadvertently reinforced dangerous behaviour? Do 'medical' crisis management methods often (or ever) actually increase the likelihood of dangerous, out-of-control behaviour? Could appropriate behavioural methods reduce the likelihood of future dangerous behaviour?" In my view, the answers to these questions are obvious. Knowledge of the scientific and professional literature (and a moment's reflection) shows that crisis management methods can be applied either with knowledge of the principles of behaviour change or in ignorance. If applied in ignorance, there's a real possibility of harm.

Paradoxically, your commentator wants behaviour therapists to advise physicians planning crisis intervention but would prevent us from taking ultimate (?) responsibility. What, in your commentator's view, should happen when the medically prescribed intervention is behaviourally unsound? If behaviour therapists can overrule unsound methods and direct the use of sound ones, they are in effect, in charge. If they cannot overrule behaviourally unsound methods, harm can result. The laws of learning will not be suspended during a crisis.

Behaviour therapy during a crisis is stressful. Sometimes decisions about intrusive techniques must be made quickly and the crisis often looks and feels very unpleasant. It is, however, a mistake to take the position: "We're therapists; we don't do crisis." Such a position abandons our clients when they need our skills most; they deserve better.

Yours truly,

Grant T. Harris, Ph.D., C. Psych.
Research Psychologist
Research Department
Penetanguishene Mental Health Centre

Bill 19 passes

A letter from parents Brenda and Jeroham Singer dated April 8, 1996 to the Past President (and *ONTABA* Executive)

Last spring you were advised of the impending ban of contingent electric shock and the tragic consequences that resulted when this treatment was discontinued without an effective alternative. On June 8, 1995, you responded to the plight of our son and wrote a wonderful letter supporting his right to (treatment).

We are writing to give you some good news that was a direct result of the support we received from individuals such as yourself. We were able to use your letter to lobby for our son. On March 29th Bill 19 was passed, a new piece of legislation which replaced Bill 108 and 109 legislation which banned this treatment for people who are not competent to make decisions for themselves. Bill 19 indicated that a guardian can consent to faradic stimulation if it is a treatment.

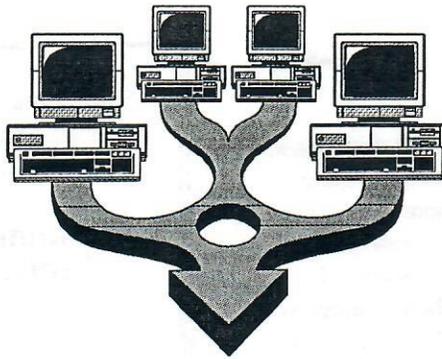
The guardian shall not use electric shock as aversive conditioning and shall not give consent on the person's behalf to the use of electric shock as aversive conditioning unless the consent is given to a treatment in accordance with the Health Care Consent Act, 1995.

We have been informed that electric shock used as aversive conditioning will become a controlled act so that the treatment will be regulated by the College of Psychologists and the College of Physicians and Surgeons.

There is no doubt that contingent electric shock is a treatment for Brian (their son) and the only treatment that provides him with a decent quality of life, at this time. We are so relieved that after many years of having our hearts torn apart with worry, we will be able to enjoy our son without concern for his safety.

We know this would not have happened without your compassion and understanding of the issue. Many thanks for your kind support.
Sincerely, Brenda and Jeroham Singer

A thank you to the board of *ONTABA* and individuals who wrote or provided submissions to public hearings on Bill 19 in support of the right of parents/guardians to consent to specific treatments for persons who are not competent to make decisions for themselves.



ONTABA Establishes itself on the Information Superhighway

If you are among the many people who have begun to experience the hidden potential on the Information Superhighway (aka the World Wide Web), then as a member of *ONTABA* you will be even more delighted to know that cyberspace has a new resident! *ONTABA* is making itself known world-wide.

The *ONTABA* web site is available by typing in the following URL (uniform resource locator) the "GOTO" prompt on your Web Browser.*

<http://arts.uwaterloo.ca/~sdrueffe/ontaba.html>

The home page contains many valuable resources which will be of interest to any one who has a curiosity about behaviour analysis. Firstly, the site contains a communications page which allows you to easily send e-mail to any member of *ONTABA* with a currently functional address. If you are not in our e-mail directory, never fear because you can fill out the form and have your e-mail address added to our page. If you are so inclined, you could inform us of your current interests in behaviour analysis and these interests will appear with your name in the directory. Remember, people from all across the globe will be visiting pages and the more information you give us about yourself, the more reason those visitors have to get in touch with you.

Secondly, the site contains a subdirectory of Behavioural Links of the World Wide Web. These links will allow visitors to access other pages on the Web that may have behavioural information. For example, you can jump immediately from our homepage to the Journal of Behaviour Analysis and Therapy homepage.

In addition, the site allows visitors to access past and present articles from our Newsletter, "The *ONTABA* Analyst" as well as keeping our current members up to date with conference information and other happenings within the association. Soon, we will have an online news group discussion forum for issues of interest to *ONTABA*ites, where we will be able to share ideas and criticism with other individuals across the globe who have an interest in behaviour analysis. Also, there will soon be a student page which will contain valuable information for those who are looking for further education or jobs in the field of behaviour analysis.

If you are not currently connected to the Internet, this is another great reason. Please, support, take advantage and share in the development of *ONTABA*'s brave step into cyberspace by visiting the site today! Please leave your comments and ideas with developer (Steve Rueffer), when you visit the page. All suggestions are welcomed!

Steven Rueffer....student representative

*The *ONTABA* site can also be found through many of the major online search engines.

Networking in the North

It was a beautiful, sunny fall day on October 20, 1995 when a group of professionals, with a common interest in providing behavioural services to individuals with developmental disabilities, assembled in Sudbury. The one day conference, which was aimed at providing a forum for the exchange of information and ideas among clinicians in northern Ontario, was hosted by Developmental Clinical Services of Network North and co-sponsored by Community Living Algoma. In addition, *ONTABA* offered support and was represented by Carroll Drummond (who drove up from Toronto early that morning... one hand on the wheel and one hand on a jumbo coffee, I'm sure!).

The bulk of the conference consisted of four presentations on various aspects of delivering behavioural services including relaxation training, integration of communication and behavioural approaches, videotape as an assessment tool, and integration of psychiatric and behavioural approaches. Each talk was set up such that there were approximately 45 minutes of presentation and 20 minutes for discussion. Suffice to say that the discussions easily filled the time allotted. Following the four presentations Carroll gave a description of what *ONTABA* was all about, and how one could become involved.

Not only was the conference seen as successful by those in attendance, but it was agreed that (circumstances permitting) there should be an attempt to have such a forum regularly available to behaviour analysts in the north. Given the geographical separation between individual clinicians and groups of clinicians delivering behavioural services in northern Ontario, it was refreshing to have people assembled in one place who were able to discuss solution focused, pragmatic information at an advanced level. As delightful as it is for general audiences, I don't believe there was a single person in the room who was prepared for one more presentation on the virtues and how tos of ABC analysis. Thankfully, the talks were largely concerned with creative approaches to interesting (although difficult) problems, experienced by the presenters.

In closing, a special "thank you" goes out to Tom Managhan and Lyle MacDonald for the idea of bringing clinicians in the north together, and for their efforts to see the conference to fruition. They repeatedly demonstrate dedication to excellence in the delivery of behavioural services, and we are grateful for their contribution.

Jay Nixon, Behaviour Therapist
Community Living Algoma

4th Annual *ONTABA* Conference

November 21, 22, 1996 at Metro Hall, Toronto
Fill out your submission!

Apologies to C.H.I.R.S. for the delay in getting this newsletter out. *ONTABA* readers please phone to see if this position is still available.

Community Head Injury Resource Services of Metropolitan Toronto (C.H.I.R.S.)

Job Posting

JOB TITLE: Behavioural Therapist

LOCATION: 2150 Islington Avenue, Suite 203, Etobicoke, Ontario M9P 3V4

REPORTING TO: Program Director

WORKING HOURS: Full Time

CRITERIA:

- » Experienced professional trained in applied behavioural analysis who is up to the challenge of developing and implementing creative community programs for adults with an acquired brain injury
- » Mediator training
- » Team focused and interest in the cognitive behavioural approach necessary
- » Experience with brain injury an asset

APPLY TO: Danny Caplan, Program Director Fax: (416) 240-1149

Editor's Notes:

Sorry for the delay. I'll be rallying for volunteers to help out for the next (hopefully July) issue! Let's get all our volunteers working!! I'm sure Drew could use help with the Conference. Please refer to the list on the back cover if you didn't sign up to volunteer on a committee already at the '95 conference.

Placements or other student opportunities can be placed here for free. Support our student members by contributing to our placement list. Carroll Drummond.

Accomplishments

Congrats to **Dr. Laura Methot** (with Alan Poling and Mark LeSage) for the publication of her first book entitled: Fundamentals of Behavior Analytic Research. (Plenum Press).

ONTABA would like to recognize **Steve Reuffer**, Student Rep. for his contribution to *ONTABA* through his development of the *ONTABA* Home Page on the Net.

Nominations *Instructions:*

Please read Articles IV and V of the *ONTABA* BYLAWS. They describe the "rules" for electing members of the Board of Directors of *ONTABA*. Please note that some members (Treasurer and two Members-at-large) were elected for a three year term for continuity on the executive a member of the executive can hold the position to a maximum of 2 consecutive terms on the first election only. At this time these positions will

become a 2 year term. These are the positions were are nominating.

You may nominate up to 4 persons for each of the positions. All nominees for positions on the Board of Directors must be full *ONTABA* members as well as members in good standing with ABA International at the time of the election. Any nominee not meeting these criteria, who wishes her/his name to stand for a position, must become a full member of

ONTABA and provide proof of membership in ABA prior to mailing of the *ONTABA* election ballots in the next edition of the Newsletter (July).

Please return the nomination ballot and any other materials you want to send to *ONTABA* in the enclosed addressed envelope by July 15, 1996. Thank you for your participation in this very important activity.

ONTARIO ASSOCIATION FOR BEHAVIOUR ANALYSIS

Nomination Ballot - 1996

Please detach here

Currently held by Drew McNamara

<i>Treasurer (3 years)</i>

Currently held by F.J. "Pancho" Barrera

<i>Member-at-Large (3 years)</i>

Jane Summers, Interim Member at Large

<i>Member-at-Large (3 years)</i>

Remember you must be a member to nominate.

Please place your nominations and other "sendables" in the envelope enclosed.

Name (*Please Print*)

Signature

Question: How do you think we should pursue the certification and/or guidelines for Behaviour Analysis?

ONTABA Communication List 1996

Board Of Directors & Committee Contacts

Maurice Feldman, President
Intrnt:Feldman@Pavlov.psych.queensu.ca
Tel: (613) 545-2491
Fax: (613) 545-2499

*Andrew McNamara, Treasurer,
Conference*
Tel: (416) 698-7351
Fax: (416) 698-1908

Lyle MacDonald, Ex-officio mbr at Large
Tel:
Fax:

Wanda Smith, Past President
Tel: (905) 521-7932
Fax: (905) 521-7948

Francisco Barrera, Member at large (3 yrs)
Tel: (519) 676-5431
Fax: (519) 676-5836

*Steve Reuffer, Student Rep,
Communications*
<http://arts.uwaterloo.ca/~sdreuffe/ontaba.html>
Tel: (519) 744-9751

Joel Hundert, President Elect
76046,2661 @compuserve.com
Tel: (905) 521-2100 x7397
Fax: (905) 383-5744

*Jane Summers, Interim Member at large
(3 yrs)*
Tel: (905) 521-2100
Fax: (905) 521-7948

Amanda Barr, Student Rep
Pager: 374-2718

*Caroll Drummond, Secretary/Newsletter
and Elections*
carolld@interlog.com
Tel: (416) 925-5141
Fax: (416) 923-8476

Ken Hranchuk, Member at Large (2 yrs)
Tel: (613) 839-2263

Scott Bark, Membership and Recruitment
Tel: (416) 925-5141
Fax: (416) 923-8476

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 Methot

Ron Settingington
Bruce Sparks
Rebecca Ward
Benj Wu

ONTABA, the Ontario Association for Behaviour Analysis, is an affiliate Chapter of the Association for Behaviour 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 standardized practices and certification of Behaviour Analysts.

ONTABA

Ontario Association for Behaviour Analysis

c/o Chedoke-McMaster Hospitals, Residence 36, Hamilton, Ontario L8N 3Z5
Tel: (905) 521-2100, Ext. 7506 Fax: (905) 383-5744